



**National Energy Action NI**

**Response to the Department of Health  
Equality Impact Assessment:**

**Budget 2024-25**

**August 2024**



## About NEA

National Energy Action (NEA) is the national fuel poverty charity working across Northern Ireland, England, and Wales to ensure that everyone can afford to live in a warm, safe and healthy home. Fuel poverty can severely affect a person's physical and mental health, and in the most severe cases can even contribute to death.

The 2016 House Condition Survey (the most current official statistic) sets the Northern Ireland rate of fuel poverty at 22%<sup>1</sup>. However, in September 2023, NEA NI undertook an [NI-wide representative survey](#)<sup>2</sup> to assess the impact of rising energy prices on households in Northern Ireland. The LucidTalk poll found that 41% of NI households were spending at least 10% of their total household expenditure on energy costs and were therefore living in fuel poverty<sup>3</sup>.

NEA works to overcome the effects and causes of fuel poverty in four ways. We provide **advice and support** to people struggling to heat their homes affordably; we **campaign and advocate** for policy and regulation to protect the most vulnerable households and end fuel poverty; we carry out **research** to raise awareness and find solutions; and we provide **accredited training** and qualifications to improve standards in energy advice.

The **Belfast Warm and Well Project**<sup>4</sup> is a practical example of our work. The project offers advice and practical support to those struggling to keep their home warm, and is coordinated by NEA NI, with support from the Public Health Agency.

We welcome the opportunity to respond to this Equality Impact Assessment. Our comments are informed by our research, expertise and extensive experience supporting fuel-poor households and vulnerable energy consumers in Northern Ireland<sup>5</sup>.

## Response

**Q1: Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details.**

Yes. **Fuel poverty** has not been identified in section 5 of the EQIA Consultation document as an adverse impact to the Section 75 equality groups of '**Age**', '**Disability**' or '**Dependent Status**'.

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<sup>1</sup> Northern Ireland Housing Executive (2016). '[House Condition Survey Report](#)'.

<sup>2</sup> Lucid Talk, (2023). '[Northern Ireland \(NI\) Attitudinal Poll – NEA NI](#)'.

<sup>3</sup> Currently, a household in Northern Ireland is regarded as being in fuel poverty if, in order to maintain a satisfactory level of heating throughout the home, the occupants would have to spend more than 10% of their income on all household fuel use. ([Department for Communities](#), 2011).

<sup>4</sup> For more information visit: [www.nea.org.uk/project/belfast-warm-and-well-project/](http://www.nea.org.uk/project/belfast-warm-and-well-project/)

<sup>5</sup> For more information visit: [www.nea.org.uk](http://www.nea.org.uk)



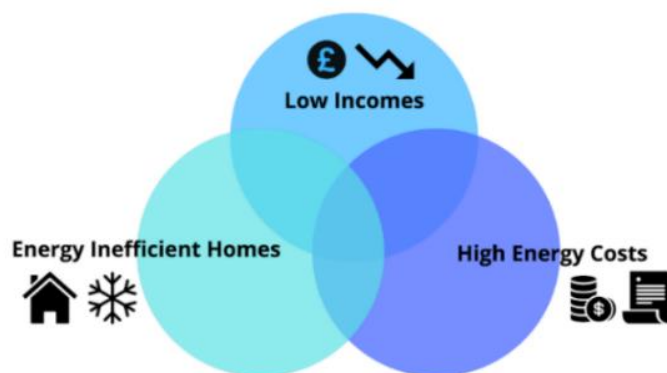
It is our view that while section 5 of this EQIA Consultation document names which S75 equality groups are likely to be impacted by various Department of Health budget 2024-25 proposals, there is a lack of meaningful detail on *how* these groups will be impacted.

**This includes no mention of sustaining or increasing vulnerability to fuel poverty being a potential equality implication of the proposed budgetary allocations.** As Northern Ireland's fuel poverty charity and chair of the Fuel Poverty Coalition NI<sup>6</sup>, we have outlined below why it is an oversight not to include fuel poverty as a potential adverse impact to S75 equality groups, with supporting evidence.

### **The relationship between fuel poverty, ill-health, and Section 75 equality groups**

The primary factors which cause fuel poverty are widely agreed to be low household incomes, high energy costs and energy inefficient homes (see Figure 1). As a result, fuel poverty is most common among vulnerable households which includes those with **older people, babies and young children**, adults with **disabilities** or long-term health conditions and individuals who are socially isolated. Section 75 equality groups of 'Age', 'Disability' or 'Dependent Status' are among those most vulnerable to fuel poverty and the health impacts of cold, damp homes.

*Figure 1: Three factors that cause fuel poverty*



The impact of fuel poverty on health is well evidenced and has been recognised by the Department of Health. In 2013, the National Institute for Health and Care Excellence (NICE) began developing guidance aimed at preventing cold related ill-health and the number of winter deaths. This led to the [2015 NICE NG6](#) guideline on excess winter deaths and illness and the health risks associated with cold homes<sup>7</sup>, subsequently [endorsed in Northern Ireland in 2016](#)<sup>8</sup>.

<sup>6</sup> For more information visit: [www.fuelpovertyni.org](http://www.fuelpovertyni.org)

<sup>7</sup> NICE, (2015). '[Excess winter deaths and illness and the health risks associated with cold homes](#)'.

<sup>8</sup> Department of Health, (2024). '[Endorsed NICE Public Health Guidelines](#)'.



We know that the cold kills. In winter 2022/23 the seasonal increase in mortality in Northern Ireland was an estimated 940<sup>9</sup>. Studies show a clear relationship between Winter Mortality (WM - formerly known as Excess Winter Mortality), low thermal efficiency of housing and low indoor temperatures<sup>10</sup>. We know that deaths from cardiovascular diseases are directly linked to exposure to excessively low indoor temperatures for long periods of time. This is because a person's heart rate and blood pressure increase when they are cold<sup>11</sup>. Additionally, cold homes are more prone to damp and mould<sup>12</sup>. The respiratory effects of damp and mould can cause serious illness and, in the most severe cases, death – as exemplified by the tragic death of two-year-old Awaab Ishak in 2020, from a severe respiratory condition due to prolonged exposure to mould in a home with inadequate ventilation<sup>13</sup>.

Polling for NEA NI, conducted by LucidTalk in September 2023, provides evidence of the negative health and wellbeing impacts of fuel poverty and the cost of living in Northern Ireland. The [NI-wide representative survey](#)<sup>14</sup> found that continued pressure on household budgets has led to a rise in detrimental 'coping' mechanisms, including self-disconnection or rationing of heat. For example, 19% of households told us they went without heating (oil/gas) or electricity because of not being able to afford the costs of energy within the previous 24 months. 1 in 10 households admitted to skipping meals to ensure they had enough money to pay for their energy. This means that choosing between heating and eating is very much a reality for around 100,000 homes in Northern Ireland.

Furthermore, 32% of respondents told us their health and wellbeing, or a member of their household's health and wellbeing had been impacted by the rising energy prices and cost of living, in the following ways (See Figure 2):

- Mental health impacts (25%)
- General physical health impacts (14%)
- Deterioration of an existing health condition (13%)
- Requiring more visiting to a GP or Hospital (5%).<sup>15</sup>

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<sup>9</sup> Northern Ireland Statistics and Research Agency, (2023). ['Winter Mortality, 2022-2023'](#).

<sup>10</sup> Marmot Review Team (2011). ['The Health Impacts of Cold Homes and Fuel Poverty'](#).

<sup>11</sup> British Heart Foundation, (2022). ['How does cold weather affect your heart?'](#).

<sup>12</sup> Lee, A. *et al.* (2022). ['Fuel poverty, cold homes and health inequalities'](#). *Institute of Health Equity*.

<sup>13</sup> GOV.UK, (2024). ['Understanding and addressing the health risks of damp and mould in the home'](#).

<sup>14</sup> Lucid Talk, (2023). ['Northern Ireland \(NI\) Attitudinal Poll – NEA NI'](#).

<sup>15</sup> Lucid Talk, (2023). ['Northern Ireland \(NI\) Attitudinal Poll – NEA NI'](#), pp. 30-32.



**QUESTION 7a – As such, please indicate how your, or a member of your household's health and wellbeing has been impacted?**

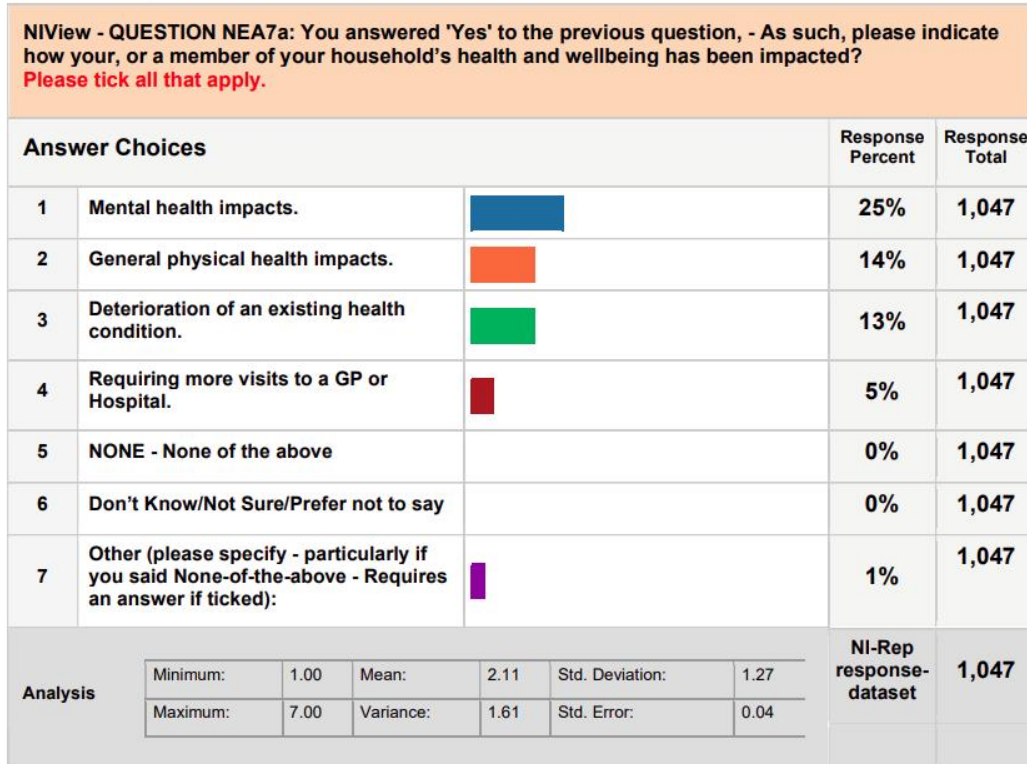


Figure 2: Responses to Question 7a. (LucidTalk, 2023. 'NI Attitudinal Poll – NEA NI.')

**Fuel poverty is an equality implication of proposed budgetary allocations**

The following proposed measures in particular risk adversely impacting Section 75 equality groups by sustaining or worsening fuel poverty and its associated health risks:

***Restriction of domiciliary care packages***

Domiciliary care workers play a vital role in assessing and supporting the needs of some of the most vulnerable in our society. While it may not be the primary purpose of their role, their support within a vulnerable person's own home means they are in a unique position to help identify when an individual is experiencing fuel poverty or requiring support with their heating needs.



Individuals will rarely identify themselves as experiencing fuel poverty. Instead, they will often highlight a range of problems that could be signs of fuel poverty<sup>16</sup>. Such indicators include: the person's home is always cold; the person expresses concern about their energy bills; the person is regularly ill with colds and flus; there is evidence of damp and mould in the home; the person appears to be rationing their use of electricity or heating, or regularly skipping meals.

NICE guideline (NG6)<sup>17</sup>, endorsed in NI in 2016<sup>18</sup>, recommends that within their role, primary health and home care practitioners should 'Make every contact count by assessing the heating needs of people who use primary health and home care services' (Recommendation 5), and 'Identify people at risk of ill health from living in a cold home' and take action, if necessary (Recommendation 4).

Reducing domiciliary care would put **older people**, those with **disabilities** and those with **dependents** at greater risk of fuel poverty as the absence of domiciliary support within their homes would reduce opportunities for them to be identified as fuel poor or requiring support with their heating needs. Therefore, **increasing or sustaining vulnerability to fuel poverty** should be identified as a potential equality implication of this proposal.

### ***Cease Core Grant Funding completely in 2024/25 AND Reduction in payments for support services provided by the Community and Voluntary Sector***

The voluntary and community sector (VCS) in Northern Ireland plays an essential role in service delivery and supporting government departments to fulfil their statutory duties. Often these organisations are uniquely effective because of their local presence, and expertise and focus on early intervention and prevention. Reduced funding for the sector could lead to further reductions in these services, as has already been seen.

We are concerned that reduced VCS service provision will make Section 75 equality groups more vulnerable to fuel poverty, as we know many vulnerable people currently rely on such services to simply 'get-by' – whether that's through emergency practical support, provision of warm spaces, energy efficiency advice, or other. Furthermore, reduced service provision in local communities could put **children, older people**, those with **disabilities**, and those with **dependents**, at greater risk of not being identified as needing support with their heating needs, potentially causing the fuel poverty problem to worsen over time.

Therefore, **increasing or sustaining vulnerability to fuel poverty** should be identified as a potential equality implication of this proposal.

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<sup>16</sup> National Energy Action Northern Ireland (2019). '[Fuel Poverty Action Guide](#)'.

<sup>17</sup> NICE, (2015). '[Excess winter deaths and illness and the health risks associated with cold homes](#)'.

<sup>18</sup> Department of Health, (2024). '[Endorsed NICE Public Health Guidelines](#)'.



### ***Reduction of 500 independent sector care home beds***

Reduced access to nursing or residential homes could put those who require them, including **older people**, at greater risk of fuel poverty, especially in cases where they may no longer be able to manage independent living - including managing household heating systems, energy bills, etc. As such, **increasing or sustaining vulnerability to fuel poverty** should be identified as a potential equality implication of this proposal.

### ***Reduction of hospital beds***

Recommendation 7 in the NICE guideline (NG6) says to ‘Discharge vulnerable people from health or social care settings to a warm home’.<sup>19</sup> We are concerned that a reduction of hospital beds could lead to this recommendation not being enacted, due to increased demand for hospital beds, and people being discharged from hospital before an assessment is made as to “whether the person is likely to be vulnerable to the cold and if action is needed to make their home warm enough for them to return to” (Recommendation 7, NICE NG6 Guideline).<sup>20</sup>

This would be an adverse impact of the proposal, disproportionately affecting S75 equality groups, such as **children, older people**, and people with **disability**, who are high users of health and social care services, and among the most vulnerable groups to fuel poverty and the health impacts of living in cold, damp homes. Discharging already vulnerable patients to cold or damp homes would also be counterproductive to their recovery.

Therefore, **increasing or sustaining vulnerability to fuel poverty**, and its associated health impacts, should be identified as a potential equality implication of this proposal.

### **Q2: Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department’s draft budget?**

Fuel poverty can severely affect a person’s physical and mental health, and in the most severe cases can even contribute to death. Therefore, preventing fuel poverty is within the interests of the Department of Health and its stated mission “to improve the health and social well-being of the people of Northern Ireland” (page 1). Instead, some of the budgetary proposals risk sustaining or worsening fuel poverty, with equality implications for Section 75 groups.

Evidently it would be preferential to eliminate this adverse impact by not making the proposed cuts as outlined in the Department’s draft budget – and we expect the Department to find ways to avoid these cuts if at all possible. However, we recognise that the Department is facing

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<sup>19</sup> NICE, (2015). [‘Excess winter deaths and illness and the health risks associated with cold homes’](#).

<sup>20</sup> NICE, (2015). [‘Excess winter deaths and illness and the health risks associated with cold homes’](#).





significant budgetary pressures in 2024-25. As such, we recommend the following mitigating actions to help prevent increased vulnerability to fuel poverty, because of the Department's budget allocations:

***Implement the NICE NG6 guidelines on 'Excess winter deaths and illness and the health risks associated with cold homes'***

Since its publication in 2015, the NICE NG6 guideline<sup>21</sup> has been recognised as a landmark resource for understanding and deploying appropriate action to support those at risk of worsening health because of cold homes and fuel poverty. It was subsequently [endorsed in Northern Ireland in 2016](#)<sup>22</sup>.

**We strongly recommend the Department reviews the NICE NG6 guideline and the standard to which it is being implemented in Northern Ireland and makes changes to improve this as necessary.** At a time when funds to expand services to address fuel poverty are somewhat limited, it is especially important to ensure existing services do all they can to mitigate against fuel poverty. Furthermore, the NICE NG6 guidelines are intended to help reduce pressure on health and social care services, which is especially necessary at this time.

The NICE NG6 guidelines make practical recommendations to reduce the health risks (including preventable deaths) associated with living in a cold home. These include:

- Recommendation 4: Identify people at risk of ill health from living in a cold home.
- Recommendation 5: Make every contact count by assessing the heating needs of people who use primary health and home care services.
- Recommendation 7: Discharge vulnerable people from health or social care settings to a warm home.
- Recommendation 8: Train health and social care practitioners to help people whose homes may be too cold.
- Recommendation 11: Raise awareness among practitioners and the public about how to keep warm at home.

Training health and social care practitioners to recognise the signs of fuel poverty, especially where it affects health, and better equipping them to advise and refer to sources of support, would help make existing services more effective in addressing fuel poverty. This in turn, could help to reduce the impact of cuts elsewhere that could increase vulnerability to fuel poverty for Section 75 groups. NEA is one of the leading providers of domestic energy and fuel poverty training services for over 30 years. We provide face-to-face and online tuition in Northern Ireland, including a CPD Accredited Course on Fuel Poverty and Health in Northern Ireland<sup>23</sup>.

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<sup>21</sup> NICE, (2015). '[Excess winter deaths and illness and the health risks associated with cold homes](#)'.

<sup>22</sup> Department of Health, (2024). '[Endorsed NICE Public Health Guidelines](#)'.

<sup>23</sup> For more information visit: [www.nea.org.uk/training/training-in-northern-ireland/](http://www.nea.org.uk/training/training-in-northern-ireland/).





### ***Increase cross-departmental coordination on tackling fuel poverty, building momentum for a Fuel Poverty Strategy***

At a time when the Northern Ireland Budget is especially challenging, it is even more important that Departments seek to work together on cross-departmental issues. Although responsibility for the new Fuel Poverty Strategy<sup>24</sup> sits with the Department for Communities, fuel poverty has a significant impact on health and wellbeing, including Excess Winter Mortality. Therefore, responsibility for this cannot only be with the Department of Communities.

We urge the Department of Health to meaningfully engage with DfC and other Departments on the development and implementation of the new Fuel Poverty Strategy for Northern Ireland.

### **Q3: Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?**

Yes.

- It is wholly unacceptable that the budget and monitoring round is being allocated and spent without an Executive **Programme for Government** (PfG) in place. A PfG is urgently needed to finally provide long-term strategic direction to NI Departments. A consultation on a draft Programme for Government should be published urgently.
- It has long been agreed that NI needs a **multi-year budget** to allow for longer-term planning and transformation. It is disappointing that this was not the case for the 2024-25 Budget. We will continue to call for multi-year budgets going forward.
- This EQIA lack details on the cross-cutting nature of the impact of the proposed budget allocations. When considering the impact on Section 75 equality groups, the impact on individuals with **multiple Section 75 characteristics** should be reflected within the EQIA. Budget allocations will impact people with multiple section 75 characteristics, so there is a need for the Department to consider this.
- There is evidence that in some cases EQIAs are not meaningful and have become a ‘tick box’ process in Northern Ireland, rather than a policy development tool<sup>25</sup>. As a respondent to this EQIA, it is in good faith that **we expect the information and evidence provided in this response to be meaningfully considered** when final budget allocations are being made, to reduce negative impacts for people within Section 75 groups. We look forward to publication of the stage 6 EQIA consultation report, detailing

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<sup>24</sup> For more information visit: [www.communities-ni.gov.uk/articles/fuel-poverty-and-just-transition](https://www.communities-ni.gov.uk/articles/fuel-poverty-and-just-transition)

<sup>25</sup> Equality Commission Northern Ireland, (2017). ‘[Effective Section 75 Equality Assessments: Screening and Equality Assessments](#)’.



how the Department has considered the additional evidence received in responses to this EQIA and how this has influenced its decisions.

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