

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol](#) ar [Tlodi Tanwydd yng Nghymru](#)

This response was submitted to the [Equality and Social Justice Committee](#) consultation on [Fuel Poverty in Wales](#)

FP12

Ymateb gan: Marie Curie | Response from: Marie Curie



Fuel Poverty in Wales

Marie Curie response to the Equality and Social Justice Committee Inquiry

October 2024

1. Introduction

Marie Curie is the UK's largest palliative and end of life care charity. We work hard to enable people who are living with a terminal illness, and their loved ones and carers, to have the best possible experience at the end of life. We offer expert care across Wales, in people's communities and in our Cardiff and the Vale Hospice and provide specialist guidance and support to families with matters related to dying, death and bereavement through our free information and support services. We are also the largest funder of palliative and end of life care research, and we work with Members of the Senedd and policy-makers to ensure that more people in Wales have the best possible end of life experience.

Research shows that energy costs can increase for terminally ill people as a direct result of their illness, and that terminally ill people are at a higher risk of experiencing fuel poverty. Current initiatives to reduce fuel poverty in Wales are unlikely to reach many terminally ill people.

Marie Curie continues to call on the Welsh Government to better target support for terminally ill people to ensure that no-one dies in poverty.

2. Key messages

2.1. Terminally ill people are at a higher risk of experiencing fuel poverty. In 2022 a fifth of terminally ill people in Wales died in fuel poverty.¹

2.2. Current interventions do not go far enough to support terminally ill people, whose energy costs often increase as a result of being ill. A terminally ill person's energy bill can rise by 75% after their diagnosis.² This can be due to needing to run medical devices, needing to maintain a particular body temperature or simply spending more time at home. The cost of running an

¹ Marie Curie (2024) *Dying in Poverty in Wales 2024*

² Marie Curie (2023) *One charge too many: The impact of rising energy costs on people at the end of life* <https://www.mariecurie.org.uk/globalassets/media/documents/policy/dying-in-poverty/k406-povertyenergyreport-finalversion.pdf> [Accessed 25/09/24]

oxygen concentrator can be £65 per month, a dialysis machine £27 per month and a ventilator £35 per month.³

- 2.3. The Welsh Government have limited powers to reduce the cost of energy. While the Warm Homes Programme is one vehicle to do this, without changes to eligibility criteria, there is a risk that terminally ill people will continue to live in cold homes. Including terminal illness explicitly in the Warm Homes Programme primary eligibility criteria could ensure that it provides support to some terminally ill people.
- 2.4. However, this would leave many terminally ill people, who do not live in energy inefficient homes, still facing a higher risk of fuel poverty. The Welsh Government should therefore also focus on how the Welsh benefits system can plug evidenced gaps and better support vulnerable groups, including terminally people.
- 2.5. **Marie Curie is calling on the Welsh Government to increase financial support for terminally ill people to help with energy costs.**

3. Whether there is an accurate picture of fuel poverty in Wales today

- 3.1. We do not have an accurate picture of fuel poverty in Wales today. Reliance on old data, particularly given the seismic changes in the energy market over the past eighteen months, is undoubtedly an issue.
- 3.2. We also do not have an accurate picture of who is experiencing, or is at highest risk of experiencing fuel poverty.
- 3.3. To understand levels of fuel poverty among terminally ill people, Marie Curie commissioned the Centre for Research in Social Policy at Loughborough University to undertake analysis of available data for the UK, and Wales.
- 3.4. The analysis found that 23% of working age, and 23% of pension-age people in their last year of life were in fuel poverty in 2022.⁴ This compared to 20% and 21% for those not in their last year of life respectively.
- 3.5. This analysis used the following definition of fuel poverty:
- Fuel costs to maintain a satisfactory heating regime are over 10% of the household's income after housing costs; **and**
 - After housing, fuel, disability and childcare costs the remaining income is less than 90% of the minimum income standard

³ Ibid.

⁴ Marie Curie (2024) *Dying in Poverty in Wales 2024*

3.6. This definition was used as it avoids classifying high-use by high-income households as being in fuel poverty, by considering post-energy income.

3.7. Using the Welsh Government's preferred definition of fuel poverty (fuel costs to maintain a satisfactory heating regime are over 10% of a household's income after housing costs) we see a similar picture of higher rates of fuel poverty for people at end of life. 11.8% of working age people in their last year of life, compared to 9.8% of those not at end of life; 19.4% of pension age people in their last year of life compared to 15.8% of pension age people not at end of life.⁵

4. The potential impact of changes to the eligibility criteria for the Winter Fuel Payment on fuel poverty in Wales

4.1. It's clear from our *Dying in Poverty 2024* report that terminally ill people of pension age are at a higher risk of experiencing fuel poverty. This can be for a number of reasons, which ultimately push energy usage up.

4.2. Changes to restrict the eligibility of the Winter Fuel Payment to pensioners receiving a means-tested benefit will in principle better target the payment to low-income households.⁶ However, these criteria don't take someone's energy needs into account, even if they are only just above the threshold for receiving Pension Credit.

4.3. To date, the Welsh Government's focus has been on maximising take-up of Pension Credit, to ensure that those who are eligible receive the Winter Fuel Payment. This is certainly welcome, given the high levels of underclaimed benefits among pensioners. This work must include pro-active measures, as well as any increased signposting through campaigns such as 'Claim What's Yours', particularly given that pension-age people are more likely to be digitally excluded.

4.4. While the Welsh Government does not have discretionary powers to change how the Winter Fuel Payment operates in Wales, steps can be taken to plug evidenced gaps, and better support vulnerable groups, including terminally ill people. The Welsh benefits system can and should be used to prevent terminally ill people reaching financial crisis point.

4.5. **Marie Curie is calling on the Welsh Government to introduce additional financial support for terminally ill people to help with energy costs.**⁷ This could be done in a number of different ways, one of which would be plugging the

⁵ Additional analysis provided by the Centre for Research in Social Policy at Loughborough University

⁶ Marie Curie (2024) *Dying in Poverty 2024*

⁷ Marie Curie (2024) *Dying in Poverty in Wales 2024*

gaps in the Winter Fuel Payment, extending support to working-age people with a terminal illness and to pension-age people with a terminal illness who are on a low income but are not eligible for pension credit.⁸

4.6. The Welsh Government has previously shown that it is willing to step in where there are gaps in provision in UK social security, such as the introduction of the Winter Fuel Support Scheme between 2022 and 2023.

5. The detail of the new Warm Homes Programme

5.1. Currently, the Warm Homes Programme lists a small number of specific health conditions which can affect whether a household is eligible for support. The policy statement says that “individuals with a recognised health condition (such as chronic respiratory, circulatory or mental health condition) living in a household with an EPC of D will also be eligible.”⁹

5.2. Under the previous programme, which included the same list of health conditions, it was suggested to Marie Curie that there was some discretion in who can access support under the health condition eligibility criteria, but in practice there was very low awareness of the Nest scheme among hospice welfare advisors, and they were highly unlikely to signpost to the scheme as terminal illness was not listed.

5.3. **Marie Curie have long called for terminal illness to be included explicitly within the health conditions eligibility criteria to address this issue.** While it may not be the right intervention for all terminally ill people, it would open up an additional avenue of support for a group that are at a higher risk of fuel poverty.

5.4. Marie Curie is aware that the Welsh Government has introduced a Nest crisis boiler repair/ replacement route to enable eligible Nest applicants who meet additional eligibility criteria to access boiler repair (or replacements in exceptional circumstances). The additional criteria include people with a terminal illness. While the inclusion of terminally ill people in these additional criteria is welcome, without changes to the primary Nest criteria to include terminally ill people, the ability of the Warm Homes Programme to support terminally ill people in fuel poverty will be limited.

5.5. Additionally, we have some concerns about how this new pathway has been rolled out, which could prevent effective referral of eligible people. To

⁸ Ibid.

⁹ Welsh Government (2023) *New Warm Homes Programme: policy statement* <https://www.gov.wales/new-warm-homes-programme-policy-statement-html#:~:text=In%20March%202021%2C%20the%20Welsh,are%20in%20a%20climate%20emergency.> [Accessed 10/10/2024]

date, limited information about the new pathway has been shared with organisations providing advice and guidance, and there has been little to no marketing or publication of information about the new pathway. We are concerned that this could in fact prevent those in need from accessing much needed support to get their heating and hot water back in working order.

6. The extent to which the Warm Homes Programme is helping to address persistent fuel poverty in Wales, and the effectiveness of support available to households in or at risk of fuel poverty in addition to the Warm Homes Programme

6.1. As outlined above, terminally ill people are at a higher risk of fuel poverty. This risks people being unable to make the most of the time they have left because of spiralling bills and constant worries about how to make ends meet.

6.2. There are three main ways to reduce rates of fuel poverty; reducing the cost of energy, reducing energy consumption through improved energy efficiency or putting more money into people's pockets. The Welsh Government have limited powers to address the issue of energy costs. Action to improve energy efficiency of homes is ongoing through the Warm Homes Programme, and support for the introduction of a social tariff is welcome.

6.3. However, in the short to medium term, **the Welsh Government could take action to reduce fuel poverty among terminally ill people through direct support payments**. As outlined above this could be done in a number of different ways, one of which would be to address gaps within the Winter Fuel Payment.

7. How the Welsh Government is working with the UK Government to address fuel poverty

7.1. While there are steps that the Welsh Government can take to tackle fuel poverty, other important levers reside with the UK Government. Marie Curie are calling on the Welsh Government to work in partnership with the UK Government to take a number of steps that could further reduce fuel poverty among terminally ill people across Wales¹⁰:

- **Develop a joint action plan to tackle poverty and fuel poverty at the end of life across the UK. This should include measures to improve the identification, recording and sharing of information about people with**

¹⁰ Marie Curie (2024) *Dying in Poverty* 2024

a terminal illness, both in the last 12 months of life and with longer prognoses.

- Support calls for the introduction of a social tariff for energy, that provides at least a 50% reduction on bills, and is available to people with a terminal illness.
- Gather information on the number of patients who are using medical devices at home and introduce an up-front rebate scheme for the use of all at-home medical devices.