

**LOW CARBON HUB BOARD**

Date: **15<sup>th</sup> July 2016**

Subject: **HEALTH, WARM HOMES AND FUEL POVERTY**

Report of: **Mark Atherton, GM Director of Environment**

**PURPOSE OF REPORT**

At its January meeting, the Board received a summary of the evidence for tackling fuel poverty in Greater Manchester, its implications for health and carbon reduction. A Health and Fuel Poverty Task and Finish Group has been established to take this work forward. This report provides an overview of the 2016/17 Workplan for the Group.

A key action for the Task and Finish Group is to continue work with Health colleagues and other key stakeholders to develop a route map towards a consistent approach to assist fuel poor residents in Greater Manchester. This report outlines the proposed work plan for agreement. The Fuel Poverty Task and Finish Group last met on the 27th June and a verbal update will be given at the Board Meeting.

**RECOMMENDATIONS**

The Board is asked to:

- Note the paper and agree the proposed fuel poverty work plan to explore and potentially provide a uniform, consistent approach towards supporting fuel poor residents in GM.

**CONTACT OFFICERS:**

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<b>TRACKING/PROCESS</b>		[All sections to be completed]
Does this report relate to a Key Decision, as set out in the GMCA Constitution or in the process agreed by the AGMA Executive Board		No
<b>EXEMPTION FROM CALL IN</b>		
Are there any aspects in this report which means it should be considered to be exempt from call in by the AGMA Scrutiny Pool on the grounds of urgency?		[Please state any reasons here]
<b>AGMA Commission</b>	<b>TfGMC</b>	<b>Scrutiny Pool</b>
15 <sup>th</sup> July 2016	[Date considered at TfGMC; if appropriate]	[Date considered/or to be considered at Scrutiny Pool; if appropriate]

## 1. BACKGROUND

Latest ONS data shows that 1 in 5 Greater Manchester households live in fuel poverty; this is when a household struggles to heat their home to an adequate temperature. Local and national evidence shows that living in cold homes has a negative impact on the health of the resident. Fuel poverty can be a consequence of poor energy efficiency in a domestic dwelling. As an additional benefit, this work will potential help fuel poor residents to reduce their carbon footprint to support delivery of Greater Manchester's carbon reduction target of 48% (from 1990) by 2020.

A recent paper on fuel poverty in GM: 'Discussion report on the impact of cold homes on health in Greater Manchester' prepared by the GM Environment team and Warren Heppolette (Strategic Director - Health & Social Care Reform Greater Manchester) was presented to key GM stakeholders (LAs, GM Fire, GM Health) and the actions from these meetings have formed part of the proposed fuel poverty work plan.

## 2. FUEL POVERTY WORK PLAN

2.1 The rationale for the proposed work plan is outlined in the 'GM Discussion report on the impact of cold homes on health in Greater Manchester'. It is proposed that the GM Health and Social Care Reform Team put forward a model to Public Health and CCGs in Greater Manchester with the aim of enabling all parties to work with Greater Manchester Combined Authority (GMCA) to develop and deliver a GM wide:

Single\*-point-of-contact health and housing referral service providing information on risks, what help is available, access to tailored housing/energy efficiency interventions and grants and advice on benefits, fuel options, debt management etc. (NICE Guidelines March 2015)

\*For GM, this does not necessarily need to mean a 'single centralised GM' point of contact, but rather a 'clear' referral point, e.g. each LA to have a 'single' place to refer.

The proposed work plan is framed around the findings of the discussion paper, from national and local evidence, on the impact that cold homes can have on the health of residents of all ages.

2.2 The below table presents the proposed high level GM Fuel Poverty work plan for 2016/17:

Dec 15 - May 16	<ul style="list-style-type: none"> <li>GM Health/Low Carbon Fuel Poverty Group formed and met.</li> <li>Evidence of impact of cold homes on health presented to the group.</li> <li>Proposed Work Plan presented to the group.</li> <li>Scoping exercise of existing GM FP schemes and gaps.</li> </ul>
May – September 16	<ul style="list-style-type: none"> <li>Link this work to the GM locality plan and GM transformation funds.</li> <li>Review criteria of existing FP schemes across GM and ideal criteria, which includes behavioural change, link to GPs/health systems.</li> <li>Identify and Prioritise groups to target. Explore existing datasets, data tools in GM</li> <li>Conduct workshops to explore strategic potential.</li> <li>Explore feasibility of potential options (costings, financial investment, procurement, delivery etc.).</li> <li>Explore equity release schemes.</li> <li>Prepare a strategic proposal for the transformation funds.</li> <li>Identify options for GM to assist fuel poor residents, present this to groups.</li> <li>Bid for additional funds, including transformation funds.</li> </ul>
Sept 16	<ul style="list-style-type: none"> <li>Present Paper on findings, decision to be made re model going forward.</li> </ul>
Oct 16 – Mar 17	<ul style="list-style-type: none"> <li>Set up/initiation of model</li> </ul>

(See Annex 1 for further details)

### 2.3 GM LAs and current offers to assist fuel poor residents

A small number of GM LAs, Oldham, Bury and Wigan Councils, are supported by health funding (usually through Clinical Commissioning Groups (CCGs)) to actively tackle this issue (see ‘Annex 1: 2. Current GM Schemes’ for further information). Four GM LAs that have an offer to assist fuel poor residents are not supported financially from health budgets towards the costs of these schemes. GM LAs with no offer for fuel poor residents are: Stockport, Tameside, and Trafford Councils.

<b>LAs with financial support from Health to assist fuel poor residents</b>	<b>LAs with an offer to assist fuel poor residents but NO financial support from Health</b>	<b>LAs with no offer to assist fuel poor residents</b>
Oldham	Bolton	Stockport
Wigan	Manchester	Tameside
Bury	Rochdale	Trafford
	Salford	

### 2.4 Work Plan:

The proposed work plan for 2016/17 includes an assessment of the challenges faced in delivering a GM offer and identifying potential solutions, including:

- LAs and stakeholders have few resources to conduct exploratory/development work for a uniform offer to assist fuel poor residents in GM. It is therefore proposed that this work is conducted at a GM level, via the GM Environment Team, working with GM LAs, Health colleagues and key stakeholders (including social landlords). This would enable one or more models to be defined, building on existing successful schemes, which could be replicated across GM. It is not intended that the model(s) identified would look to replace schemes that are already working, but rather to assist further development of these schemes and bring a level of support to those GM LAs who have no current offer for fuel poor residents which is supported by health colleagues and other key stakeholders.
- Oldham Council, who received funds from Oldham CCG and Public Health to finance their Warm Homes Oldham Scheme, have also obtained funds from a local social housing provider for the benefit of non-social housing tenants. The work plan includes working with social housing providers and other stakeholders, to assess how best to collaborate and fund a fuel poverty offer across GM.
- To date, it has been viewed as difficult to measure the results around the improvements of energy efficiency made in a home, or around the benefits of behavioural change advice etc. Using recent evaluation models developed by Oldham Council and their collaboration with Sheffield Hallam University, as well as other recent national progressions in this field, the work plan will include defining monitoring and evaluation options for a proposed GM offer.
- GM has significant expertise in bringing Energy Company Obligation (ECO) and DECC funds into GM. Between 2014 to present, the GM Environment Team have brought in over £6M of DECC funding and over £5M of ECO funds which, working with LAs and stakeholders, these monies have been used across GM to assist fuel

poor residents through delivery of physical measures (e.g. boiler replacements, solid wall insulation, room in roof insulation). The work plan will utilise links with DECC, other Government Departments and utility companies etc to attract further funds into GM to assist a GM model to alleviate fuel poverty. In particular, the work plan will explore and bid for available funds from GM Health and Social Care devolution, including the transformation funds.

2.5 Progress to date includes:

- Provision of a strong evidence base for the inter-relationship between warm homes, fuel poverty and health outcomes, included within an information paper to the GM Reform Board
- Developed a Work Plan for the Task and Finish Group
- Undertaken a scoping exercise of existing GM Fuel Poverty schemes and gaps.
- Conducted stakeholder engagement events on options for a future fuel poverty offer to GM residents
- A draft delivery model, with costs and outputs, has been prepared for further consultation

### 3. FINANCING

In years 2011-14, GM conducted GM wide Energy Switching Campaigns. This was led by Oldham Council and the former Greater Manchester Energy Advice Service. These campaigns generated approx £90,000 funds as a payment to GM from the commercial entity that delivered the campaigns. These funds remain intact and have not been spent. The remit around the expenditure of these funds has only one condition and that is for the funds to be utilised to assist the fuel poverty agenda in GM.

Proposed financial breakdown includes:

**Revenue Costs** of coordination/delivery of the proposed work plan:

£12,000: to cover cost of a GM Environment Team Grade 9 Officer delivering/co-ordinating the work plan April 16- March 17. This is based on 545 hours (£22 per hour approx). (The remaining full time costs of a Grade 9 officer will be covered via other GM Environment programmes that are scheduled to take place in 2016-17. If these other programmes do not come to fruition then we may need to reconsider the finances.

£10,000: for any travel, data purchasing, optional research/consultancy costs.

£18,000: for any potential procurement costs.

**GM Fuel Poverty Data System Costs:**

£50,000: the remainder of the funds ring fenced for a long term data system for the programme if required. The data system would potentially be two fold, i.e. assist GM in targeting residents, and recording resident information for those who have been assisted be fuel poverty schemes (e.g. a system that records and allows monitoring of the programme). The work plan ensures pre scoping of existing data systems thus to analyse what is required in GM and what already exists.

### 4. OUTCOMES

The proposed outcomes of the 12 month Work Plan are:

- A base line offer to assist fuel poor residents in Greater Manchester across all 10 GM LAs towards alleviating their fuel poor.

- The offer will allow existing successful GM LA affordable warmth schemes to develop, expand, and provide an offer for areas where there is no current offer for fuel poor residents.
- This base line offer will identify and where possible utilise available funds from key stakeholders, e.g. utility companies, health.
- The offer will align with GM's health services/policies to assist vulnerable fuel poor residents.

## **6. NEXT STEPS**

The next steps for the Task and Finish Group include:

- Further develop and agree the draft delivery model with Health colleagues;
- Apply for Transformation funds to support delivery of the model in 2017/19
- Subject to a successful proposal, begin to establish the delivery framework.

## ANNEX 1:

### 1. Proposed Work Plan and Timescales:

Time Period	Actions
Dec 15-May 16	<p>GM Health/ Fuel Poverty Group formed and met: The GM Health/Low Carbon Fuel Poverty Group, co-ordinated by the GM Environment Team, met on 15th January, chaired by Wendy Meredith (GM Director of Population Health Transformation). The meeting was attended by senior officers, experts on fuel poverty, representatives from CCG, Public Health, GM Environment Team, GM Fire, GM LAs. The group is linked to existing discussions around housing and health, e.g. GM Housing Officers Group, GM Warm Homes Group (attended by social housing providers).</p> <p>Evidence of impact of cold homes on health presented to the group: The paper approved by Warren Heppolette (GM Strategic Director, Health &amp; Social Care Reform) demonstrating local and national evidence on the impact of cold homes on health was presented to the Group and was received well, with an agreement by the group to drive this agenda forward. A summary of the paper was circulated to the GM Low Carbon Hub Board.</p> <p>Action: Scoping exercise of existing GM FP schemes and gaps. The GM Environment Team are currently collating information from all 10 GM LAs to identify the finer details around what schemes are currently in place in GM to assist fuel poor residents and where there are gaps geographically in GM.</p>
May-September 16	<p>Identify options for GM to assist fuel poor residents, present this to groups/relevant stakeholders (LCH Board, GM Health/Low Carbon Fuel Poverty Group): Options will be based on existing GM models, what works and what is required in GM. The models will incorporate lessons learnt from previous fuel poverty schemes locally and nationally. Models devised will make use of suitable national and local policy e.g. any DECC policy/guidance, e.g. the fuel poverty catalogue that DECC produced detailing LA led fuel poverty schemes (See below Annex 1: 2. Current GM Schemes for further information.)</p> <p>Explore feasibility of potential options (costings, financial investment, procurement, delivery etc.): Use existing priced models to formulate costs, explore ECO monies via utility companies/ OFGEM/ DECC devolution discussions, explore health investments in particular transformation funds. Consider existing available frameworks and/or the need for a new framework.</p>
Sept 16	<p>Present Paper on findings, decision to be made re model going forward: Present this to groups/relevant stakeholders (LCH Board, GM Health/Low Carbon Fuel Poverty Group).</p>
Oct 16-Mar 17	<p>Set up/initiation of model: E.g. work with existing frameworks, establish new frameworks if appropriate.</p>

## 2. Current GM Schemes

### **Warm Homes Oldham:**

In August 2012 Oldham Council, the Oldham Clinical Commissioning Group (CCG) and Oldham Housing Investment Partnership (OHIP) signed the country's first 'Joint Investment Agreement' to help tackle fuel poverty in the Borough. This is the first in a series of projects that will come out of the Public Service Reform work that Oldham Council is leading on.

The fuel poverty project was commissioned out for delivery to Keepmoat (regeneration specialist) from April 2013. The project and contract was initially for 1 year, but has since been extended further and the project is entering into the 3<sup>rd</sup> year of delivery. In Year 2 of the project worked with 528 households, of these 412 households have been helped out of fuel poverty, accounting for 1247 people in total. The programme is evaluated by the Centre for Regional & Economic Studies at Sheffield Hallam University, which reviewed the realised health & wellbeing benefits to participants of the project.

For every individual lifted out of fuel poverty, Oldham CCG have allocated £250 and Oldham Council £50 into a fund for future investment.

### **Key findings include the following:**

- 60% of respondents with a physical health problem felt that the initiative had a positive impact on their health
- Four-fifths reported that the project had a positive impact on their general health and wellbeing
- Almost all of those who self-reported as being at 'high risk' of mental illness on completion of the General Health Questionnaire moved to 'low risk' following the initiative
- 96% of respondents agreed that their home was easier to heat as a result of their involvement in the project; and 84% agreed that they now spend less on their heating.

The CCG have also done their own analysis from a sample of nearly 800 people that were supported through the scheme, A&E attendances for the participants had gone down by 2% and emergency hospital admissions by 32% – with an estimated saving of nearly £40,000 to the CCG. Five individuals had their GP and prescription use analysed and this showed that total GP appointments went down by 8% while the cost of drugs prescribed increased by 14% – this may be due to the patients better managing their conditions at home. Already this gives an initial indication that the project has been successful across financial, health and wellbeing, and comfort criteria. The health service calculates it will save £250 a year in reduced hospital admissions and social costs for every person lifted out of fuel poverty.

### **AWARM Wigan:**

Wigan Council have up scaled its existing affordable warmth referral network, AWARM, to target an additional 2,000 households in fuel poverty who are at risk of having unplanned hospital admissions due to cold-related illnesses. Since April 2015 the programme is set to be delivered over the course of two years, the scheme is seeking to reduce the number of excess winter admissions from this cohort through prescribing upstream prevention in the form of a fuel poverty assistance package. Specifically, home visits by Wigan Care and Repair will assess household and property need before referring for a range of energy-related support services (in-home works, income maximisation etc).

In order to identify suitable households for the scheme local council data sets taken as proxies for fuel poverty (area of deprivation, privately rented terraced accommodation and Council Tax Reduction benefit) are overlain with CCG risk stratification data on pensioner age households susceptible to winter hospital admissions due to circulatory or respiratory illness. This matching process has pinpointed 20 'hot spots' within the borough to focus on for scheme delivery and health referral work. Access to the data required for this analysis work was made easier due to the council's Joint Intelligence Unit. This group was established to share information, intelligence and expertise across Wigan Council's departmental areas with a view to streamlining services and optimising outputs. The project makes contact with households at a named patient level using both GP risk registers and referrals from healthcare professionals. The CCG, which is co-located with the council's housing department and Public Health, is helping facilitate access to target GPs in hot spot areas. Beginning with one practice, AWARM workers have a twice-weekly on-site presence at the surgery, which is helping to foster relationships and approach patients. Alongside GPs, multidisciplinary teams of health and social care professionals are also being trained to refer directly into the scheme. The scheme uses a one-click method into practitioners' IT systems.

Wigan Council's Director of Public Health has driven cooperative working across health and housing in the borough and led the development of an invest-to-save business case that secured £200,000 from the council's Joint Commissioning Board (JCB) to fund the 2,000 home visits. The JCB has been set up in Wigan to finance preventative healthcare projects; with funding contributions from both the council and CCG.

Moving forward, a key aspiration for the scheme is to track the future use of healthcare services by households who have received an AWARM intervention. Potential for such monitoring is being investigated as part of formal academic evaluation of the project which will proceed in conjunction with NICE and Public Health England.

Other health related fuel poverty schemes in GM include: Bolton Council's 'Safe, Warm and Dry' scheme, 'Healthy Heating' Scheme.

### **DECC catalogue of health related fuel poverty schemes across the country:**

DECC commissioned National Energy Action in December 2014 to carry out an online survey to catalogue local schemes that are targeting individuals with health problems for energy efficiency measures and other fuel poverty interventions. The aim of the survey was to collate information on health-related fuel poverty schemes to better understand levels of activity in this area and highlight challenges to implementation, as well as successful approaches. The catalogue has survey responses and interviews from around 75 schemes with details of any health referral systems used to identify and target households with health problems and their funding sources.

The catalogues includes for GM: Oldham (pg166), Bolton (pgs 33,188), Wigan (pgs 15, 186), and Manchester (AWARM pg 13, Citizens Advice Bureau pg 104).

<https://www.gov.uk/government/publications/catalogue-of-health-related-fuel-poverty-schemes>)