Putting health at the heart of fuel poverty strategies

A special evidence summit on health, fuel poverty and cold homes,
November 20th, 09.00-13.00, Westminster

Event report

1. Background

The UK Health Forum, Friends of the Earth and the Energy Bill Revolution hosted a special half day summit and lunch on the 20th November 2013 which brought together a group of influential experts and stakeholders from across health, fuel poverty, housing and energy efficiency sectors to generate much needed proposals and action to increase a focus on fuel poverty within health decision making. This cross sector and interdisciplinary group included eminent academics, researchers, a shadow minister and advisor to key political decision makers, senior policy makers and practitioners, key health bodies and professional associations, research institutions and Non-Government Organisations (NGOs).

The event aimed to deepen and widen understanding of the evidence on the impacts of fuel poverty and cold homes on health and well-being, the health economic case, the role of energy efficiency in delivering health outcomes and how health professionals can support delivery of energy efficiency programmes, and discuss proposals for addressing fuel poverty and cold homes within local and national health strategies that could be supported by a range of stakeholders.

The event was chaired by Professor Sue Atkinson CBE, Co-chair of The Climate and Health Council.

Speakers included the following:

- Professor Kevin Fenton, Director of Health & Well-being, Public Health England
- Luciana Berger MP, Shadow Minister for Public Health
- Professor Christine Liddell, Professor of Psychology, University of Ulster
- Professor Paul Wilkinson, Professor of Environmental Epidemiology, London School of Hygiene and Tropical Medicine
- Dr Hilary Thomson, Senior Investigator Scientist, UK Medical Research Council
- Dr Joanne Wade, Researcher and consultant
- Dr Angie Bone, Consultant in Public Health Medicine (Extreme Events), Public Health England
- John Kolm-Murray, Affordable Warmth Coordinator, Islington Council and Deputy Chair of the Carbon Action Network

See Appendix A for a copy of the programme. Copies of the speakers’ presentations have been circulated to attendees separately.
2. Proposals arising from presentations and discussions

- ‘Medicalise’ the evidence base so it speaks to clinical health professionals including Clinical Commissioning Groups (CCGs)
- Better and more systematic collection and dissemination of evaluation reports and wider research and evidence
- Explore peer to peer education approaches for health professionals to build confidence and skills to promote affordable warmth
- Develop standards for evaluation to promote consistency:
  - Ensure measuring impact is a high priority
  - Make the benefits meaningful for health professionals e.g. translating work on fuel poverty to reduced hospital admissions
  - Consider producing a simple guide on how to add health evaluation to post evaluation work for those running energy efficiency schemes
- Link up health and welfare advice e.g. worker funded by CCGs to work with practices in geographical areas on accepting welfare and housing referrals. Evidence of this type of approach exists (see Appendix E). Also, include energy efficiency advice as part of universal credit.
- Ensure findings from Gentoo ‘boiler on prescription’ scheme and other relevant studies are shared with CCGs and primary care organisations across the UK to encourage wider investment. However, need to overcome barriers about scalability (see section 4). Gentoo, with Nottingham City Housing and Bangor University, are measuring the health cost benefits from the scheme including those relating to a reduction in Chronic Obstructive Pulmonary Disease (COPD), prescription costs and hospital readmissions. A local CCG is delivering analysis so that health data remains confidential.
- Ensure housing strategy and/or housing provider representatives are members of Health and Well-being Boards
- Need a much more united front by health, housing, energy and fuel poverty professionals. Identify opportunities to coalesce and speak as one voice e.g. respond to the fuel poverty strategy consultation
- Frame action on fuel poverty within the context of well-being – communicate the value to individuals and society at large
- Ensure people leaving hospital have a mandated home assessment
- Appoint fuel poverty and health advocates in local authorities – a fuel poverty and health expert working together to engage Health and Well-being Boards
- Funding for small demonstration projects that model an integrated approach and demonstrate shared outcomes
- Greater involvement of a range of organisations in communicating the evidence and need for fuel poverty action – helping to mainstream awareness of fuel poverty and cold homes.

3. Themes and issues arising from presentations and discussions

3a. Complexity

- Fuel poverty is a complex and multi-dimensional issue – the causes and where it hits - and consequently it requires a systematic and joined up approach from a range of actors including health agencies and professionals
- The links between health, deprivation and housing demonstrate why fuel poverty is a health inequalities issue
- Housing needs to be reflected in Public Health England’s priorities – it was noted that their published priorities do not mention housing despite PHE’s focus on the wider determinants of health
• The UK continues to fair poorly to other EU countries in tackling fuel poverty and cold homes, with a major issue being the UK’s old, draughty, damp housing stock
• Excess winter deaths (EWDs) are preventable but it was felt by some attendees that health professionals are operating in a culture where EWDs are considered inevitable. There is a need to ensure a strong and consistent message that year round planning supported by multi-disciplinary partnerships is vital to preventing EWDs and illnesses associated with fuel poverty and cold homes. Public Health England reported that they are expecting a rise in EWDs for 12/13 - statistics were published on 26th November 2013 which showed a 29% increase in EWDs in 2012/13 compared to the previous winter [link]
• It is vital that Government are joined up in their response, maximising expertise and resources across all relevant departments.

3b. Vulnerability

• A range of factors increase vulnerability to morbidity and mortality from cold homes. The elderly, particularly those aged 75 years and above, were identified as experiencing ‘a clustering of vulnerabilities’ including chronic illnesses, more time at home, social isolation, socio-economic inequalities and energy inefficient homes
• It is important that resources reach those who need them the most
• A reminder that black and minority ethnic communities are more likely to live in poorer quality (often pre 1900) housing and in private rented accommodation which is generally the least energy efficient compared to social housing, for example
• The cost of housing, not just heating, is an important risk factor for living in fuel poverty and cold homes.

3c. Health and well-being

• The impacts
  o Fuel poverty and cold homes have a negative impact on health and well-being across the age range
  o There is a range of physical health impacts including respiratory illnesses such as asthma, increased risk of heart attack and stroke, and slower recovery from illness
  o In addition to the impacts on cardiovascular and respiratory health there are wider impacts relating to healthier living such as poorer diets - ‘heat or eat’, food poverty, mental health, poor educational attainment and increased risk of accidental injury such as falls among the elderly
  o Professor Christine Liddell presented on the evidence that links fuel poverty and mental well-being based on six studies in the Cochrane review by Thomson, Sellstrom and Petticrew 2013 and two other studies that are of significant quality to include. An additional paper expanding on Christine’s presentation was circulated with the presentations after the event. Key points from Christine’s presentation include:
    - Traditionally mental health symptoms have been measured using a ‘disorders’ spectrum. This approach has been developed to look at mental health in a more holistic way, recognising that it is also about coping and resilience (optimal mental well-being) rather than just disorders. An additional vertical construct (ranging from optimal to poor mental health) has been overlaid on the spectrum of mental health disorders (e.g. no symptoms to clinical depression)
    - The World Health Organisation (WHO) identify psychosocial stress arising from disadvantage as pivotal to health and well-being outcomes – see their report ‘Mental Health, Resilience and Inequalities’ [link]
    - Energy efficiency improvements impact on mental well-being, greater than physical health and on areas of stress and anxiety rather than depression. The evidence base is small but
demonstrates positive mental health results – positive mental health and negative mental health are affected almost equally
- Work is underway looking at a ‘cycle of risk’ that starts with fuel poverty, influenced by a package of different stressors. Fuel poverty has several elements relating to stress – income, cost, cold homes, stigma, mould and damp, health worries and disempowerment – many of which are permanent stressors. Once the cycle of fuel poverty and risk is set up it is difficult for people to break it. Cumulative stress theory – adding stress to another stress has an exponential effect on mental health status.
- Evidence shows a multiple hit on mental well-being through tackling fuel poverty and explains why better effects are being achieved in studies on mental health. Existing surveys have good measures that can be used to assess mental well-being effects - need to ensure they are included in studies/interventions
- The evidence case for adults is strong – the best evidence on mental health covers 18-70 year olds. There are ethical difficulties when assessing mental well-being of children e.g. self-reported evidence from parents/adults. However, evidence also shows fuel poverty is distressing to children. Children in fuel poverty and cold homes experience bullying and lose out because they do not feel able to invite friends home. The evidence relating to children is generally piecemeal - a systematic assessment of the mental well-being effects of fuel poverty and cold homes for children is needed.

- **Health economic case**
  - Evidence indicates that the costs to the NHS of treating the illnesses caused by the cold homes are in the region of £1billion per annum
  - Health economics evaluation – room for improvement, there is the data available to undertake more robust economic evaluation but it isn’t being used effectively
  - Need to get better at framing the questions that need answering in order to make the economic case - different economists give different results
  - Economic evaluation gets more difficult when there is a need to look beyond simple interventions
  - There is a question about who pays and who benefits from investment in fuel poverty action. Different agencies make an investment and different people may see the benefits. For example, we may see a rise and fall in cost benefits in different sectors. This raises questions about how impacts are measured and by whom for example, local authorities, health service, Treasury or individuals? Need greater debate about these issues and to build consensus and commitment to working towards achieving shared outcomes through fuel poverty action
  - The macro-economic benefits/returns of tackling fuel poverty and cold homes reduce over time as the wider costs of meeting the care and support needs of the elderly increase – more work is needed to prove the macro-economic case in order to justify the large scale investments needed to tackle the problem
  - Need a greater focus within economic evaluation on cost benefit analysis of preventing the illnesses associated with cold homes
  - Other major drivers for action on fuel poverty include energy security and climate change
  - The work of the National Institute of Health and Care Excellence (NICE) on developing new guidance on EWDs and illnesses has identified the importance of cost effectiveness.
3d. Interventions to address fuel poverty and cold homes

- **Energy efficiency**
  - UK context - cold effects last longer and cold weather lasts longer in UK (compared to summer)
  - The best solution for preventing fuel poverty and reducing cold homes is to increase the energy efficiency of the homes of the fuel poor but it requires a long term view and adequate funding
  - There is a correlation between outdoor temperature and mortality risk in cold homes. Temperature changes in the home are linked to life expectancy e.g. as rooms get warmer life expectancy goes up
  - Warmth improvements can lead to health improvements especially when targeted at individuals with inadequate warmth & chronic respiratory disease, and very little indication of adverse health impacts from energy efficiency improvements - findings from The Cochrane Review (2013) Thomson et al [http://doi.wiley.com/10.1002/14651858.CD008657.pub2](http://doi.wiley.com/10.1002/14651858.CD008657.pub2)
  - Housing improvement is likely to affect domestic space & design appropriate to needs, thermal comfort, housing costs and attitudes to home(satisfaction & control over living environment) – all of which have the potential to lead to longer term health impacts (Cochrane review as above)
  - In terms of costs to save lives, insulation is cost effective
  - In addition to addressing the thermal properties of building fabric, also need to address ventilation. Ventilation is as important as heating - don’t just concentrate on the cold. Ventilation control can have beneficial and regular impacts such as protecting from internal pollutants e.g. mould, CO2, smoke, radon
  - There are significant problems with the energy market and delivery of existing energy efficiency programmes such as the Energy Company Obligation (ECO) which is not reaching those in greatest need. Concerns were raised about the forthcoming Autumn Statement on 5th December and what this might mean for provision of energy efficiency support for vulnerable households.
  - A treasury funded energy efficiency scheme is needed to match the urgency and scale of the problem such as that proposed by The Energy Bill Revolution [www.energybillrevolution.org](http://www.energybillrevolution.org)
  - Home energy efficiency improvements achieve multiple objectives – alignment of environmental, energy security, health, social care and inequality objectives provides a more persuasive argument for investment
  - Joined up approaches needed politically
  - Local authorities (LAs) need to facilitate a holistic approach – supporting ‘whole house’ schemes rather than isolated interventions
  - Key problems/questions identified in relation to existing energy efficiency programmes include:
    - ECO is currently supporting 60% of homes not in fuel poverty
    - Too much money being spent on administering schemes rather than on delivering the interventions – need to reduce bureaucracy
    - Energy companies are prioritising the interventions that are the cheapest to deliver
    - Need to include health eligibility for energy efficiency interventions, not just income. Increase powers for health mandated referrals
    - Very difficult to know whether referrals to energy efficiency schemes lead to improvements in affordable warmth for households
    - Evidence shows referral networks are important in getting help to the most vulnerable but need a consistent UK wide approach
    - Consider how energy efficiency can be integrated into adult safeguarding approaches
    - Must remember that cultural issues can act as barriers to ensuring warm homes - need to back up energy efficiency improvements with advice and support for households so they can maximise benefits e.g. how to use heating technology. Can’t assume people know how to
use heating systems. Qualitative rather than epidemiological research needed in this context– France and Germany have good schemes.

- The role of health professionals in supporting access to energy efficiency support:
  - The main evidence relating to the role of health professionals in supporting access to energy efficiency for their patients lies in case studies and anecdotes. These tend to focus on who did what, training sessions, referrals to scheme etc. Case studies often omit the costs of the people involved and making referrals – these are big costs to leave out, and also omit the cost savings of interventions. Stories/anecdotes demonstrate action by health professionals e.g. GPs’ issuing letters of support to enable referrals
  - One of the main barriers to building evidence relating to health professionals’ role is the temporary nature of schemes. Schemes are temporary, small, and focus on learning in first 2 years and do not evaluate beyond that
  - Need to raise health sector awareness of the role of energy efficiency
  - Need a more coherent story to tell
  - Evaluation reports need to be disseminated/shared
  - Practical issues re: front line health professionals engagement:
    - Initial training doesn’t help staff develop their confidence and skills in the long term. Need ongoing training and development in order to learn how to navigate day to day issues and challenges as they try and integrate fuel poverty into their assessment and care of clients/patients
    - Application of knowledge – depends on the mechanism they have to put into day to day practice
    - Need to be convinced that a referral will result in benefit for their client.

3e. Making the case to the health sector

- Language and cultural barriers
  - Need to overcome and work with language and cultural barriers. Suggestions for doing this include:
    - Frame fuel poverty and cold homes in much more positive language in order to encourage the finding of solutions, and to reduce stigma
    - Use the term ‘cold deprivation’ rather than ‘fuel poverty’ to engage health professionals
    - Key question is “are we continuing to reduce our vulnerability to cold?”
    - Make the link to health outcomes, medical model and cost savings – understand the commissioner landscape. To help GPs and CCGs engage, show them the local population at risk and how many affected as well as the cost savings from tackling fuel poverty and cold homes
    - There is rich understanding about ethnicity and culture that is often omitted from policy and practice.
  - Whilst getting the language or ‘currency’ right for engaging the health sector is important, also need to ensure that what’s being included in the ‘package’ for addressing fuel poverty is right too. For example, need to focus on those most in need and empowering communities so they feel more in control and able to affect change to improve their well-being.

- Reduce/manage policy uncertainty
  - Reduce and/or manage communication of policy uncertainty such as for example, the problems associated with delivery of the Energy Company Obligation (ECO). Health professionals need to know how they can best support access for their patients to available resources and how they can add value and improve what’s there through service commissioning, design and delivery.
• The human experience
  o Listening to, collecting and sharing the stories of those affected is an important part of developing effective policy and practice responses (linked to point about empowering communities)
  o Remember fuel poverty is about people not just numbers – engage ‘hearts and minds’.

• Health outcomes
  o Need greater focus on making the links to the outcomes frameworks relating to Public Health, NHS and Social Care
  o Outcomes rather than costs should be the main driver for action.

• Research, evidence and evaluation
  o In order to build an effective evidence and research base to support policy and practice we need to be confident in what we know and where the gaps are, and enable translation of research into practice
  o Make existing evidence accessible to health professionals and frame it within the public health and medical models. For example, need to promote energy efficiency as a non-medical intervention that can deliver medical outcomes.
  o Need more evidence on the experience of strategic health professionals in tackling fuel poverty in order to encourage effective leadership locally
  o Further support needed to enable evidence to be translated into public health action
  o Learn from different approaches to evidence in the health service and local government. For example, in the NHS “evidence is all” whilst local government are used to delivering in the context of inconclusive evidence. However, the point was made that GPs are always dealing with incomplete evidence when they are supporting their patients
  o Gap in evidence base relating to cost benefit analyses from tackling fuel poverty and cold homes, particularly in the context of reduced morbidity
  o Need to share evidence of what works in engaging health professionals
  o Evaluation:
    - In order to maximise funding opportunities, need more robust evaluation with baselines established before interventions take place and ensure sufficient length of follow up once interventions have ended
    - Intervention costs need to be included in funding for evaluation.

3f. The role of the health sector

• Current picture
  o Lack of health sector engagement
  o Few Health and Well-being Boards are prioritising fuel poverty despite indicators in the Public Health Outcomes Framework
  o Housing is a health issue but not in health professionals’ curricula
  o The wider determinants of health are not getting the recognition and focus needed in local and national health strategies
  o Seasonal variation – health professionals told to focus on seasonal variation so excess winter deaths are considered inevitable
  o Focus is on medical model of diagnosis and treatment rather than prevention
  o Evidence that CCGs started to engage with Warm Homes Healthy People funded projects e.g. Hertfordshire, Oldham and Liverpool
2% of non-recurrent funding from CCGs needs to be spent by the end of March – opportunity for investment in affordable warmth interventions?

- **Structures and systems**
  - Transfer of responsibility for public health to LAs and establishment of Health and Well-Being Boards is an important opportunity for greater action on fuel poverty – however, many public health teams are still adjusting to the move to local government
  - Need to agree which systems best support health professionals to engage in this agenda
  - LAs should champion and lead work on fuel poverty and cold homes as they understand their communities
  - While health engagement is vital, effective action requires cross sector partnerships
  - Must shift debate to prevention, early intervention and well-being – supported by the best evidence and effective structures
  - Who do we want to engage? Different strategies are needed for different health professionals
  - Public Health England (PHE) has an important role in promoting leadership, best practice, raising public awareness and providing best data so that interventions (supported by evidence) can be scaled up. Areas of activity include:
    - Excess Winter Deaths index published by age-group at LA level – enables comparisons between LAs
    - Weekly mortality surveillance - detects and reports on acute significant excess mortality above usual seasonal levels
    - PHE’s Cold Weather Plan and public health messages promote long term strategic approaches and support year round planning, commissioning, planning and emergency responses when needed
    - Harness PHE national health and social marketing functions - identify strategies to engage consumers and communities
    - Research agenda and evaluation – provide challenge to set relevant research questions and broaden the range of experts
    - Warm Homes Healthy People Fund supported innovative approaches such as outreach, advice and community events. Contributed to evidence of what are the most effective ways of identifying people vulnerable to fuel poverty
    - Supporting Health and Wellbeing Boards as they develop their joint strategic needs assessments and health and wellbeing strategies through PHE’s Centres – the “front door to PHE”.

- **Membership organisations**
  - Can use intelligence from their members, many of whom are working on the frontline, to inform provision of advice and support to enable them to tackle fuel poverty effectively. For example, UK Health Forum undertook a needs assessment as part of their Healthy Places national resource which provided data on fuel poverty information need
  - UK Health Forum to publish a new fuel poverty and health toolkit on Healthy Places building on their guide first published in 2003. Other NGOs and health partners have been helpful in enabling this to happen, highlighting the importance of partnerships.
4. Barriers

- Size of projects and/or evaluations are often small and therefore not scalable or difficult to scale
- GPs – housing is not their core business. Need CCG’s and LA Public Health teams to co-fund initiatives as they benefit both
- Private and social landlords generally don’t see housing improvement as an investment
- Money, politics and inconsistent approach. Need to affect the political decisions being taken e.g. High Speed Rail 2 (HS2) or carbon taxes to tackle fuel poverty?
- Budget siloes – national and local
- Health and Well-being Boards – no extra funding and a tough job to prioritise areas of focus
- The funding available for tackling housing is immeasurably small
- Energy companies as deliverers of energy efficiency support is not working
- Understanding within and between sectors – could be addressed by having fuel poverty advocates (see proposals in section 2).

Proposals for addressing issues and barriers identified are summarised at the start of this report.

Jo Butcher
Health and Fuel Poverty Adviser
Friends of the Earth and Energy Bill Revolution
19th December 2013
Appendix A

Putting health at the heart of fuel poverty strategies

A special evidence summit on health, fuel poverty and cold homes

9 – 1pm, 20th November 2013
Royal Institute for Chartered Surveyors, Parliament Square, Westminster, London

Programme

9.00 Arrival, refreshments

09.30 Introduction from the Chair
Why fuel poverty and cold homes should matter to the health sector
Professor Sue Atkinson OBE, Co-chair, The Climate and Health Council

09.40 Opening address
The role of research and evidence in shaping effective health policy and practice on fuel poverty and cold homes
Professor Kevin Fenton, National Director for Health & Well-being, Public Health England

09.50 Reviewing the evidence base on fuel poverty and cold homes
Opening remarks: linking health and energy policy to tackle fuel poverty and cold homes
Luciana Berger MP, Shadow Minister for Public Health

The health and well-being impacts

The mental health and well-being impacts of cold homes: why this evidence needs greater prominence in national and local health decision making
Professor Christine Liddell, Professor of Psychology, University of Ulster

The health economic case: how can we maximise and develop the evidence to better make the economic case for action?
Dr Paul Wilkinson, Professor of Environmental Epidemiology, London School of Hygiene and Tropical Medicine

Q & A (20 mins)
Energy efficiency and why it matters to health

Impacts of warmth & energy efficiency improvement on health and socio-economic determinants of health: a synthesis of the best available evidence
*Dr Hilary Thomson, Senior Investigator Scientist, UK Medical Research Council*

Health service engagement in delivering energy efficiency interventions - what works and what else is needed?
*Dr Joanne Wade, Freelance researcher and consultant*

Q & A (20 mins)

11.15 Refreshment break

11.30 Developing ways to use the evidence as well as possible to inform health decision making

Healthy Places: Translating evidence need into local action on fuel poverty and health
*Hannah Graff, Senior Policy Researcher, UK Health Forum*

Developing proposals for maximising the evidence base – emerging themes
*Dr Angie Bone, Consultant in Public Health Medicine, Public Health England and John Kolm-Murray, Affordable Warmth Coordinator, Islington Council and Deputy Chair of the Carbon Action Network*

Q & A (20 mins)

12.05 Developing proposals to make fuel poverty and cold homes into health priorities

Facilitated table discussions to explore questions and suggested proposals and brief feedback in plenary

12.55 Summary and next steps from the Chair

13.00 Close followed by lunch and networking
Appendix B

Chair and Speaker Biographies

Professor Sue Atkinson CBE BSc MB BChir MA FFPH

Sue Atkinson is a senior executive and Public Health Doctor with wide experience of policy development, implementation and general management. She has used evidence to develop strategy and influence policy and has achieved change particularly through multi-organisational partnership working at local, regional and national levels. Sue Co-Chairs the Climate and Health Council. She holds a visiting Professorship in the Department of Epidemiology and Public Health, University College, London and was, until early 2013, a Non-executive Board member of University College Hospitals London NHS Foundation Trust. She is a Board Member of the Food Standards Agency and Chairs PHAST (Public Health Action Support team) a not-for-profit public health organisation.

In 2012 Sue was awarded the Joan H Tisch Distinguished Fellow in Public Health, Hunter College, New York and spent several months in New York comparing their public health policies with those of London and UK. This built on previous international and European wide comparative public health work she has undertaken. She led the pan European ‘Megapoles’ project comparing urban health across capital cities of Europe.

Between 1999 and 2006, she was the first Director of Public Health for London and developed the role as Health Advisor to the Mayor and GLA. She developed the first “Health strategy for London” which identified Inequalities, regeneration, transport and addressing black and minority ethnic health as priorities. She was instrumental in developing an approach to Health Impact Assessment (HIA), which was applied to all the Mayoral strategies to ensure health was taken into account. This has been recognized as exemplary nationally and internationally, and Sue has published on these topics. In 2006 she was instrumental in increasing the Mayor’s powers to include inequalities in health.

In recognition of her contribution to public health, Sue was awarded a CBE in 2002.

Professor Kevin A. Fenton MD, PhD, FFPH, National Director for Health and Wellbeing, Public Health England

Professor Kevin Fenton, MD, PhD, FFPH, is the Public Health England National Director for Health and Wellbeing. In this role he oversees PHE’s national prevention programmes including screening for cancer and other conditions, Health Checks, national health marketing campaigns, public mental health, and a range of wellbeing programmes for infants, youth, adults and older adults. The Health and Wellbeing Directorate also leads PHE’s Health Equity portfolio with a range of programmes and activities focused on addressing the social determinants of health, and promoting settings-based approaches to health improvement.

Professor Fenton was previously the director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), a position he held for seven years from November 2005. He also served as chief of CDC’s National Syphilis Elimination Effort and has worked in research, epidemiology, and the prevention of HIV and other STDs since 1995. Previously he was the director of the HIV and STI Department at the United Kingdom’s Health Protection Agency.

At CDC, Dr. Fenton led a number of critical efforts to address the U.S. HIV epidemic, including the release of revised HIV screening recommendations to make HIV testing a routine part of medical care for all Americans, and the implementation of a new surveillance system to provide more precise estimates of new HIV infections in the United States. Under Dr. Fenton’s leadership, CDC expanded its efforts to engage, mobilize, and partner with at-risk communities to address health disparities, and CDC launched Act Against AIDS, the first national HIV/AIDS public health communications campaign in 20 years. He championed the need for more integrated and comprehensive approaches to HIV, hepatitis, STD and TB prevention through the launch of major NCHHSTP initiatives including
Program Collaboration and Service Integration, and Prevention through Healthcare. He strengthened and expanded the Center’s commitment to addressing Health Equity by focusing on the social and structural determinants of health.

He is a Fellow of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom; and a visiting professor in Epidemiology and Public Health, University College London. He also serves as a member or on the boards of a number of charitable organizations, government committees, and peer-reviewed journals related to HIV and STD prevention and sexual health research. Dr. Fenton has received numerous awards, including a Telly Award for the Discovery Health CME program on “Comorbidities of HIV/AIDS”; the Leader to Leader Award; the Thurlow Tibbs Award; the Community Health Advocate Award; and the Gerald A. Ludd Lifetime Achievement Award for Dedication and Commitment in HIV/AIDS Prevention, among others.

He attended medical school in Jamaica, obtained his master’s in public health at the London School of Hygiene and Tropical Medicine, and PhD in Infectious Disease Epidemiology at the University College London. He has authored or co-authored more than 250 peer-reviewed scientific articles and policy reports.

Luciana Berger MP, Shadow Minister for Public Health

Luciana Berger is the Labour and Co-operative Member of Parliament for Liverpool Wavertree.

Luciana was promoted to Shadow Minister for Public Health by Ed Miliband in October 2013, have previously served for three years as the Shadow Minister for Energy and Climate Change.

Before her election in 2010, Luciana was Director of Labour Friends of Israel, a not-for profit campaigning and education organisation working toward peace in the Middle East. She previously worked for the NHS Confederation and the management consultancy Accenture, where she advised Government departments and FTSE 100 companies.

A graduate of the University of Birmingham, Luciana studied Commerce and Spanish before going on to obtain a Masters at Birkbeck College in Government, Politics and Policy.

Professor Christine Liddell BA (Hons) DPhil (London) MBPS, Professor of Psychology and Distinguished Community Fellow, University of Ulster

Christine Liddell is Professor of Psychology and Distinguished Community Fellow at the University of Ulster in Northern Ireland. She is a member of the Northern Ireland Inter-Departmental Group on Fuel Poverty, and of the Academic Advisory Panel of the Northern Ireland Authority for Utility Regulation. Recent consultancy partnerships in the field of energy efficiency and human wellbeing have involved collaborations with the Oak Foundation, International Energy Agency, Department of Energy & Climate Change, Department For Social Development Northern Ireland, Office of the First and Deputy First Minister NI, Power NI, National Energy Action NI, Save The Children, Habitat For Humanity NI, the Consumer Council for Northern Ireland, Carillion plc, and a low carbon housing consortia designing homes for people in fuel poverty.

She has given recent keynote addresses at events organised by the Hills Review of Fuel Poverty, Energy Action Ireland, the Carbon Action Network, and National Energy Action. She also led Northern Ireland’s first customer trial of SMART meters, the results of which were recently launched. She is currently principal investigator for NI’s first area-based pilot on tackling fuel poverty, working with 19 local authorities and their environmental health teams.

She is first author on more than 35 peer-reviewed publications, and was Guest Editor of the Special Anniversary Issue of the British journal Energy Policy; this celebrates 21 years of fuel poverty research and policy features papers from specialists in France, Austria, Spain, Hungary, New Zealand, England, and Northern Ireland.

She was recently appointed as a core expert serving NICE’s public health group on excess winter deaths.
Dr Paul Wilkinson, Professor of Environmental Epidemiology, London School of Hygiene & Tropical Medicine

Paul Wilkinson is Professor of Environmental Epidemiology at the London School of Hygiene & Tropical Medicine. He trained in Medicine and Public Health in the UK, beginning epidemiological research at the National Heart and Lung Institute before moving to the London School. His principal research interests are the health effects of climate change and environmental pollution and the influence of the built environment on health. He has worked closely with the World Health Organization over many years, and currently is member of the UK Committee on the Medical Effects of Air Pollution.

Dr Hilary Thomson, Senior Investigator Scientist, UK Medical Research Council

Hilary joined the unit in 1999 to work on the newly established evaluation programme. Hilary has a Bachelor of Nursing and a Masters of Public Health from the University of Glasgow. Her PhD comprised a collection of her peer reviewed publications within the field of developing evidence for healthy public policy. Hilary's general research interests are around gathering and translating research evidence to inform healthy public policy. Her work has focussed on assessing the health and socio-economic impacts of housing improvement and area based regeneration investment, as well as transport, employment, and welfare interventions.

Hilary's work spans a wide range of methodologies including the use of qualitative and quantitative methods to evaluate community interventions. Most recently she has developed methods to manage and promote transparency of narrative synthesis of complex interventions. Hilary is an editor with the Cochrane Public Health Review Group.

Dr Joanne Wade, Freelance researcher and consultant

Joanne Wade is a sustainable energy expert specialising in local delivery and social equity. She is an Honorary Senior Fellow at Imperial College London and member of the Energy Advisory Panel of the Energy Institute. She served on the Board of Eaga Charitable Trust for many years, including as Chair from 2004 to 2009. Her recent work has included leading a process evaluation of Government-funded, local authority led fuel poverty projects; delivering Warm Homes Healthy People funded training on fuel poverty to local authority and health sector front-line staff in East London; developing a toolkit for local councils for action on Green Deal implementation; and leading a review of local authority fuel poverty action for Consumer Focus. Her earlier work on fuel poverty includes contributing to ‘Health and Energy Efficiency: working in Partnership for Healthy Homes’ published in the late 1990s, involvement in the early stages of development of the Islington Affordable Warmth network, and a review of London Borough fuel poverty action for the GLA.

Hannah Graff, Senior Policy Researcher, UK Health Forum

Ms Graff is the senior policy researcher at the UK Health Forum where her primary area of focus is policy research and advocacy around NCD prevention through the built environment and health in all policies, including management of the Healthy Places online resource. Previously Ms Graff has held several positions in public health policy development and research in the US, with particular interest in obesity, HIV/AIDS, health inequities, and community prevention. She is a public health advisor to the Organic Health Response and a professional member of the Society for Medical Anthropology. Ms Graff holds an MPhil in medical anthropology from the University of Oxford and a BA with honours in anthropology from The College of Wooster (USA).

Dr Angie Bone, Consultant in Public Health and part of the Extreme Events and Health Protection team at Public Health England

Angie is a Consultant in Public Health and part of the Extreme Events and Health Protection team at Public Health England. A medical doctor by background, she has a broad range of experience at local, national and international level that includes appointments and placements at the Department of Health, the Health Protection Agency,
primary care trusts, non-governmental organisations, the European Centre of Disease Control and the World Health Organisation. Most recently she was Director of the National Chlamydia Screening Programme in England.

Angie’s interests include environmental public health and infectious disease epidemiology and she has published a number of articles in both fields. Her main area of interest is on reducing vulnerability to extreme events and climate change, through sustainable development, and appropriate preparedness, response and recovery. She is particularly focussed on public health actions that both protect health from extreme events, as well as improving health and well-being, such as addressing fuel poverty, promoting active transport and green infrastructure. She is keen to ensure that what we do know to be effective is translated into practice, and in ensuring that public health initiatives are evaluated in order to improve and share knowledge.

**John Kolm-Murray, Seasonal Health & Affordable Warmth Co-ordinator, London Borough of Islington and Deputy Chair of the Carbon Action Network**

John has worked on fuel poverty in Glasgow and London and is currently Seasonal Health & Affordable Warmth Co-ordinator at the London Borough of Islington, leading on the integration of affordable warmth and health work. In addition to developing policy and strategy John manages a number of programmes, including the successful Seasonal Health Interventions Network (SHINE) for two London boroughs. His main interests are in the prevention of seasonal health inequalities, protecting the most vulnerable against the impacts of climate change and addressing the particular challenges of energy efficiency in inner cities. Recently he won the European Prize for Innovation in Public Administration for his team’s work on SHINE. In 2013 he joined the NICE Public Health Advisory Committee on Excess Winter Deaths and Illnesses.
### Appendix C

**Attendee contact details**

<table>
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<td>Name</td>
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<td>20</td>
<td>Chris Fitch</td>
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<td>28</td>
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<td>39</td>
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<td>43</td>
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<td>Jonathan Stearn</td>
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<td>49</td>
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<td>50</td>
<td>Dr Hilary Thomson</td>
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<td>51</td>
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<td>52</td>
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<td>53</td>
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</tbody>
</table>
Appendix D

Questions for table discussions

Overarching questions

1. How can we make fuel poverty and cold homes priorities in national and local health decision making?
2. What are some specific barriers to ensuring that fuel poverty becomes a health priority, and what can we do to overcome them?

Specific questions (assigned to tables)

On using, and broadening, the evidence

3. How can we present and communicate the evidence around fuel poverty and health so that it is relevant to and usable by health professionals (including GP commissioners and clinical commissioning groups) in decision-making?
4. How can the organisations around your table help to communicate the evidence to increase health engagement in fuel poverty?
5. How can we constructively address any evidence gaps without losing sight of what is there already?

On the economic case

6. What more is needed to make the health economic case around fuel poverty, and galvanise investment in its prevention?
7. How can we use existing work around the economics of fuel poverty prevention to inform local and national health decision-making?

On the front line

8. How can we integrate fuel poverty prevention into training for health professionals?
9. How could we incorporate health vulnerability into assessments of eligibility for energy company-funded energy efficiency programmes? Could there be any drawbacks to doing this (e.g. raising cost of roll-out)?
Appendix E

Additional information and resources circulated following the event

- Review of evidence relating to fuel poverty and well-being by Professor Christine Liddell (unpublished) – circulated with presentations.

- Evidence relating to call at the event for more work examining factors and experiences of BME communities and households, provide by Professor Angela Tod [http://www.ncbi.nlm.nih.gov/pubmed/24120311](http://www.ncbi.nlm.nih.gov/pubmed/24120311)

- An article about the health benefits of benefits advice (welfare advice in health e.g. GPs), provided by Professor Angela Tod [http://www.shu.ac.uk/research/hsc/sites/shu.ac.uk/files/Assessing%20the%20health%20benefits%20of%20advice%20services%20-%20using%20research%20evidence%20and.pdf](http://www.shu.ac.uk/research/hsc/sites/shu.ac.uk/files/Assessing%20the%20health%20benefits%20of%20advice%20services%20-%20using%20research%20evidence%20and.pdf)

- A brief prospectus summarising some work of the Abacus group in Sheffield. They are developing guidance documents for commissioning and provider organisations with regard to meeting the Public Health Outcomes Framework indicators on excess winter deaths and fuel poverty. These will be available online early next year. Details provided by Professor Angela Tod [http://www.healthycities.org.uk/uploads/files/abacus_web_v31.pdf](http://www.healthycities.org.uk/uploads/files/abacus_web_v31.pdf).