

Healthy Homes and Housing

What is the issue and why is it important for Norfolk?

Healthy homes help to support a state of complete physical, mental, and social wellbeing. Improving housing conditions can increase quality of life, prevent disease, reduce poverty, and ultimately save lives¹. Nationally, it is estimated that poor housing is costing the NHS £1.4bn a year. Norfolk has an aging population which is more susceptible to poor housing conditions.

Norfolk also has significantly higher winter mortality compared to nationally, with 1,430 winter deaths in 2020-21. Approximately 60,300 homes are also experiencing fuel poverty, meaning they live in a home with an energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line. Norfolk is a rural county which is still heavily reliant on expensive fuel sources such as oil, or inefficient heating such as electric or solid fuel. Non-gas properties are highest in North Norfolk where over 60% are not connected to mains sources, a place where approximately one-third of the population are aged 65+, the highest in England and Wales.

Executive Summary

Inadequate housing can expose people to several health risks including a risk of injuries, stress, isolation, poor respiratory and cardiovascular outcomes, irritant/allergic reactions such as asthma and increased exposure to infectious diseases such as COVID-19.

Key headlines for Norfolk include:

1. The median house price in Norfolk is £275,000, which is lower than the national median price of £290,000. When taking account of income, North Norfolk is the only district in Norfolk where housing is less affordable compared to nationally.
2. A typical median rent in Norfolk is £775, which is cheaper than nationally (£850).
3. In Norfolk, 61.7% of registered properties have an EPC rating of D or less, this is worse than the national average of 53.4%.
4. Approximately 60,300 or 14.7% of households are living in fuel poverty in Norfolk, this is higher than the national average (13.1%) and is particularly high in Great Yarmouth (18%).
5. Significant proportions of the county are off the gas grid and thereby depend on expensive heating oil or inefficient electric or solid fuel. This is highest in North Norfolk where over 60% are not connected to mains sources, and where approximately one-third are aged 65+, and vulnerable to cold homes.
6. Based on the occupancy of bedrooms, household overcrowding is significantly better in Norfolk at 2% compared to the national average (4%) (2021). This is also significantly better in all Norfolk districts.
7. Excess winter deaths in Norfolk are significantly worse than the national average, with 1,430 excess deaths between August 2020 and July 2021. Estimates suggest that some 21.5% of winter deaths are attributable to cold homes which would equate to 307 deaths in Norfolk in 2020-21.
8. Norfolk and its districts operate several schemes to address immediate points of need including:
 - o Disabled Facilities Grants, to help towards the costs of making changes to homes so people can continue to live there.
 - o Norfolk Warm homes, to provide energy efficiency home improvement works for people that live in homes that are not heated by mains gas.
 - o ECO4 Flex, to improve the energy efficiency of homes occupied by residents on low incomes who are vulnerable to the cold, and/or live in homes that are hard to heat.
 - o Warm and Well Campaign to encourage Norfolk and Waveney residents to “winter proof” their health and wellbeing by preparing for winter illnesses and reminding people what to do if they do fall ill.

Introduction

Healthy housing supports a state of complete physical, mental and social well-being and provides a feeling of home, including a sense of belonging, security and privacy. When people experience issues with housing this can lead to poor health. These housing issues and associated health problems are summarised in figure 1.

Figure 1 Summary of housing issues and possible associated health problems.

Housing Issue	Associated Health Problem
 Structural Deficiencies	More slips and falls, increasing risks of injuries 
 Poor Accessibility	Disabled and elderly people at risk of injury, stress and isolation 
 Housing insecurity e.g. due to affordability or weak tenure	Increased stress and anxiety 
 Housing that is difficult or expensive to heat	Poor respiratory and cardiovascular outcomes 
 Indoor air pollution	Poor respiratory and cardiovascular health and allergic/irritant reactions e.g. asthma 
 Overcrowded houses	Risk of exposure to infectious diseases 

Source: Public Health Intelligence, Norfolk County Council

Structural deficiencies and hazards in the home can lead to injuries such as slips and falls, or a lack of fire safety due to poor electrical installations. The affordability of housing also matters to health, difficulty paying utility bills, the rent or mortgage can cause stress which can impact mental health. Those on the lowest incomes are often hit the hardest. Nationally, 26% of households on the lowest incomes spent more than a third of their income on housing costs, compared with only 3% of households on the highest incomes (2019/20). A shortage of affordable housing means that many households may fall into debt, potentially having to move frequently or face repossessions or evictions. This housing instability creates further stress and can affect the relationships and social networks of those affected, meaning their engagement with local community and services such as GP's and schools is weakened².

Mental health can also be negatively affected by the financial stress of having to heat energy inefficient, cold homes and from living in fuel poverty. Mental health worsens as the persistence of housing problems increase and those who own their homes outright and those who live in social housing are most negatively affected³. Home energy efficiency schemes have been shown to improve householders' mental health⁴. Living in cold homes can also impact on the physical health of those living there, for example mould contamination can exacerbate any existing respiratory conditions and can increase the risk of developing asthma. The burden of asthma disproportionately affects minority and low-income communities, resulting in racial and socioeconomic disparities in asthma prevalence.

Structurally deficient housing stock cultivates home environments rife with indoor asthma triggers⁵. Children growing up in the UK in disadvantaged circumstances are 70% more likely to develop persistent asthma⁶. Poor indoor air quality is known to have a negative impact on health, leading to poor respiratory and cardiovascular outcomes and also causing allergic and irritant reactions. Chronic Obstructive Pulmonary

Disorder (COPD) is associated with high indoor air pollution especially fine particulate matter less than 2.5µm in diameter (PM_{2.5})⁷.

Potentially Vulnerable Populations

NICE Guidance⁸ Identifies the following population groups as being particularly vulnerable to poor housing conditions*:

1. **Pregnant women** - Exposure to cold ambient temperature has been shown to increase the blood pressure of pregnant women. In 2021, there were 7,850 live births in Norfolk, this is taken as an approximation of the number of pregnant women within the year (not accounting for multiple births)⁹.
2. **Children under 5** - Exposure to damp and/or mould, cold homes and the presence of pests and pollutants all have a detrimental impact on child respiratory health. Living in a crowded home is associated with a greater risk of behavioural problems, independent of other confounding factors¹⁰. In Norfolk, there are 42,500 aged 0-4 which equates to about 5% of the population (2021)¹¹.
3. **People aged 65+** - Older people are more likely to be vulnerable to cold weather, partly because they are more likely to have existing medical conditions. Further, their temperature control is weaker because of less subcutaneous fat, making them vulnerable to hypothermia. Older people are more likely to spend longer in their homes and therefore require their houses to be heated for longer periods¹². In Norfolk, there are 223,800 aged 65+ which equates to about 24% of the total population, It is particularly high in North Norfolk where people aged 65+ make up 33% of the population (2021)¹¹.
4. **People with disabilities** – Housing is the cornerstone of independent living, yet many disabled people live in homes that do not meet their requirements. Disabled people are more likely to experience multiple housing problems such as inaccessible homes, states of disrepair, hazardous homes and poor behaviour from landlords. Twenty percent of the population (184,300 people) in Norfolk are disabled under The Equality Act in Norfolk¹³.
5. **People on a low income** - Households on lower incomes are more likely to live in overcrowded, non-decent properties and are more likely to experience a higher housing cost burden, all of which negatively affect health². In addition, many lower income older households own their own homes, but do not have the necessary funds to spend on expensive repairs and adaptations meaning that their home does not meet their changing, and often deteriorating, health and mobility needs². In Norfolk, there are 22,801 absolute low-income families (2020/21)¹⁴.

Norfolk's housing supply

Structural deficiencies and accessibility of homes

Exposures and health risks in the home are important due to the time people spend there. In high-income countries, around 70% of people's time is spent inside their home. Children, the elderly, and those with a disability or chronic illness are likely to spend most of their time at home and are therefore more exposed¹⁵.

Poor accessibility in homes can put people with disabilities and the elderly at risk of social isolation, stress, falls and injury. In England, only 7% of homes offer the minimum accessibility features and 68% of local authorities have reported that developers do not always comply with accessibility requirements but only 3% have taken action against a developer on accessibility grounds¹⁶. There are a number of risk factors

*Note that these statistics do not show the number or proportion of people experiencing poor housing outcomes, rather the number of people in that vulnerability group. It is likely that some of these may be experiencing poor health outcomes linked to housing but it is not possible to put a direct estimate on this.

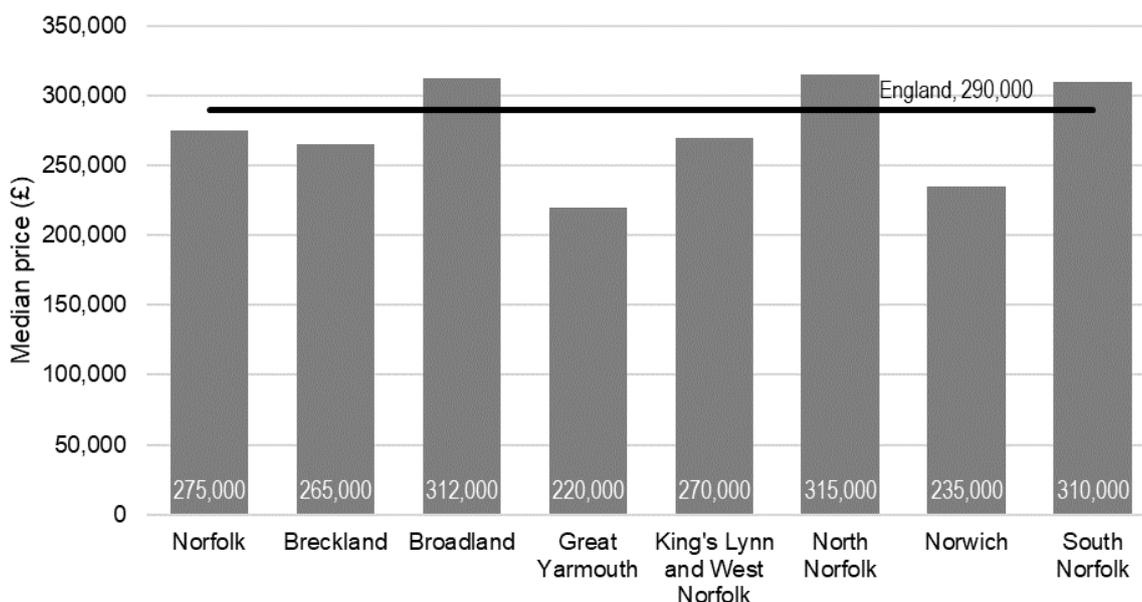
associated with falling in older age, including housing factors such as poor lighting, uneven surfaces, and floors with slippery surfaces. Studies show that these factors account for 30%-50% of falls in older people¹⁷. In 2021/22, there were 3,835 falls in people aged 65+ in Norfolk and based on this estimate between 1150 and 1900 of these could be due to these housing factors¹⁸.

Insecure Housing

Housing affordability affects factors that influence health, including the quality of housing available, poverty, community cohesion, and time spent commuting¹⁹. There is increasing evidence of a direct association between unaffordable housing and poor mental health, over and above the effects of general financial hardship. The type of housing that people live in may also be an important factor in determining how individuals experience and respond to housing affordability problems²⁰. Unaffordable housing is associated with financial trade-offs and reduced discretionary spending on health-related expenses and it is possible that, over time, these trade-offs may have a harmful effect on health, for example, by reducing the ability to successfully manage chronic conditions or by decreasing the use of preventive services²¹.

The median price for a house paid in Norfolk in 2022 was £275,000 which is lower than the national median of £290,000. Broadland (£312,000), North Norfolk (£315,000) and South Norfolk (£310,000) all have higher median house prices compared to nationally (figure 2).

Figure 2 Median price paid for all house types in Norfolk (2022)

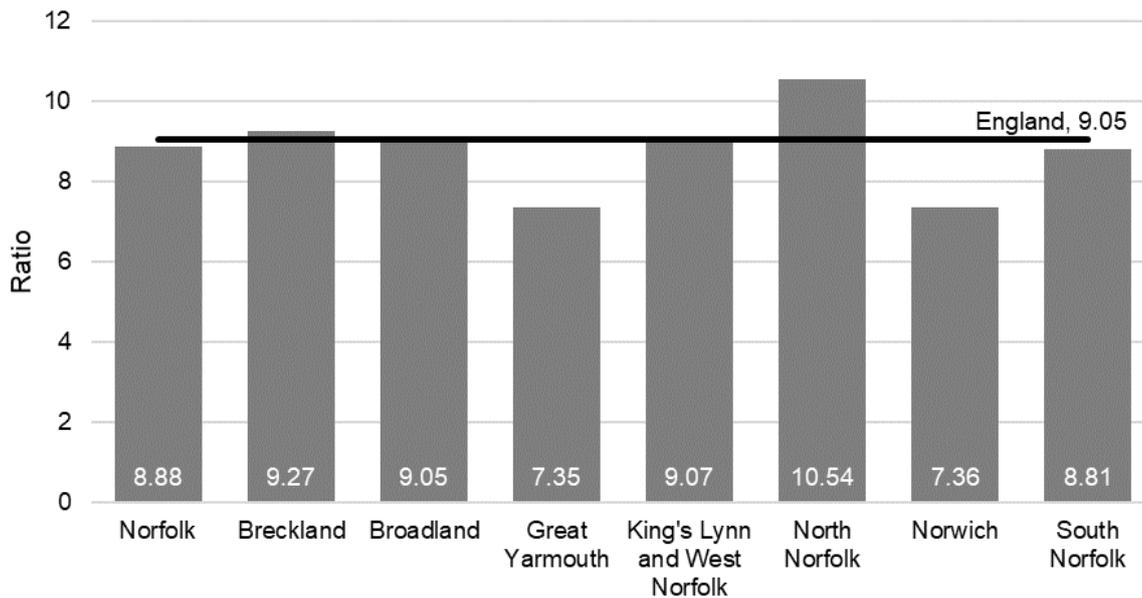


Source: [Median house prices for administrative geographies: HPSSA dataset 9 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

The affordability of houses does not only depend on the price of the property but also on the income of residents in the area. Figure 3 shows the ratio of median house price to median gross annual residence-based earnings. A higher ratio indicates that, on average, it is less affordable for a resident to purchase a house in their area. North Norfolk is the only district in the county of Norfolk with housing that is more expensive in comparison to the national average.

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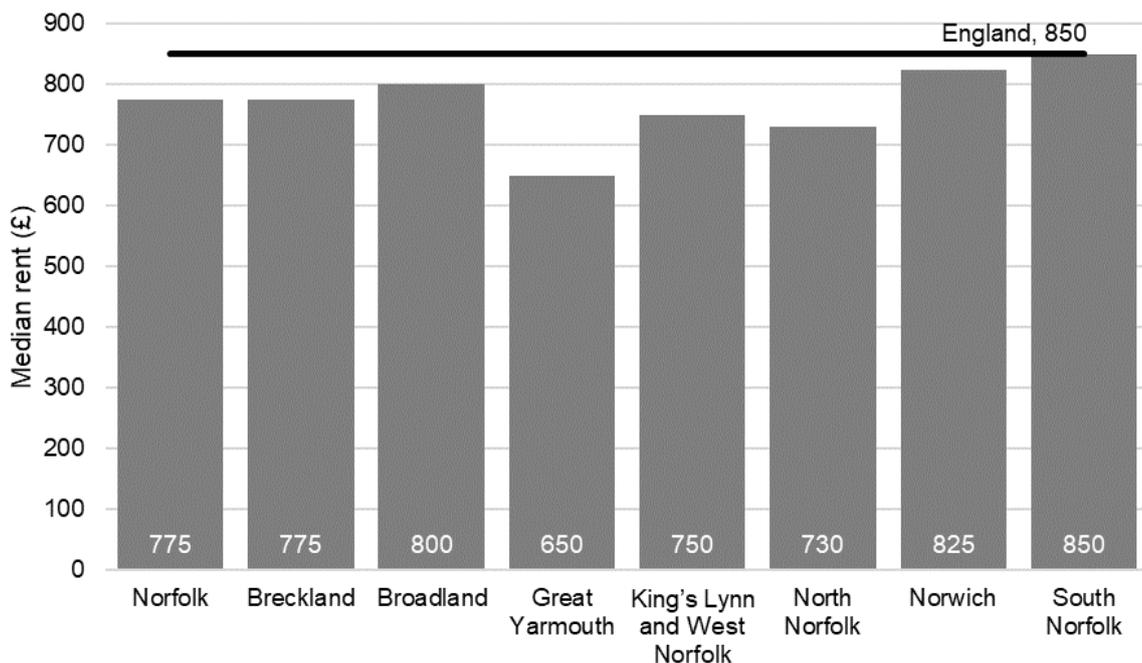
Figure 3 Affordability of home ownership in Norfolk – higher ratio = less affordable (2021)



Source: [ONS Ratio of house price to residence based earnings](#)

Those who privately rent typically spend more of their income on rent than those socially renting. Private rental prices in the UK rose by 5.5% in the 12 months to August 2023²². A typical median rent (for all property types) in Norfolk is £775, which is cheaper than nationally (£850) (figure 4). Every district in Norfolk also has a lower median rent, apart from South Norfolk which is in line with the national median at £850.

Figure 4 Median private rent paid for all house types in Norfolk (1 October 2022 to 30 September 2023)

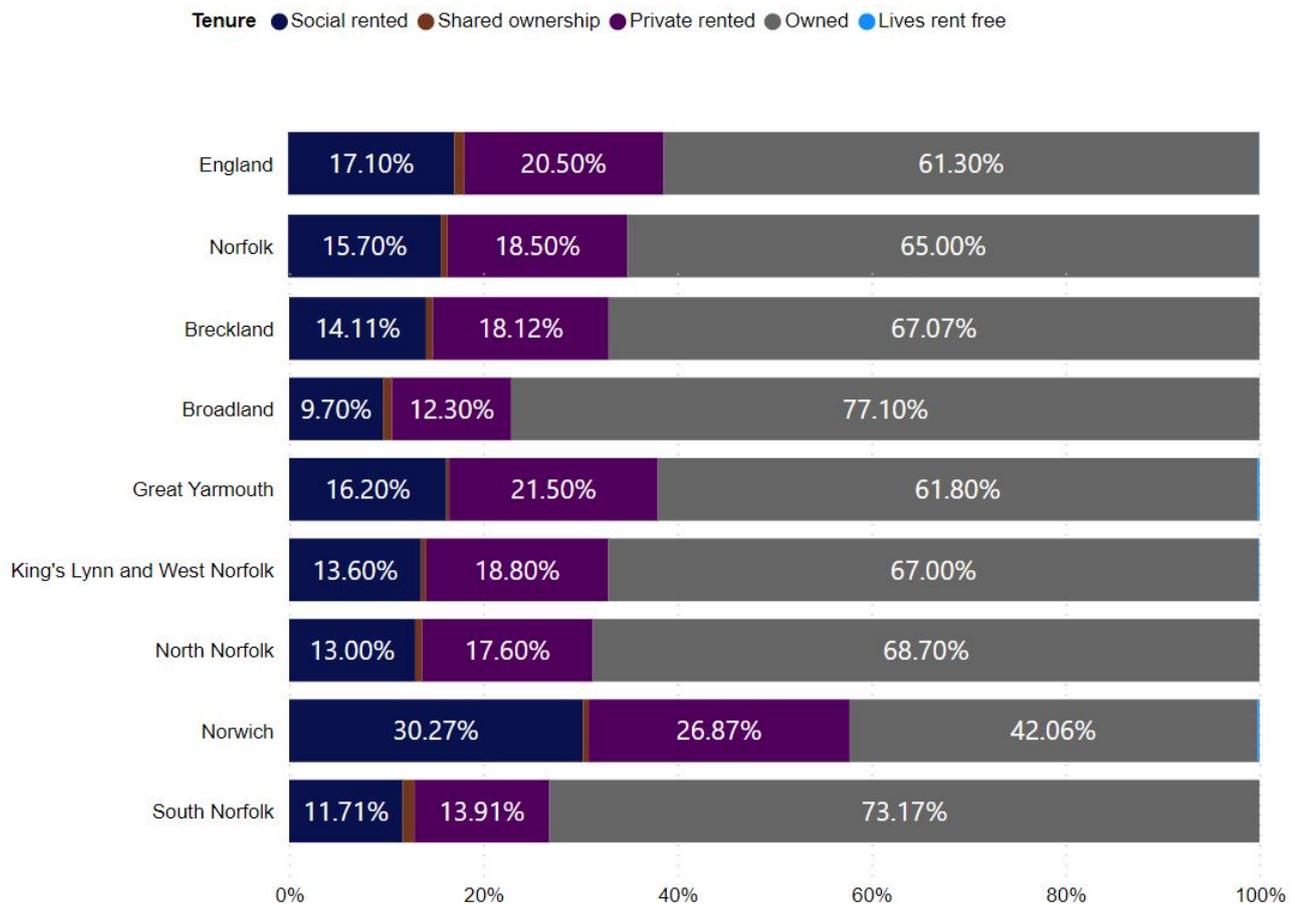


Source: [Private rental market summary statistics in England - Office for National Statistics \(ons.gov.uk\)](#)

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The proportion of social rented households are almost twice the national average in Norwich at 30%, with an additional 27% of households renting privately (figure 5). Households facing multiple housing problems are more likely to live in privately rented homes or social housing², meaning households in Norwich are likely to be at a higher risk. Sixty-five percent of households in Norfolk are owned outright or mortgaged, this is higher than the national rate of 61%, and ranges from 42% in Norwich to 77% in Broadland.

Figure 5 Proportion of homes by tenure in Norfolk



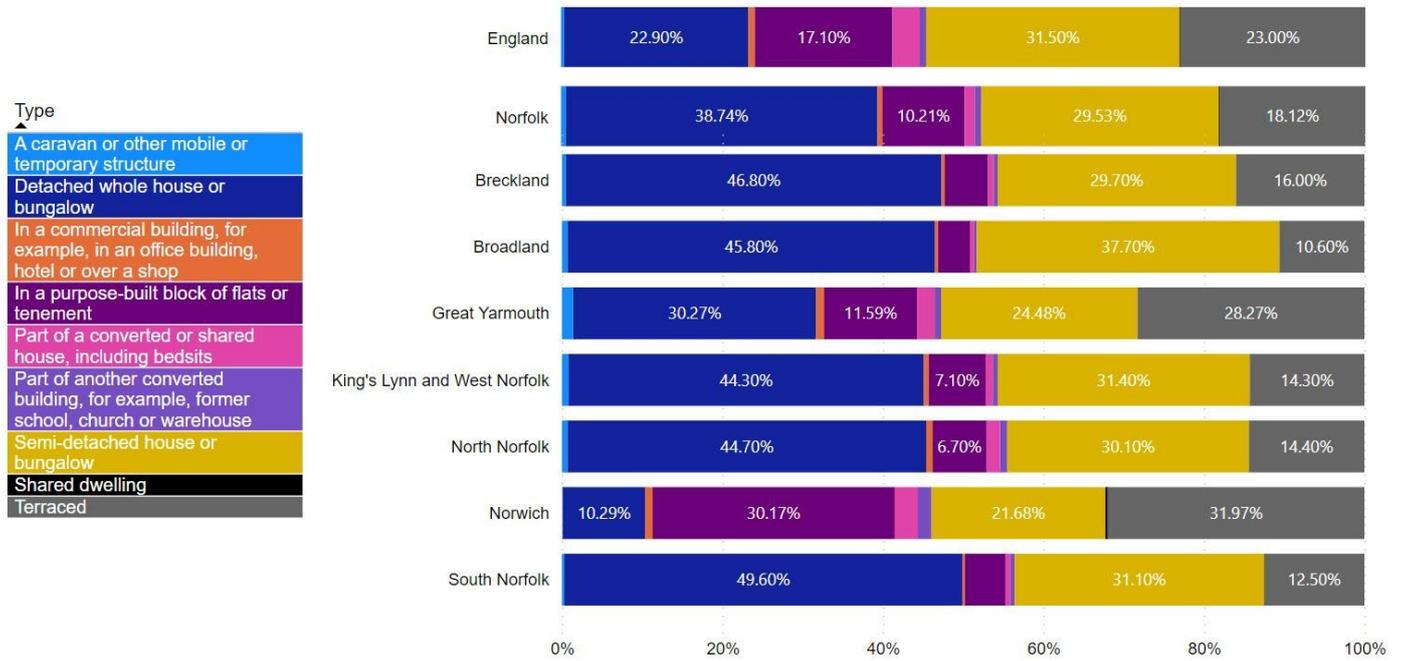
Source: [Tenure - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Having no home at all also has a significant impact on health which is discussed in a separate briefing paper in the JSNA library [Norfolk Insight JSNA Briefing Paper Homelessness](#).

There are over 404,000 properties in Norfolk, and Norfolk (38.7%) has a much higher proportion of detached properties than the England average (22.9%). The break down for the districts is shown in figure 6. Great Yarmouth (28.3%) and Norwich (32.0%) also have a high proportion of terrace houses in comparison to the national average (23.0%).

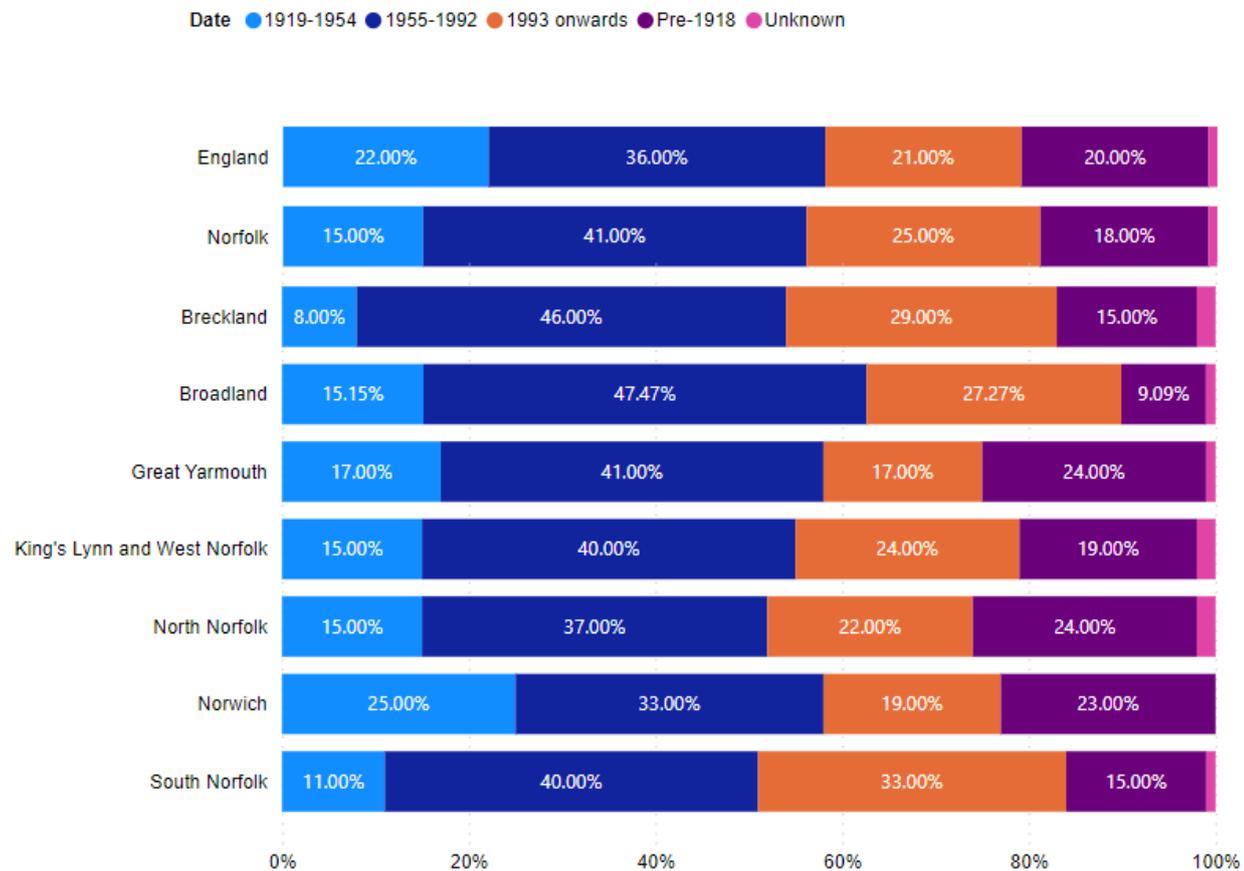
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Figure 6 Proportion of accommodation types in Norfolk (2021)



Source: [ONS accommodation type](#)

Figure 7 Proportion of housing stock by build period in Norfolk



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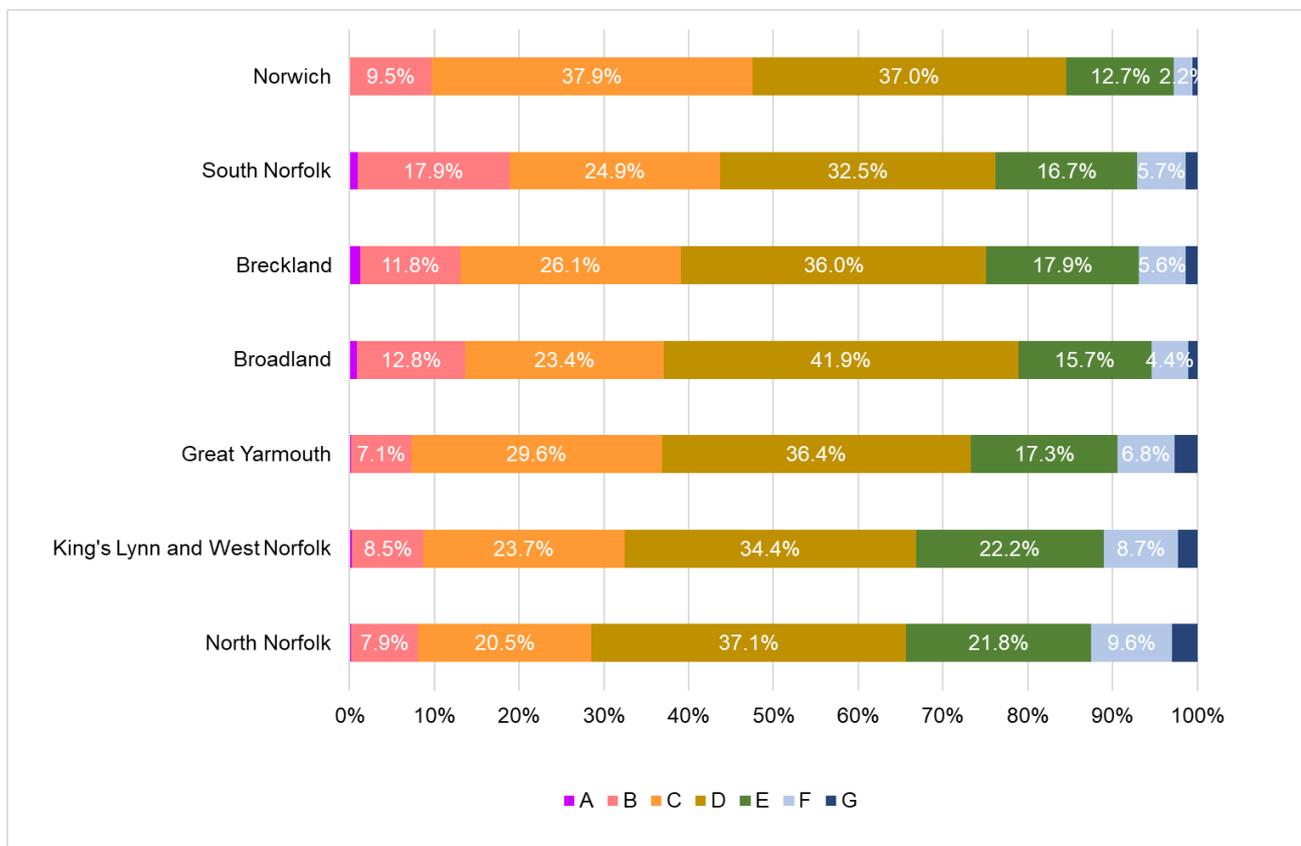
Source [Council Tax: stock of properties, 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/council-tax/stock-of-properties)

The older a property is, the less likely it is to have energy saving design features, for example houses built before the second world war are unlikely to have cavity walls and are more likely to have solid walls. In Norfolk, approximately 79,000 properties were built pre-1918, this is the equivalent of about one in five properties (figure 7). Twenty-five percent of properties in Norfolk have been built in the last thirty years, which is slightly higher than the national average of 21%.

Cold homes, energy efficiency and fuel poverty

Low indoor temperatures have been shown to be associated with poor health and excess winter mortality. There are recommendations from the World Health Organization (WHO) to keep indoor temperatures above 18°C, but there are also some critical thresholds around acceptable temperatures in relation to health. For instance, the longer an individual is exposed to cold temperatures, the greater risk of harm to health. The impact is exacerbated for vulnerable individuals, and the colder the temperature the greater the risk of harm. Temperatures that are lower than 16°C appear to impair respiratory functions and temperatures below 12°C place strain on the cardiovascular system. Temperatures below 6°C place people at risk of hypothermia²³. Living in cold conditions can also negatively affect mental wellbeing. Damp and mould are also more likely to occur in cold, poorly insulated homes. The presence of damp is a risk factor for lung function decline, especially in women. Exposure to damp and/or mould is associated with new cases of asthma and lower respiratory tract infections among children and adults²⁴.

Figure 8 Energy Performance Certificate (EPC) Band D or below for the districts of Norfolk (2023).



Source: [Live tables on Energy Performance of Buildings Certificates - GOV.UK](https://www.gov.uk/live-tables-on-energy-performance-of-buildings-certificates)

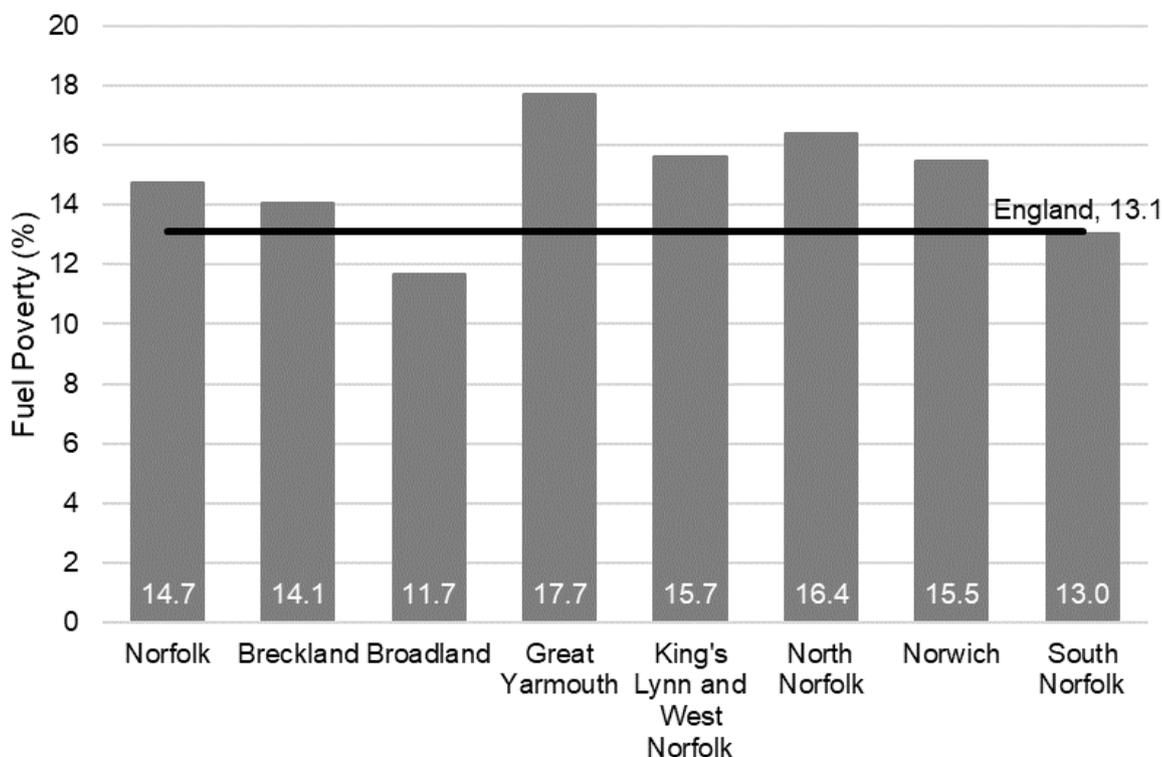
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Energy Performance Certificates (EPCs) were introduced in England and Wales in 2007 for domestic properties with four or more bedrooms. Over time this requirement was extended to smaller properties. EPC gives a rating from A (very efficient) to G (inefficient), with a higher the probability of health issues for those living in more energy inefficient homes. An EPC rating is also indicative of energy costs involved in running the house. Rental properties, which have a certificate valid for 10 years, became required on a new tenancy commencing on or after 1 October 2008. In Norfolk, 61.7% of registered properties have an EPC rating of D or less, this is higher than the national average of 53.4%. The breakdown for the districts is shown in figure 8 where properties rated D or less range from 49.3% in Norwich to 65.8% in North Norfolk

There is a social gradient in fuel poverty with lower income households more likely to be at risk of fuel poverty than high income households, which is likely to contribute to social and health inequalities²⁵. England's housing stock is made up of relatively energy inefficient properties which can result in homes that are difficult or costly to heat. A household is considered to be fuel poor if they are living in a property with an energy efficiency rating of band D or less and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line. Fuel poverty is driven by three main factors: household income, the current cost of energy and the energy efficiency of the home²⁶.

In Norfolk 14.7%, or 60,300 households are living in fuel poverty, see figure 9. Norfolk and all its districts apart from Broadland and South Norfolk have a higher proportion of households in fuel poverty than the national average (13.1%). Great Yarmouth district experiences the highest levels of fuel poverty in Norfolk, whereby 18% of households are living in fuel poverty.

Figure 9 The percentage of households in Norfolk that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology 2021

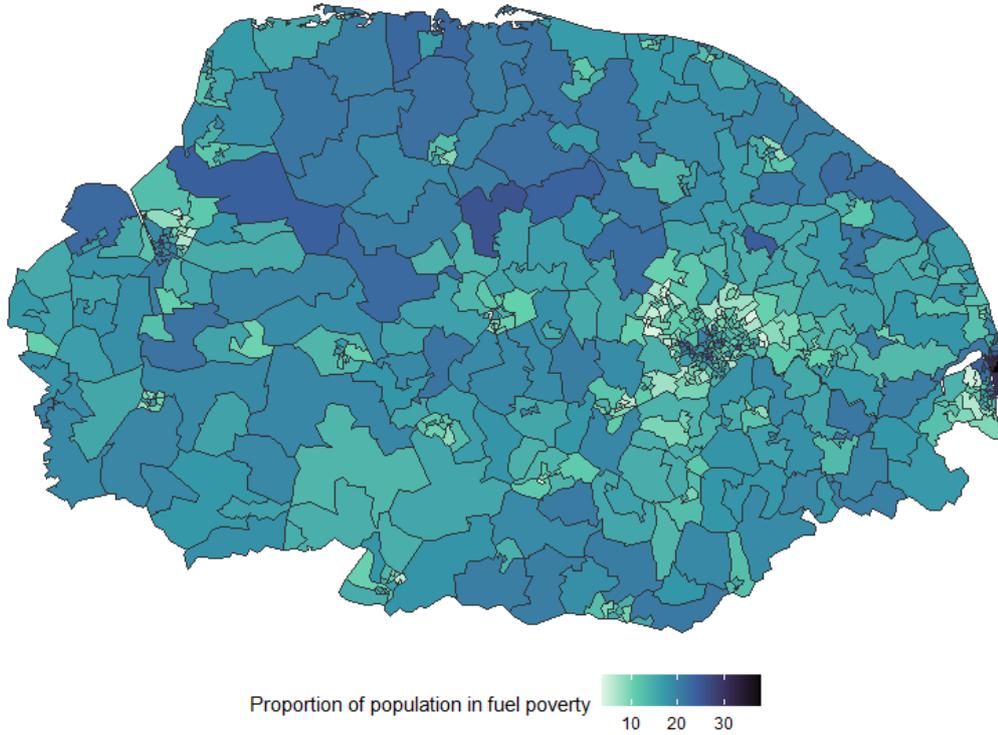


Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

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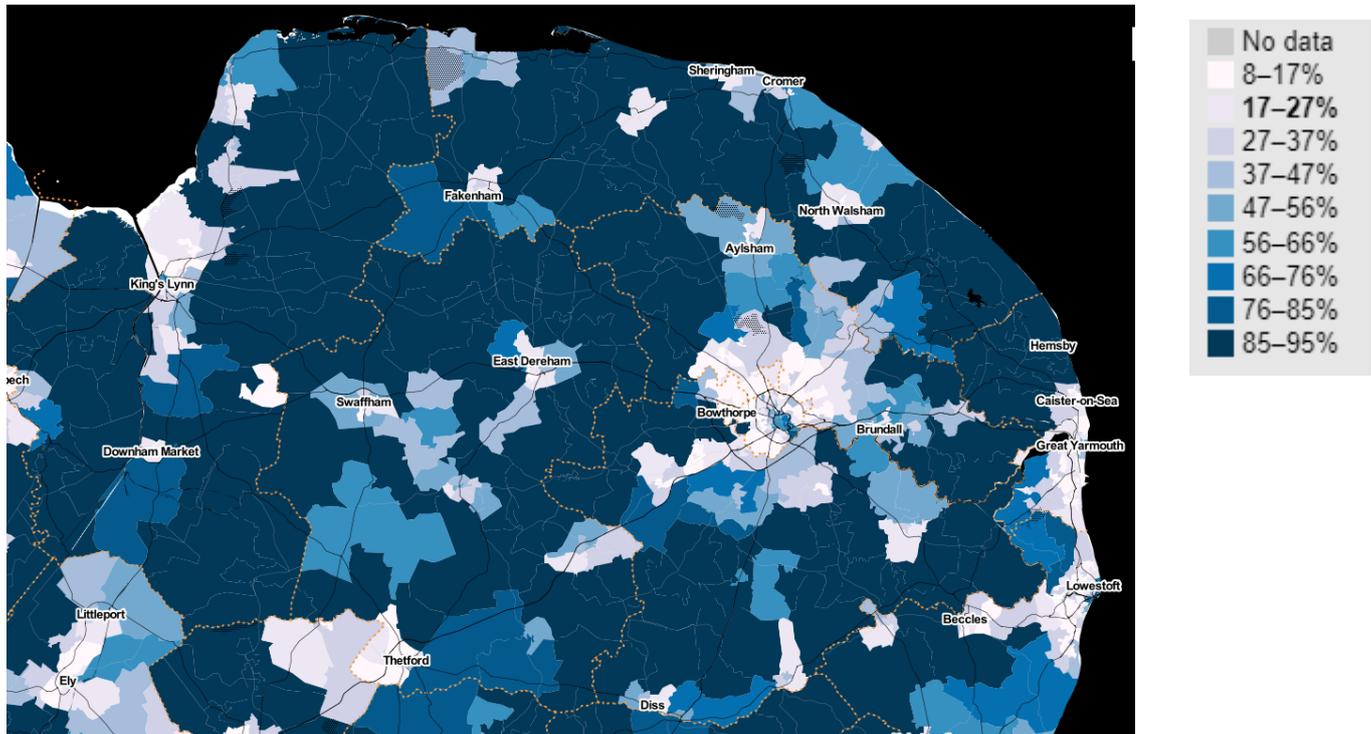
Figure 10 indicates that much of the fuel poverty in Norfolk is experienced in rural areas, these homes are more likely to be larger

Figure 10 Percentage of households in fuel poverty - Low Income/Low energy Efficiency (LILEE) - LSOA (2021)



Source: Department for Energy Security & Net Zero

Figure 11 Proportion of homes in Norfolk not connected to the gas grid



Source: [Non-gas map \(nongasmap.org.uk\)](http://nongasmap.org.uk)

Fuel poverty is compounded by having significant proportions of the county off the gas grid and thereby depending on expensive heating oil or inefficient electric and solid fuel heating. Non-gas properties are highest in North Norfolk where 60.5% are not connected to mains sources and 38% of households are dependent on gas. In North Norfolk, one-third of the population are aged 65+, the highest in England and Wales, as shown this is a vulnerable subset of the population, susceptible to cold home-related ill health. Figure 11 shows the proportion of households in each community not connected to the gas grid, which generally shows that larger and more urban areas are better connected than more rural communities.

Indoor air pollution

Air pollution and its health effects in dwellings is a complex problem, particularly in relation to allergies, asthma, and other respiratory diseases such as chronic obstructive pulmonary disease²⁷. Sources of indoor air pollution include fireplaces and chimneys, cooking, volatile organic compounds, such as cleaning products, mould, house dust and tobacco smoke²⁸. An impact assessment of home energy efficiency interventions showed that a reduction in fine particulate matter exposure (particles less than 2.5 microns in diameter or PM_{2.5}) would be associated with substantial benefits for mortality and morbidity from asthma, coronary heart disease and lung cancer²⁹. People who spend more time at home such as children under five, the elderly and people with chronic disabilities are more exposed to indoor air pollution.

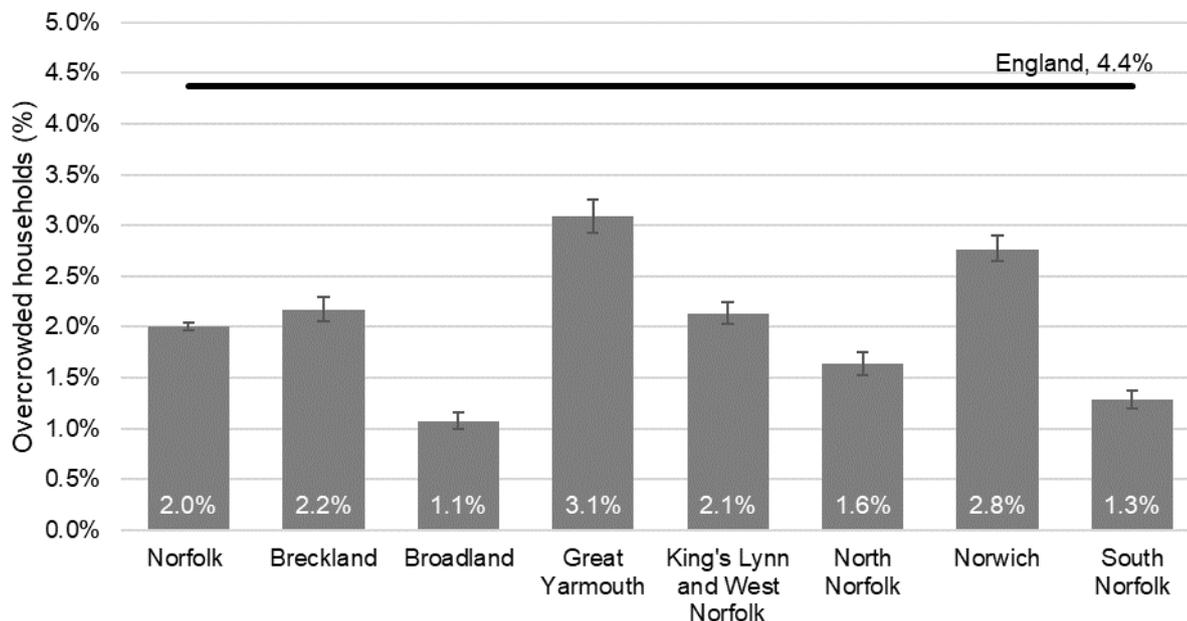
Overcrowding

Section 325 of the Housing Act 1985 provides that overcrowding exists where there are so many people in a house such that any two or more of those persons, being ten or more years old, and of opposite sexes, and not living together as husband and wife, have to sleep in the same room. A 2005 survey by Shelter³⁰ showed that most families living in overcrowded homes said their living conditions affected their mental health, stress, privacy and sleep quality. Concerns about children's physical health, as well as their ability to play and study, were also frequently raised. Analysis conducted in May 2020 found a correlation between Covid-19 death rates and the level of overcrowding within local authorities in England³¹. As well as overcrowded housing raising the risk of infection, poor quality housing can increase the risk of having worse symptoms and of dying from Covid-19, especially for those with pre-existing health conditions³².

Whether a household's accommodation is overcrowded is calculated by comparing the number of bedrooms the household requires to the number of available bedrooms. The census data of 2021 shows that all Norfolk districts compare favourably to the national average where 4.4% of households are overcrowded, see figure 12.

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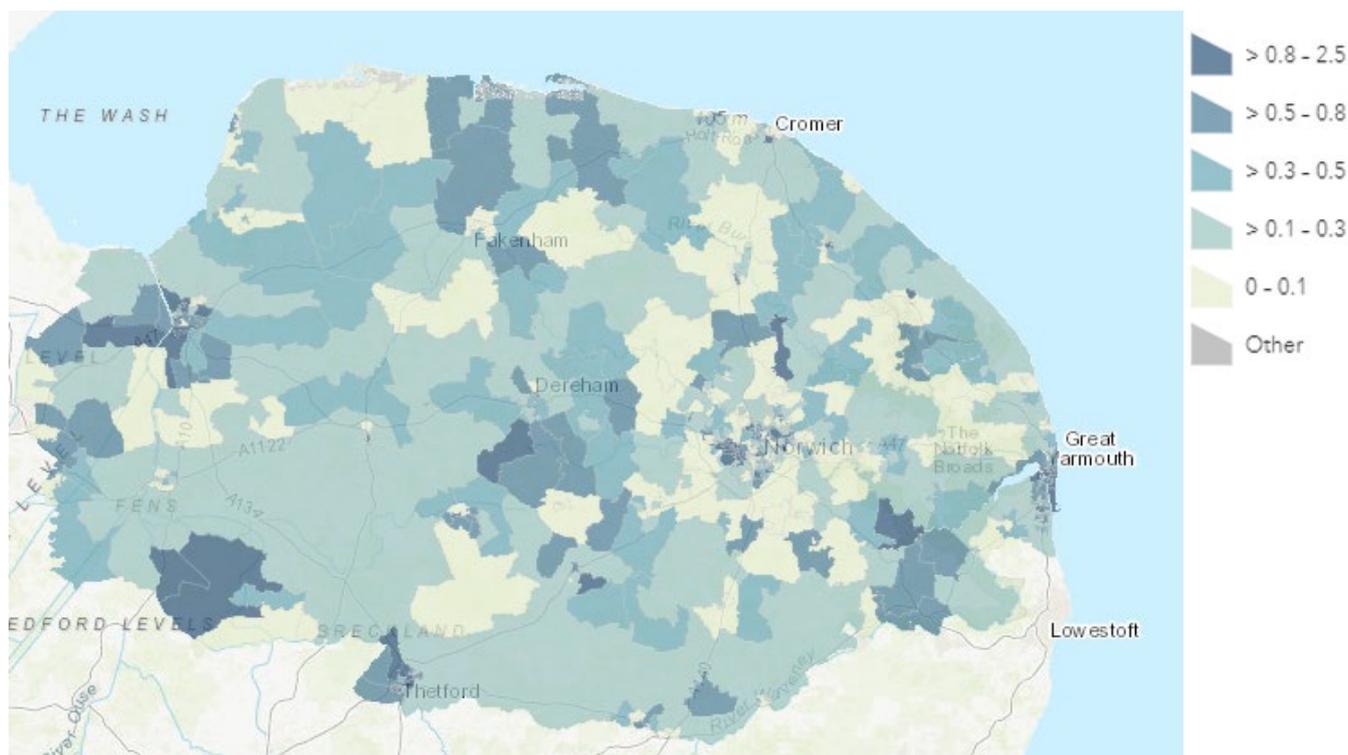
Figure 12 Proportion of homes that have at least one less bedroom than required for the needs of the occupants



Source [Overcrowding and under-occupancy by household characteristics, England and Wales: Census 2021](#)

However, overcrowding is not evenly distributed throughout the districts. Across Norfolk there are pockets of severe overcrowding where some households have at least two fewer bedrooms than required for the needs (see figure 13).

Figure 13 Proportion of homes that have at least two fewer bedrooms than required for the needs of the occupants.



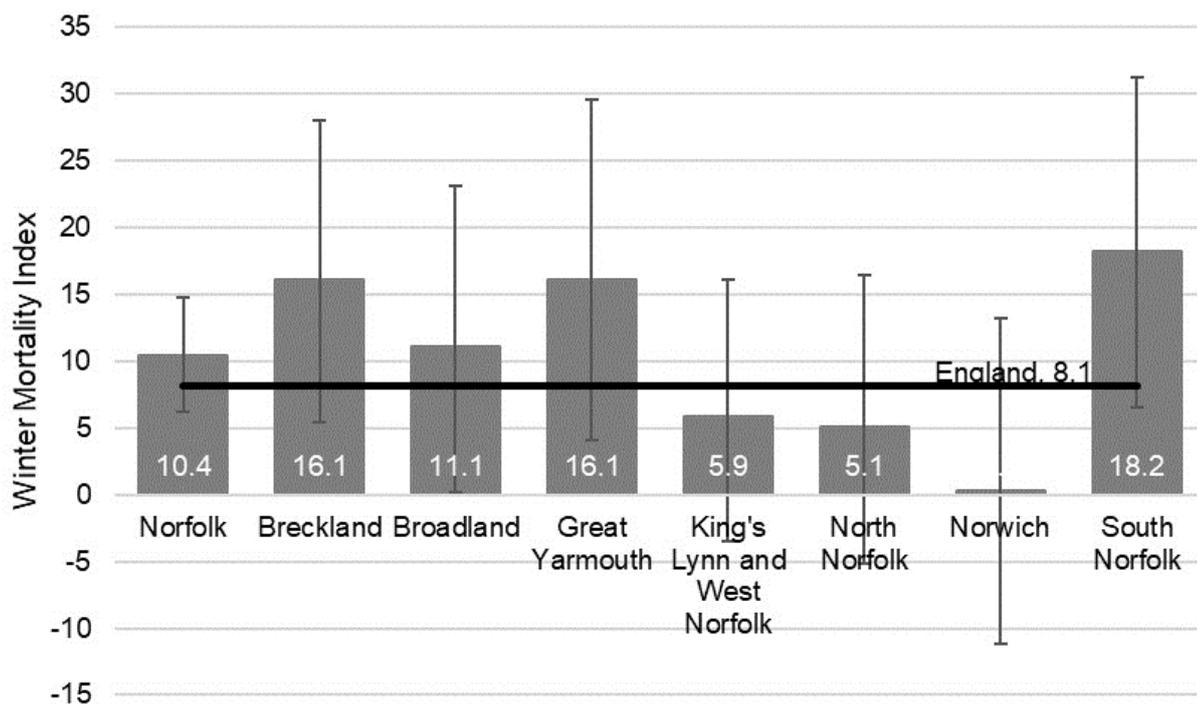
Source: [Housing and households - Map explorer - Norfolk Insight](#)

Unhealthy Housing

As discussed in previous sections, housing can be attributed to many different health conditions including respiratory and cardiovascular conditions, slips and falls and poor mental health. It can be difficult to estimate the number of people with these conditions that have been caused or exacerbated by inadequate housing. Winter mortality is not solely a reflection of temperature, but of other factors as well including respiratory diseases and pressure on services.

Excess winter deaths in Norfolk are similar to the national average, with 370 excess deaths between August 2021 and July 2022. Estimates suggest that some 21.5% of winter deaths are attributable to cold homes²⁵ which would equate to 79 deaths in Norfolk in 2021-22. The winter mortality index is measured as a ratio of the difference in all-cause mortality during winter months compared to the average non-winter months, with higher values showing worse winter outcomes. In Norfolk, this is 10.4 compared to a national value of 8.1 (figure 14). When looking at districts in Norfolk, all are statistically similar to England.

Figure 14 The winter mortality index for districts in Norfolk compared to England (August 2021 and July 2022).



Source [Public health profiles - OHID \(phe.org.uk\)](#)

Roles and Responsibilities

In Norfolk district councils are the lead agencies for housing, their statutory responsibilities include:

- Housing advice and information, including about housing benefit and keeping a housing register for those eligible for social housing.
- Homelessness: including providing information and advice, prevention, and a duty to accommodate those who are eligible, are considered a priority need and are not intentionally homeless.
- Housing standards (especially in the private rented sector): a duty to inspect and where necessary enforce housing repairs where a category 1 hazard under Housing Health and Safety Rating System (HHSRS)³³ is notified.
- Houses of multiple occupation: a duty to licence and inspect.
- Planning: a duty to ensure new developments conform to planning legislation and policy.
- Disabled Facilities Grants: a duty to administer successful grant applications.

There are a number of pieces of legislation, policy and guidance for local authorities and the health and social care sector which sets out the statutory duties and policy agenda that address housing need

National legislation, Policy and Guidance

Housing Act 2004

The Housing Act 2004 significantly extends the regulation of houses in multiple occupation by requiring some HMOs to be licensed by local authorities. It provides the legal framework for tenancy deposit schemes. The Act introduced the Housing Health and Safety Rating System (HHSRS)³³. This made the owners or landlords of buildings responsible for assessing risks to health and safety and removing them. Part 1 of the Act provides local authorities with new duties and powers to tackle poor housing conditions. The aim of the Act is that local authorities will give priority to dealing with the greatest risks to health and safety in dwellings.

Social Housing Act 2023

The Social Housing Act 2023 gives social housing tenants greater powers to hold their landlord to account, with measures introduced to ensure complaints are dealt with quicker and enhance the role of the Regulator of Social Housing (RSH). This includes complaints relating to the disrepair or decency of a home, such as the presence of damp and mould.

Health and Care act 2022

Under the Health and Care Act 2022, the Care and Support Statutory Guidance³⁴ states 'Local authorities **may wish to consider** (authors emphasis) the opportunities to prevent the escalation of health and care and support needs through the delivery or facilitation of affordable warmth measures to help achieve health and wellbeing outcomes' [Section 15.64].

Relevant NICE Guidance

Preventing excess winter deaths and illness associated with cold homes

The NICE quality standard QS 17 published in 2016³⁵ covers reducing the health risks (including preventable deaths) associated with cold homes. It includes identifying people at risk who are particularly vulnerable to the cold, such as young children, older people, and people with cardiovascular disease or mental health problems. It describes high-quality care in priority areas for improvement and six quality statements:

- Local populations who are vulnerable to the health problems associated with a cold home are identified through year-round planning by local health and social care commissioners and providers.
- Local health and social care commissioners and providers share data to identify people who are vulnerable to the health problems associated with a cold home.
- People who are vulnerable to the health problems associated with a cold home receive tailored support with help from a local single-point-of-contact health and housing referral service.
- People who are vulnerable to the health problems associated with a cold home are asked at least once a year whether they have difficulty keeping warm at home by their primary or community healthcare or home care practitioners.
- Hospitals, mental health services and social care services identify people who are vulnerable to health problems associated with a cold home as part of the admission process.
- People who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough.

The NICE NG6 guideline⁸ covers reducing the health risks (including preventable deaths) associated with living in a cold home. It aims to improve the health and wellbeing of people vulnerable to the cold. Improving the temperature in homes, by improving energy efficiency, may also help reduce unnecessary fuel consumption. It makes five recommendations:

- Developing a strategy for people living in cold homes
- Identifying people at risk from cold homes
- Training practitioners to help people with cold homes.
- Raising awareness of how to keep warm at home.
- Ensuring buildings meet required standards.

Improving health and care through the home: a national memorandum of understanding.

In 2018, 25 government bodies and organisations in the health, social care and housing sector signed a joint memorandum of understanding³⁶. It sets out:

- The shared commitment to joint action across government, health, social care and housing sectors in England.
- Principles for joint working for better health and wellbeing outcomes, and to reduce health inequalities.
- A framework for national and local cross-sector partnerships to provide healthy homes, communities and neighbourhoods.
- Conditions for developing integrated and effective services to meet the needs of individuals, carers, and families with a range of local stakeholders.
- What shared success might look like.

Current Services

There are several initiatives ongoing to help prevent health issues caused by housing including Disabled Facilities Grants, Norfolk Warm Homes, Energy Company Obligation Grants and the Warm and Well Campaign.

Disabled Facilities Grants

Disabled Facilities Grant (DFG) is a means tested grant³⁷ designed to help meet the costs of adaptations to a property for a disabled occupant. In order to qualify for a DFG, the required adaptations need to be necessary and appropriate (as determined by social services) to meet the needs of the disabled person; and be reasonable and practicable (determined by the housing department of the district council) for the relevant works to be carried out. The maximum award for a DFG is £30,000. Some people may have to pay a contribution towards the required work themselves. Grants can be awarded for the following works:

1. Facilitating a disabled person's access to:
 - a. The dwelling
 - b. A room usable as the principal family room, or for sleeping in
 - c. A WC, bath, shower, etc (or the provision of a room for these facilities)
2. Facilitating the preparation of food by the disabled person
3. Improving/providing a heating system to meet the disabled person's needs
4. Facilitating the disabled person's use of a source of power
5. Facilitating access and movement around the home to enable the disabled person to care for someone dependent upon him or her
6. Making the dwelling safe for the disabled person and others residing with him or her
7. Facilitating access to and from a garden or making a garden safe.

Norfolk Warm Homes

Norfolk Warm homes³⁸ is a partnership programme led by Broadland District Council, to provide energy efficiency home improvement works for people that live in homes that are not heated by mains gas. For households with a gross annual income of £31k or less and an Energy Performance Certificate (EPC) of D to G. the scheme can fund any of the following: loft and cavity wall insulation, solid wall insulation, flat and room in roof insulation, LEDS and insulating jackets, air source heat pumps and solar panels.

Energy Company Obligation Grants (ECO 4)

The Energy Company Obligation (ECO) is a government energy efficiency scheme³⁹ in Great Britain designed to tackle fuel poverty and help reduce carbon emissions. The ECO scheme works by placing a Home Heating Cost Reduction Obligation (HHCRO) on medium and large energy suppliers. Under HHCRO, obligated suppliers must promote measures that improve the ability of low-income, fuel-poor and vulnerable households to heat their homes. This includes actions that result in reduced energy usage, such as installing insulation or upgrading a heating system. The overall target for these measures is divided between suppliers based on their relative share of the domestic gas and electricity market.

Local authorities can sign up to participate in ECO4 Flex to identify eligible households. To participate they will need to publish a Statement of Intent (Sol) which outlines their intention to participate in the scheme and follow the scheme rules. ECO4 Flex enables Local Authorities to widen the eligibility criteria for ECO, allowing them to tailor energy efficiency schemes to their respective area. Under ECO4 Flex, a participating Local Authority can refer private tenure households that it considers to be living in fuel poverty or on a low income and vulnerable to the effects of living in a cold home.

Warm and Well Winter Campaign

The campaign encourages Norfolk and Waveney residents to “winter proof” their health and wellbeing by preparing for winter illnesses and reminding people what to do if they do fall ill. Additionally, the campaign aims to support people who may be struggling to pay bills or heat their home raising awareness of the wide range of winter hardship support that is available locally. The Warm and Well campaign⁴⁰ promotes some of the essential ways that residents can stay healthy, warm, and well this winter, including:

- Getting their flu and COVID-19 vaccinations as soon as they are offered them.
- Keeping themselves well this winter by staying warm, keeping active, and keeping a well-stocked medicine cabinet so they are prepared for common winter illnesses.
- Advice for people who look after someone at home and how to set up an emergency carer plan.
- Signposting people to the hardship support that is available and providing tips on how to make homes more energy efficient.
- Encouraging use of the NHS 111 service, community pharmacies, Minor Injuries Units, and GP practice services instead of going to A&E.
- Supporting people to look after their mental health.

Glossary

COPD	Chronic Obstructive Pulmonary Disorder	The name for a group of lung conditions that cause breathing difficulties including emphysema and chronic bronchitis
Covid -19		an infectious disease caused by the SARS-CoV-2 virus. Responsible for the coronavirus pandemic of 2020-22
DFG	Disabled Facilities Grant	DFGs are means tested capital grants that are available to people of all ages and in all housing tenures to contribute to the cost of adaptations
EPC	Energy Performance Certificate	EPCs tell you how energy efficient a building is and give it a rating from A (very efficient) to G (inefficient).
EWD	Excess Winter Deaths	the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding August to November and the following April to July.
HMO	House in Multiple Occupation	a house is in multiple occupation if at least 3 tenants live there, forming more than 1 household and they share toilet, bathroom or kitchen facilities with other tenants.
HHSRS	Housing Health and Safety Rating System	HHSRS is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings.
LSOA	Lower Layer Super Output Area	MSOA are a geographic hierarchy designed to improve the reporting of small area statistics in England. Minimum population is 1000 and the Mean is 1,500
NICE	National Institute of Health and Care Excellence	Provides guidance, advice, quality standards and information services for health, public health and social care
OHID	Office for Health Improvement and Disparities	focus on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.
PM _{2.5}	Particulate Matter <2.5µm	Very fine particulate matter able to enter the blood stream through the lungs
PHE	Public Health England	An operationally autonomous executive agency of the Department of Health. Replaced by UKHSA and OHID
UKHSA	United Kingdom Health Security Agency	UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats.
WMM	Winter Mortality Measure	Winter mortality compares the number of deaths that occurred in the winter period (December to March) with the average of the non-winter periods (the preceding August to November and following April to July).

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