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THE

KENT

HEALTH

and

AFFORDABLE WARMTH

STRATEGY

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Final draft

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Partners in developing the strategy:

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

Introduction

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

Importantly the definition focuses on what people need to spend rather than what they actually spend. This is because fuel poor households have to balance the need for fuel and other essentials and very often cannot afford to heat their homes properly. They may also be in the home for longer periods of the day, increasing the cost of keeping warm.

Fuel poverty affects 30% of households nationally. In Kent this figure translates as over 170,000 households in the County being unable to afford to keep their homes warm and contributes to the 900 excess winter deaths amongst those aged over 75.

Of the range of factors that contribute to fuel poverty the most significant is the combination of low incomes with energy inefficient homes, that is those that are poorly insulated and heated.

— The incidence of fuel poverty also increases when single people occupy large properties, a situation that particularly affects older people who remain living in what was once the family home. With low incomes, and to avoid high bills, many will choose not to heat their homes sufficiently making them vulnerable to cold related ill-health.

Local authorities, in addition to their responsibilities as Energy Conservation Authorities (ECAs) under the Home Energy Conservation Act (HECA), are now required by government to participate in formulating strategies to eradicate fuel poverty and develop Community Plans that will improve local well-being.

The answer to Fuel Poverty is Affordable Warmth.

The Kent Health and 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 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 sector.

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

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

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

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 prepayment 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 sickness 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

Much of the energy efficiency improvement work carried out to housing stock has been undertaken by or through local authorities and has been delivered to public sector housing (though there are still dwellings in this sector that cannot achieve affordable warmth on modest incomes).

The condition of housing stock and the assessment of energy efficiency in the private sector is harder to measure. Here, also, implementation of improvements needs the interest, acceptance, approval and sometimes the cash investment of the owner-occupier or landlord of the property.

Severe Fuel Poverty (needing to spend >20% of income to achieve safe and comfortable temperatures in their homes) and
Extreme Fuel Poverty (>30% of income....)

National figures by tenure for households in severe/extreme fuel poverty						
	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%

- 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

Further...

Factors that affect 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
- 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

The effects of Fuel Poverty

The principal effects of fuel poverty are the adverse consequences on the health and social well being of householders.

Health

Links between poor housing, fuel poverty, and ill health are well established. Cold homes have been shown to exacerbate existing illnesses, such as asthma, and to reduce resistance to respiratory illnesses such as influenza, bronchitis and pneumonia. The risk of heart attack or stroke is also increased by cold conditions in the home.

Cold homes may also be depressing environments, an additional stress on householders.

Excess winter mortality

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

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

	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.

Mortality and Illness

Figures for excess winter deaths for Kent are shown on Page 29 (?) 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 'A and E' 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 1990's.

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.

² Dept of Health

Families with children account for nearly 17% of fuel poor households³. Children are particularly vulnerable to respiratory conditions such as asthma, which have been linked to cold damp homes

Social exclusion⁴

Fuel poverty can exacerbate the social isolation felt by many older households 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 that 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.

Housing

Damp and mouldy housing has both direct and indirect effects on health. Wet surfaces caused by condensation or rising or penetrating damp encourage the formation of mould. The proliferation of moulds and mites in high relative humidity is associated with several forms of allergic disease, asthma being one of the most common.

³ English House Condition Survey

⁴ UK Fuel Poverty Strategy

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 Department of the Environment, Transport and the Regions (DETR) 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 DETR (now Department of Transport, Local Government and the Regions).

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. DETR 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 the Home Energy Efficiency Scheme (now Warm Front) has been promoted.

Community Planning

The Local Government Act 2000 placed a duty on local authorities to produce community plans 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 compliments and contributes to these programmes.

And from 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 by DETR, in February 2001, of a consultation draft UK Fuel Poverty Strategy.

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 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 and 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 on 14 November, 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, from 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 East and West Kent.

The West Kent workshop was held on 18 January 2001 in Northfleet and the East Kent workshop was held on 25 January 2001 in Aylesham. Almost 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 seminar were sponsored by London Electricity.

Action Plan

The collated material from the workshops was organised into a draft Action Plan, reviewed briefly by the steering group, and then amended following an initial consultation exercise.

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

Health and 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 and Affordable Warmth Strategy is integrated with other relevant 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 funding awareness and take-up with the aim of maximising the income of vulnerable and socially excluded residents

Aim 6

To establish a referral system

Consultation period

Please send any observations or comments on this draft to the address below by **13th August 2001**.

Kathy Alcock
Home Energy Conservation Project Manager
Tunbridge Wells Borough Council
Town Hall
Royal Tunbridge Wells
Kent
TN1 1RS

Tel: 01892 554275 fax: 01892 516386
e-mail: energy@tunbridgewells.gov.uk

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

OBJECTIVE	TASKS	PARTNERS	TIMESCALES/TARGETS
1. Establish an co-ordinating group	<ol style="list-style-type: none"> Secure appropriate social services, health and voluntary sector representation Review the composition and role of the Health and Affordable Warmth steering Group Improve co-ordination between the local authority departments and County and unitary authorities in support and delivery of the strategy Secure funding to appoint a dedicated officer to take the strategy forward in Kent 	<p>KAWS steering group</p> <p>KAWS steering group</p> <p>Kent County Council All Kent Las Medway Council</p> <p>KAWS steering group, Las, KEC</p>	<p>Nov 2001</p> <p>Ongoing</p> <p>Ongoing</p> <p>ongoing</p>
2. Ensure a strategic long term approach with adequate resources	<ol style="list-style-type: none"> Liaise with central government, fuel suppliers and other funding sources to resource the strategy 	<p>Central/local/regional government Private/funding organisations</p>	<p>April 2002/ongoing</p>
3. Institute a Review mechanism	<ol style="list-style-type: none"> Determine the probable incidence of fuel poverty in the county Set targets and develop indicators to measure the success of the strategy Encourage feedback by partner organisations Feed progress into the annual HECA report to DETR and other reports Review progress against HIMP and National Service Framework (Older People) 	<p>Local Authority HECA officers</p> <p>LA Housing departments Health monitoring structures</p> <p>All stakeholders</p> <p>LA HECA officers, LA newsletters, newspapers Health sector publications Local and regional press</p> <p>Health community</p>	<p>April 2003</p> <p>Nov 2001</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>

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

OBJECTIVES	TASKS	PARTNERS	MILESTONES/TIMESCALES
1. <i>Identify relevant initiatives</i>	1. Invite feedback from stakeholders and partners	KAWS Steering group, stakeholders, partners	Ongoing
2. <i>Forge links with key personnel</i>	1. Establish reciprocal information exchange	All stakeholders and voluntary organisations	Ongoing
3. <i>Integrate affordable warmth with local authority community planning, LA21, HIMP and within the National Service Framework (Older people)</i>	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
<p>1. <i>Maintain political support for the strategy</i></p>	<p>1. Keep relevant council departments, councillors and organisations informed of progress of the strategy</p>	<p>Local authorities, health community, voluntary organisations (CAB, Help the Aged, Age Concern, etc)</p>	<p>ongoing</p>
<p>2. <i>Develop an acceptable identity for the strategy and resulting awareness raising campaigns</i></p>	<p>1. Discuss the feasibility of 'badging' the Strategy and all resulting literature</p> <p>2. Consider using this as an 'umbrella' for all related grants and offers to simplify the message to the public</p>	<p>KAWS steering group</p> <p>KAWS steering group</p>	<p>November 2001</p> <p>April 2001</p>
<p>3. <i>Raise awareness of fuel poverty and the help available to:</i></p> <p>a) <i>health professionals</i></p> <p>b) <i>voluntary sector</i></p>	<p>1. Work to incorporate fuel poverty and affordable warmth into in-service/induction training for health professionals and social services</p> <p>2. Provide brief training sessions to existing health professionals</p> <p>3. Provide support materials for cascade training by key workers</p> <p>4. Use existing mechanisms to distribute information to health professionals e.g. the 'Blue Bag' system</p> <p>5. Make all information 'user friendly'</p> <p>6. Work with PCG/Ts to investigate the inclusion of the issue in Health Improvement Plans</p> <p>7. Incorporate the issue into Health Promotion work</p> <p>8. Encourage health professionals to promote the issue to patients</p> <p>1. Contact all relevant organisations to inform them of the strategy and the wider issue</p> <p>2. Hold briefing sessions with related groups</p> <p>3. Work to incorporate the issue into related voluntary sector initiatives</p> <p>4. Encourage active involvement in the strategy by voluntary groups</p>	<p>KAWS steering group, Kent health community, KEC, EAGA</p> <p>KAWS steering group, EAGA, KEC, voluntary organisations eg CAB, Help the Aged, Age Concern, Homestart, Sure Start, etc.</p>	<p>April 2002/ongoing</p> <p>April 2002/ongoing</p>

<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 fora and through landlord groups 1. Encourage energy efficiency work in RSL stock 2. Provide training on fuel poverty and help available to staff 3. Provide training/briefing for LA staff 	<p>KAWS steering group, health community, private care agencies</p> <p>LAs, landlords/KEC</p> <p>LAs, KEC, partners</p>	<p>April 2002/ongoing</p>
<p>4. 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 organisation 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, resident 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	TIMESCALES/TARGETS
<p>1. Continue to build a profile of the housing stock at 1% pa</p>	<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>Local authorities, RSLs</p>	<p>Ongoing / reviewed annually</p> <p>Immediate</p>
<p>2. Promote energy efficiency in new and converted residential buildings</p>	<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>Hecaforums, ACE</p>	<p>April 2002</p> <p>12 months/ongoing</p> <p>Immediate</p>
<p>3. Improve energy efficiency of listed buildings</p>	<ol style="list-style-type: none"> 1. Find & 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>

<p>4. <i>Improvement of heating systems</i></p>	<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>
<p>5. <i>Provision of heating systems</i></p>	<ol style="list-style-type: none"> 1. Investigate the early provision of larger numbers of heating systems through Heat Leasing schemes 2. Encourage the use of solar & other renewables 3. Lobby for the extension of the mains gas network to the rural areas. 	<p>LA Finance</p> <p>Transco Affordable Warmth scheme</p> <p>March 2002</p>	<p>ongoing</p>
<p>6. <i>Reduce numbers of energy inefficient homes</i></p>	<ol style="list-style-type: none"> 1. Develop urban regeneration policies to tackle those properties capable of being made energy efficient at reasonable cost 2. Identify the homes incapable of economic improvement to a satisfactory standard of energy efficient, and where appropriate demolish 	<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>	<ol style="list-style-type: none"> 1. Any grant works undertaken should be carried out to maximise energy efficiency 2. Provide residents with energy advice 	<p>Local authorities</p> <p>KEC</p>	<p>12 months</p> <p>12 months</p> <p>12 months</p>
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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
<p>1. <i>Ensure that the link between low incomes and fuel poverty is widely known</i></p>	<p>1. Promote these issues to all agencies giving welfare benefits advice or delivering energy related services which contribute to affordable warmth</p>	<p>CAB, Benefits Agency, Advice Centres HEES Installers, LA approved installers, LA departments, Utilities</p>	<p>Ongoing</p>
<p>2. <i>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</i></p>	<p>1 Produce training modules on benefits advice and affordable warmth</p> <p>2 Make affordable warmth information available for in-service training for Health, Social Care, Welfare Rights and voluntary workers</p> <p>3 Provide information to enable staff to identify fuel poverty and make referrals</p> <p>4 Ensure that all staff are aware of:</p> <ul style="list-style-type: none"> · KEC & freephone number · Benefits helpline number 	<p>KEC, HAWS steering group Welfare Rights groups</p> <p>Training and information sections in Health, Social Care, Benefits and voluntary organisations</p> <p>KEC, HAWS steering group, Home Improvement Agencies</p> <p>KEC, HAWS steering group, benefits organisations</p>	<p>April 2002</p> <p>Ditto</p> <p>Commencing Dec 2001</p>

<p>3. Provide and promote benefits information to hard-to-reach and other households</p>	<ol style="list-style-type: none"> 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 Trusted front-line staff to encourage take-up of benefits 8 Forge links with existing community networks e.g.: Residents and Tenants Associations 	<p>Advice centres, Benefits agencies, CAB, Community groups</p> <p>LAs, CAB, Benefits Agency</p> <p>All referral staff, referral centre, installers</p> <p>KEC, local authorities, Energy Watch</p> <p>KEC, local authorities, referral staff</p> <p>KEC, local authorities, referral staff</p> <p>Multi-agency staff</p> <p>Local authorities, benefits agency, housing associations, KEC</p>	<p>November 2001</p> <p>April 2002</p> <p>November 2001</p> <p>December 2001</p> <p>December 2001</p> <p>December 2001</p> <p>Ongoing</p> <p>ongoing</p>
<p>4. Ensure that households know where to go for benefits advice</p>	<ol style="list-style-type: none"> 1 Identify and promote relevant benefits advice organisations to clients and front-line workers 2 Consider the establishment of a one-stop-shop for benefits advice 3 Investigate using an existing staff member in GP surgeries to promote benefit and affordable warmth services 4 Investigate establishing a freephone number to provide information and referrals to benefit and affordable warmth services 5 Promote benefits advice and affordable warmth through Council Tax mailings, fuel pre-payment/key-charging outlets etc. 	<p>LAs, Social Services, caring agencies Benefits Agency, area benefits advisors</p> <p>KEC, CAB, Benefits agency</p> <p>Health Authorities, PCGs, Practice Managers, Healthy Living Centres</p> <p>KEC</p> <p>LAs, fuel utilities, Post Office</p>	<p>April 2002</p> <p>April 2002</p> <p>April 2002</p> <p>December 2001</p> <p>April 2002</p>

<p>5. Provide advice for those who miss out on benefits</p>	<ol style="list-style-type: none"> 1 Promote the advantages of investing in energy efficiency 2 Identify and promote any incentives or grants available 3 Identify trusted Equity Release schemes and make information available 4 Identify the opportunity for 0% loans on energy improvements 	<p>KEC, LA information routes, community networks</p> <p>Utilities, KEC, local authorities, EST, voluntary agencies, home improvement agencies</p> <p>Age Concern, Help the Aged</p> <p>KEC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>April 2002</p> <p>December 2001</p>
<p>6. Increase the potential for low income households to take advantage of energy efficiency steps and measures</p>	<ol style="list-style-type: none"> 1 Investigate the role of credit unions in supporting members to improve energy efficiency and switch to cheaper fuel payment methods 	<p>KEC, HAWS steering group</p>	<p>July 2002</p>

AIM 6: To establish a single referral system

OBJECTIVE	TASKS	PARTNERS	TIMESCALES/TARGETS
1 Establish a "One Stop Shop" for referrals	1 Introduce a Kent-wide advice line telephone number (Fax, e-mail etc.)	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, HAWS steering group, KEC, Health and Social Care Communities, NEA, EAGA, voluntary agencies, fuel utilities, 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/handling to clients 	<p>HAWS steering group, all partners</p> <p>As above</p> <p>All partners</p> <p>KEC, HAWS steering group</p> <p>KEC</p>	<p>3 – 6 months</p> <p>Ongoing thereafter</p>

<p>4 Monitor the performance of the referral system</p>	<ol style="list-style-type: none"> 1 Establish a client register 2 Ensure that the system 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 KEC All partners</p>	<p>As soon as possible</p>
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Seasonal age-standardised mortality rates, 1995 - 1999* for persons aged 75 +

<i>All causes of death</i>				
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
Canterbury	3187	2486	484	377
Dover	3205	2448	340	258
Shepway	3364	2555	361	272
Thanet	3451	2795	537	434
Swale (pt)	3362	2601	74	57
East Kent HA	3324	2587	2056	1593
West Kent HA*	3536	2805	2283	1810

<i>All circulatory diseases</i>				
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
Canterbury	1516	1270	232	193
Dover	1377	1148	146	121
Shepway	1388	1065	149	114
Thanet	1566	1346	244	209
Swale (pt)	1280	1204	29	26
East Kent HA	1471	1225	913	757
West Kent HA*	1591	1291	1030	834

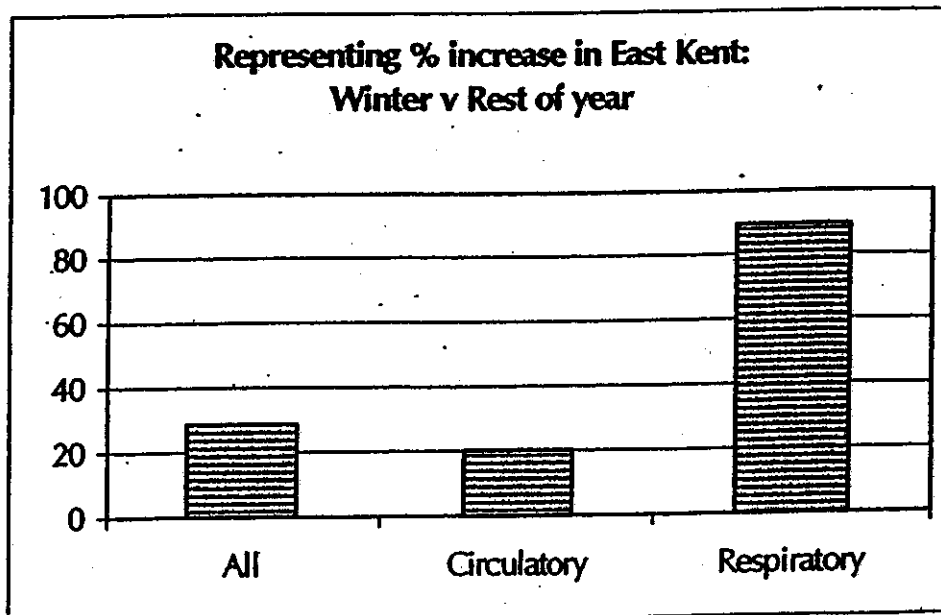
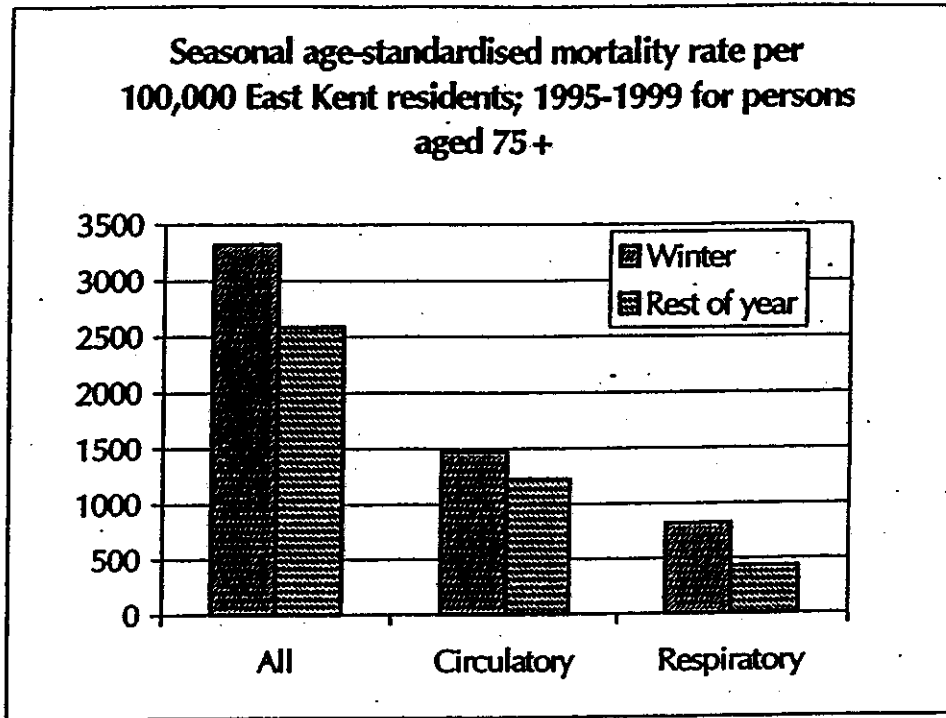
<i>All respiratory diseases</i>				
Council area	Directly age-standardised mortality rate per 100,000 residents		Numbers of deaths in an average 4-month period	
	Winter	Rest of year	Winter	Rest of year
	Ashford	853	417	64
Canterbury	732	393	112	60
Dover	793	431	86	47
Shepway	887	481	97	52
Thanet	873	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

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

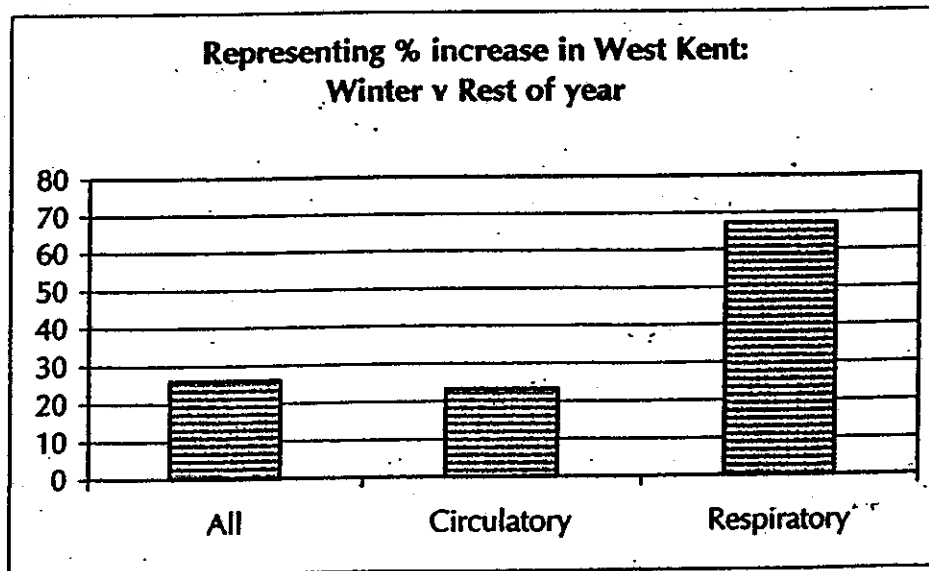
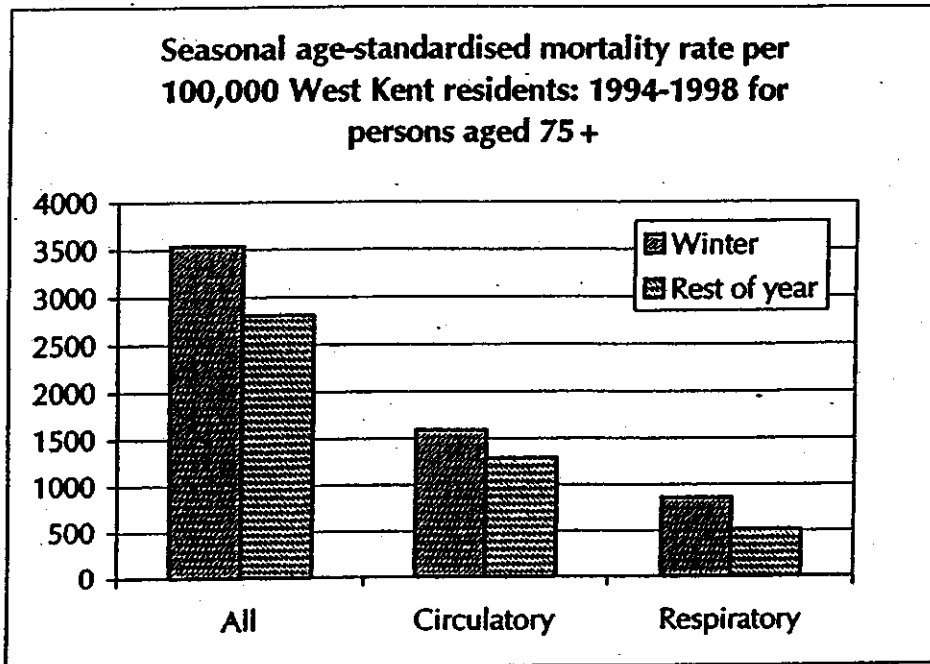
East Kent



Extracted from accompanying chart

**Seasonal age-standardised mortality rates,
1994-1998 for persons aged 75 +**

West Kent



Extracted from accompanying chart

**SEASONAL AGE STANDARDISED MORTALITY RATE (ASMR)
FOR THE FIVE YEAR PERIOD 1994 TO 1998
FOR ALL AND SELECTED CAUSES OF DEATH**
(age-standardised mortality rates [and numbers of deaths] for winter and non-winter periods)

Notes:

1. "Winter" has been defined as the four months of December, January, February and March.
2. The "rest of the year" is the period of April to November.

1. ALL Causes, Persons 75 years old and over

Local/Unitary Authority Health Authority	Age-standardised Mortality Rate (deaths per 100,000)		Number of Deaths in an avg. 4 month period	
	Winter	Rest of Year	Winter	Rest of Year
Dartford LA	4319	3416	217	173
Gravesham LA	3322	2747	197	163
Maidstone LA	3471	2664	343	262
Medway UA	3686	2990	487	393
Sevenoaks LA	3156	2462	272	212
Swale LA (W.Kent part)	3807	2827	221	164
Tonbridge & Malling LA	3475	2730	230	182
Tunbridge Wells LA	3306	2724	316	262
WEST KENT HA total	3536	2805	2283	1810

2. ALL Cardiovascular Diseases, Persons 75 years old and over

Local/Unitary Authority Health Authority	Age-standardised Mortality Rate (deaths per 100,000)		Number of Deaths in an avg. 4 month period	
	Winter	Rest of Year	Winter	Rest of Year
Dartford LA	1749	1494	88	76
Gravesham LA	1517	1303	89	77
Maidstone LA	1493	1190	150	118
Medway UA	1720	1380	228	181
Sevenoaks LA	1374	1122	119	97
Swale LA (W.Kent part)	1707	1250	100	73
Tonbridge & Malling LA	1610	1262	108	84
Tunbridge Wells LA	1568	1344	150	130
WEST KENT HA total	1591	1291	1030	834

3. ALL Respiratory Diseases, Persons 75 years old and over

Local/Unitary Authority Health Authority	Age-standardised Mortality Rate (deaths per 100,000)		Number of Deaths in an avg. 4 month period	
	Winter	Rest of Year	Winter	Rest of Year
Dartford LA	1236	768	63	39
Gravesham LA	817	581	49	34
Maidstone LA	844	447	83	44
Medway UA	863	532	112	70
Sevenoaks LA	804	474	70	41
Swale LA (W.Kent part)	942	594	54	34
Tonbridge & Malling LA	724	432	48	29
Tunbridge Wells LA	763	414	75	41
WEST KENT HA total	856	512	553	332

Source: ONS Annual Death Extracts and mid-year population estimates

Produced by the West Kent Health Authority PH Information Dept (DS) April 2000

Ashford

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
102,000	+17.5%	6.5%	14.8%	60.5%	18.1%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
42,767	78.6%	8.5%	12.9%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
33%	40%	21%	7%

Income Support beneficiaries ⁽³⁾ (UK level is 10%: South East Region level is 6%) **7%**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
9,807	4,403	12.1%

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 Central Heating
12,232	5,130	5,714	2,001	955	2,728

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Canterbury

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
141,000	+15.6%	5.1%	13.4%	59.3%	22.2%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
50,558	71% Av. SAP 45	19% Av. SAP 48	10% Av. SAP 64

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
32%	50%	15%	3%

Age of Housing Stock

Pre 1919	1919 - 1944	1945 - 1964	Post 1965
23%	18%	19%	40%

Income Support beneficiaries ⁽³⁾ (UK level is 10%: South East Region level is 6%) 8%
Housing/Council Tax benefits recipients 16,217

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
17,208	8,226	16.2%

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 Central Heating
20,729	9,228	9,902	3,519	1,837	4,969

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Dartford

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
86,000	+5.5%	6.6%	13.6%	63.3%	16.5%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
34,536 Av. SAP 43	75%	10%	15%

Age of Housing Stock

Pre 1919	1919 - 1944	1945 - 1964	Post 1965
20.2%	25.8%	19%	35%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
22%	60%	16%	2%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) **6%**
 Housing/Council tax benefit recipients **9290**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
15,127	6,447	20.8%

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 Central Heating
9,417	3,925	4,377	3,519	1,310	3,658

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Dover

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
109,000	+5.7%	5.8%	14.4%	58.6%	21.2%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
41,654 Av. SAP 40	75%	12%	13%

Age of Housing Stock

Pre 1919	1919 - 1944	1945 - 1964	Post 1964
37.3%	15.8%	12.6%	34.3%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
46%	40%	12%	3%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) 8%
 Housing/Council tax recipients approx. 10,000

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
16,872	7,629	18.3%

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 Central Heating
15,457	6,863	7,495	3,519	1,472	4,020

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Gravesham

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
92,000	-3.7%	6.6%	15.1%	60.0%	18.2%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
35,574	70.9%	9.1%	20.0%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
26%	57%	15%	2%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) **8%**
Housing/Council tax benefits **12,643**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
12,289	5,706	16.0%

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 Central Heating
11,355	5,003	5,186	1,951	1,201	3,427

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Maidstone

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
141,000	+8.0%	5.9%	14.0%	62.6%	17.5%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
56,958	78%	10%	12%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
21%	52%	21%	6%

Income Support beneficiaries ⁽³⁾ (UK level is 10%: South East Region level is 6%) **7%**
Housing/Council Tax benefits recipients **8,805**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
16,565	7,608	14.4%

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 Central Heating
16,392	6,989	7,206	2,588	1,453	4,281

¹Source: Office for National Statistics 1999

²Source: 1991 Census and latest estimates by Maidstone Borough Council

³Source: Office of National Statistics 2000

Medway Unitary Authority

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
243,000	+1.2%	6.7%	15.3%	63.2%	14.8%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
91,241	78.1%	13.5%	8.4%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
45%	45%	9%	1%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) **8%**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
39,615	18,106	19.8%

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 Central Heating
25,227	11,158	12,260	4,542	3,788	10,153

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Sevenoaks

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
113,000	+2.7%	6.1%	14.3%	60.4%	19.1%

Households and Tenure ^(source 1997 House Condition Survey)

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
41,867 Av. SAP 42.98	72.6%	27.4%	0%

Age of Housing Stock

Pre 1919	1919 – 1944	1945 – 1964	Post 1965
16.45%	15.78%	26.51%	41.26%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
10%	46%	27%	17%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) **5%**
Housing benefit recipients **4415**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
10,683	4,778	11.4%

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 Central Heating
14,054	5,755	5,791	2,056	1,055	3,164

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Shepway

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
101,400	+17.8%	5.7%	13.6%	58.6%	22.0%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
38,387	73.2%	15.9%	10.8%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
39%	44%	14%	4%

Income Support beneficiaries ⁽³⁾ (UK level is 10%: South East Region level is 6%) 10%

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
15,524	7,327	19.0%

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 Central Heating
15,493	7,189	7,114	2,675	1,445	4,001

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Swale

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
120,000	+9.0%	6.4%	13.3%	62.8%	17.4%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment
53,437 Av. SAP 43	72.5%	27.5%

Age of Housing Stock

Pre 1919	1919 – 1944	1945 – 1964	Post 1965
24.1%	9.5%	9.5%	56.9%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
43%	44%	11%	2%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) **9%**
Housing/Council Tax benefits recipients **9505**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
20,788	9,081	20.3%

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 Central Heating
17,800	10,153	6,990	2,530	1,936	5,190

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Thanet

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
128,000	+4.8%	5.9%	14.0%	55.2%	24.9%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
58,765	72.37%	20.94%	6.69%

Age of Housing Stock

Pre 1930	1930 - 1965	Post 1965
36.6%	48.3%	15.1%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
53%	38%	8%	1%

Income Support beneficiaries ⁽³⁾ (UK level is 10%: South East Region level is 6%) 13%
Housing/Council Tax benefits recipients 11,000

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
22,733	10,881	20.9%

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 Central Heating
12,232	5,130	5,714	2,001	955	2,728

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Tonbridge and Malling

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
107,000	+9.7%	6.6%	14.8%	61.7%	16.9%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment	Rented from Local Authority
38,748	73.9%	19.3%	6.7%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
12%	55%	26%	8%

Income Support beneficiaries ⁽³⁾ (UK level is 10%: South East Region level is 6%) 5%

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
15,264	6,347	16.3%

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 Central Heating
12,232	5,130	5,714	2,001	955	2,728

¹Source: Office for National Statistics 1999

²Source: 1991 Census

³Source: Office of National Statistics 2000

Tunbridge Wells

Population ⁽¹⁾

Total	change 1981-1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
	UK=+5.6%	UK=6.1%	UK=14.3%	UK=61.6%	UK=18.1%
103,000	+4.7%	6.3%	14.6%	59.9%	19.2%

Households and Tenure ⁽²⁾

Total households	Owner occupied (England average 67.6%)	Rented: private / HA / or with employment
43,839 Av. SAP 40	73.1%	26.9%

Age of Housing Stock

Pre 1919	1919 - 1944	1945 - 1964	Post 1965
33.9%	10.6%	20.7%	34.8%

Council Tax Bands ⁽¹⁾

A - B	C - D	E - F	G - H
18%	48%	23%	11%

Income Support beneficiaries ⁽³⁾ (UK level is 10%; South East Region level is 6%) **6%**
Housing/Council Tax benefits recipients **6,500**

Households without Central Heating ⁽²⁾

Residents with no CH	Households without CH	% households with no CH
12,710	6,266	15.9%

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 Central Heating
13,337	6,159	5,519	2,210	1,253	3,784

¹ Source: Office for National Statistics 1999

² Source: 1991 Census

³ Source: Office of National Statistics 2000

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	+15.8%	5.1%	13.4%	59.3%	22.2%
Dartford	88,000	+5.5%	6.8%	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%
Maldstone	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%	13.9%	58.6%	22.0%
Swale	120,000	+9.0%	6.4%	14.8%	61.6%	17.4%
Thanet	128,000	+4.8%	5.9%	14.0%	55.2%	24.9%
Tonbridge & Malling	107,000	+8.7%	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 Tenure (2)

	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	50,658	74.9%	13.3%	11.8%
Dartford	30,946	73.4%	8.5%	18.1%
Dover	41,894	71.1%	14.2%	14.7%
Gravesham	36,574	70.9%	9.1%	20.0%
Maldstone	52,578	74.5%	10.5%	15.0%
Medway	91,241	78.1%	13.5%	8.4%
Sevenoaks	41,887	75.2%	20.1%	4.7%
Shepway	38,387	73.2%	15.9%	10.8%
Swale	44,842	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%	18%	2%
Dover	48%	40%	12%	3%
Gravesham	26%	57%	15%	2%
Maldstone	21%	52%	21%	6%
Medway	45%	45%	9%	1%
Sevenoaks	10%	48%	27%	17%
Shepway	39%	44%	14%	4%
Swale	44%	44%	10%	2%
Thanet	53%	38%	8%	1%
Tonbridge & Malling	12%	55%	28%	8%
Tunbridge Wells	18%	48%	23%	11%

¹ Source: Office for National Statistics 1999

Income Support beneficiaries (2)

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

UK average	10%
South East region average	6%
Ashford	7%
Canterbury	8%
Dartford	6%
Dover	8%
Gravesham	8%
Maldstone	7%
Medway	8%
Sevenoaks	5%
Shepway	10%
Swale	9%
Thanet	13%
Tonbridge & Malling	5%
Tunbridge Wells	6%

³ Source: Office of National Statistics 2000

Households without Central Heating (CH)⁽²⁾

	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	7,628	18.3%
Gravesham	12,289	5,706	16.0%
Maldstone	16,565	7,608	14.4%
Medway	39,615	18,108	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%

²Source: 1991 Census

Pensioners: (living alone / with limiting long term illness / without Central Heating [CH])⁽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	4,989
Dartford	9,417	3,925	4,377	3,519	1,310	3,858
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
Maldstone	16,392	6,989	7,206	2,588	1,453	4,281
Medway	25,227	11,158	12,280	4,542	3,788	10,163
Sevenoaks	14,054	5,766	6,791	2,056	1,055	3,184
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 A

Glossary of abbreviations

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 on the progress made. A 'significant' reduction was defined as 30%.

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

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

HAWS: *Health and Affordable Warmth Strategy*

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.

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 all involved.

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

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.

KEC: *Kent Energy Centre*, a not-for-profit organisation which is one of a network of 50 local energy advice centres (see above). 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 the authorities to help achieve the targets under HECA, provide free energy advice to all Kent households and reduce domestic energy consumption.

DETR: *Department of Environment Transport and the Regions*, responsible for monitoring local authority duties and activities, including those under HECA. Most of its responsibilities have transferred to the new DLTR (*Department of Transport, Local Government and the Regions*).

EAGA LTD: A private company appointed by the Government to administer New HEES in ¼ of England including Kent.

New HEES (now called 'Warm Front') government funded grant scheme for home insulation and heating improvements. Grants of up to £1000 are available for those in receipt of certain income related benefits and meeting the qualifying criteria. Increased grants of £2000 (called New HEES Plus) are available to those over 60 only enabling more extensive heating improvements to be made in their homes.

HRA: *Home Repair Assistance*, a form of discretionary grant that local authorities can give for energy efficiency measures amongst other things. Frequently used to "top up" Warm Front grants.

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

SOP Schemes: Standards of Performance Schemes (now renamed as Energy Commitment). 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.

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

1 - 10	Very poor
11 - 30	Poor
31 - 50	Average
51 - 60	Good
61 - 80	Very good
81 - 100	Excellent

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.

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.

CVS: the Council for Voluntary Services.

CAB: the Citizens Advice Bureau.

RSLs: Registered Social Landlords, usually housing associations that provide, develop and maintain social housing for rent at affordable levels.

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