

## Renewables and Climate Change Advisory Group 18 November 2015

## **Fuel Poverty**

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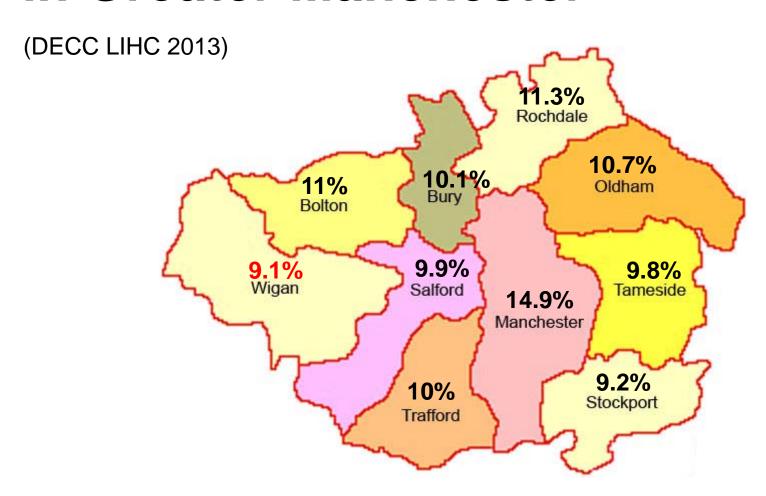




- 317,849 population (Census 2011)
- 139,218 households (DECC LIHC 2013)
- 12,709 households in fuel poverty (DECC LIHC 2013)
- 9.1% households in fuel poverty (DECC LIHC 2013)

# Lowest level of Fuel Poverty in Greater Manchester





### Successes



- Decent Homes in social housing
- High take-up of Warm Front
- Warm Homes Healthy People
- £1m DECC Fuel Poverty Fund
- £3m GM Green Deal Go Early
- £6m GM Green Deal Communities
- £100k DECC Fuel Poverty and Health Booster Fund





- Decent Homes
- Energy Efficiency
- Fuel Poverty
- Housing Health and Safety Rating System
- Regeneration

# Green Deal Communities Scheme External Wall Insulation using Brick Effect Render











### Excess winter deaths and morbidity and the health risks associated with cold homes

NICE guideline Published: 5 March 2015 nice.org.uk/guidance/ng6 Excess winter deaths (NG6)

 Ensure the strategy includes monitoring and evaluation. Also ensure any evaluation is used to improve the strategy and is made publicly available.

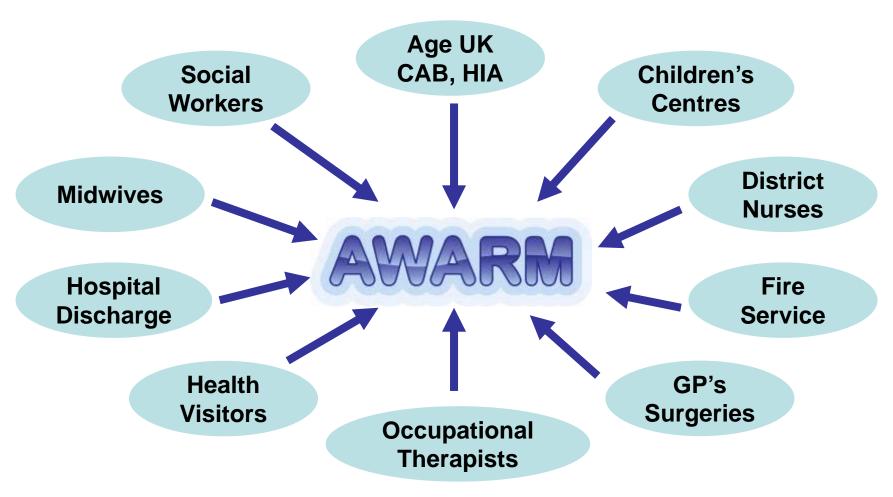
Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes

Health and wellbeing boards should:

- Ensure a local single-point-of-contact health and housing referral service is commissioned (see recommendation 3) to help vulnerable people who live in cold homes. A wide range of people are vulnerable to the cold. This is either because of: a medical condition, such as heart disease; a disability that, for instance, stops people moving around to keep warm, or makes them more likely to develop chest infections; or personal circumstances, such as being unable to afford to keep warm enough. In this guideline, the term vulnerable refers to a number of different groups including:
  - people with cardiovascular conditions
  - people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)

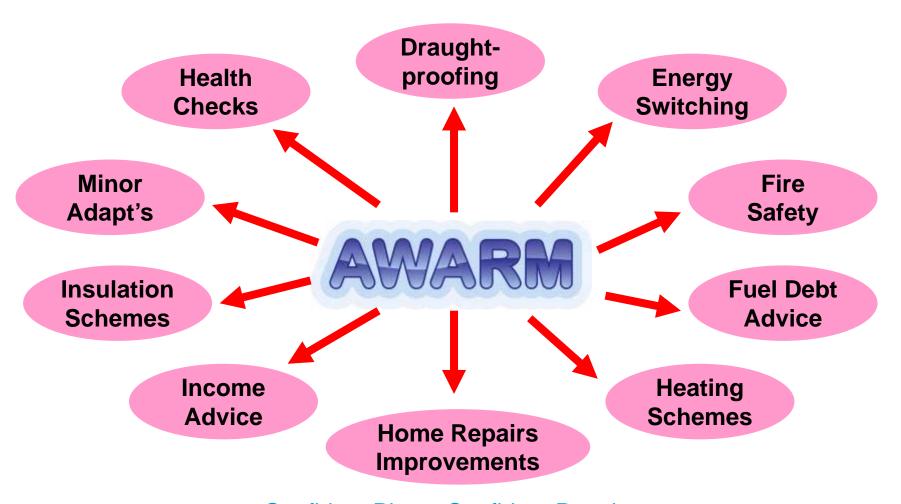
# Affordable Warmth Access Referral Mechanism (In)





# Affordable Warmth Access Referral Mechanism (Out)











### **Eligibility**

- Low income (e.g. in receipt of income-related benefits or a monthly income of less than £800 after paying mortgage or rent); and
- High energy costs (e.g. inadequate insulation or inefficient heating or energy bills of more than £1,400 per year if the property was heated adequately); and
- A disability or long-term health condition.







### **Delivery**

- Commissioned Wigan Borough Care & Repair Home Improvement Agency to deliver AWARM
- Home visit to carry out a comprehensive "Healthy Home Check" for each referral to identify needs
- Charge on a "Payment By Results" model for each case where Fuel Poverty reduced







### **Funding**

- Bid for and received £200,000 for AWARM to bring 2,000 households out of fuel poverty over two years
- Business Case contained five key ingredients for success





- Academic research
- National + local data / reports / strategies
- Target hotspots / health conditions
- Case studies
- Monitoring and Evaluation



### Health

- COPD
- CVD
- Frequent Flyers
- Morbidity
- Mortality
- Primary Care
- QALYs
- Risk Stratification

### Housing

- Decent Homes
- ECO
- EPC
- GDAR
- Green Deal
- HHSRS
- HMOs
- SAP Rating





- Early Intervention and Prevention
- Reduce Unplanned Hospital Admissions
- Prevent Delayed Discharge
- Cost Saving (at £575 per bed day)
- Break Even + Wider Benefits





- Director of Public Health
- Health and Wellbeing Board
- Council Senior Management Team
- Cabinet Portfolio Holder
- Scrutiny Committee



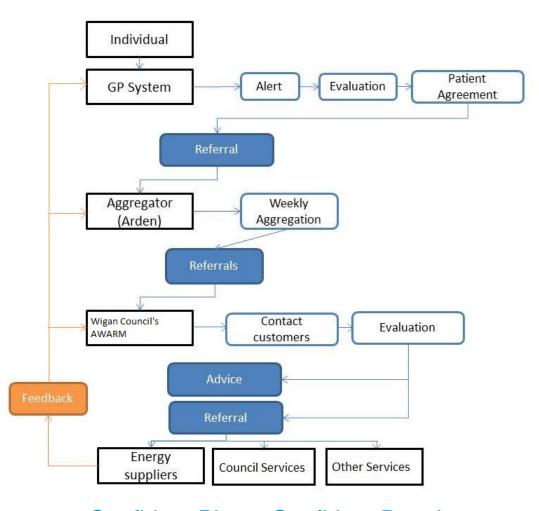


- Speed of implementation is key
- Experienced team and networks
- Established systems and processes
- Data sharing agreements / Risk registers
- Scale-up existing successful project



## Referral module for TPP SystmOne







### General Practitioners Identify patients

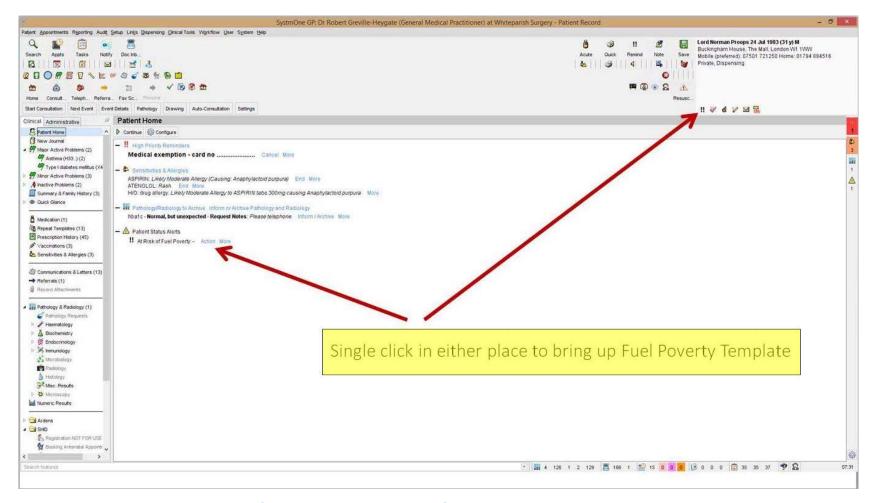


- Conditions exacerbated by cold homes:
  - Asthma
  - Chronic Obstructive Pulmonary Disease
  - Coronary Heart Disease
  - Depression
  - Falls at home
  - Hypertension
  - Stroke
  - Transient Ischaemic Attack



### General Practitioners Automatic alert

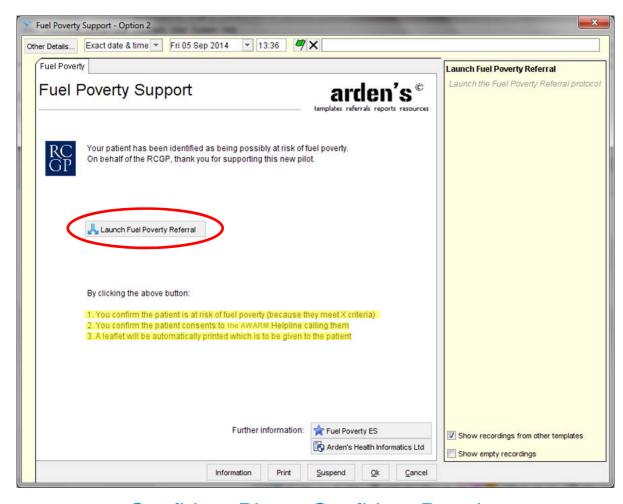






## Royal College of General Practitioners Single-click referral







### General Practitioners Patient details



## Following details e-mailed to secure wigan.careandrepair@nhs.net address:

- Name
- Address
- Phone
- Date of Birth and Age
- NHS Number



### General Practitioners Prescription Letter









#### **Dear Patient**

Your current health condition has been identified as being related to, or potentially made worse by, living in a cold home.

You may qualify for free help to keep your home warm through Wigan Council's Affordable Warmth Access Referral Mechanism (AWARM).

With your permission, 7 Brooks Medical Practice will provide your details to Wigan Borough Care & Repair so that they can contact you to see if you are eligible for AWARM.

### What is AWARM?

AWARM assists people with low incomes, high energy costs and long-term health conditions by referring them to various schemes that will help them to stay healthy, safe and warm at home.

### Who are Wigan Borough Care & Repair?

Wigan Council has commissioned Wigan Borough Care & Repair, a not-for-profit Home Improvement Agency, to run AWARM.

If you are eligible for AWARM, Wigan Borough Care & Repair can visit you to carry out a free Healthy Home Check and make referrals to various services, including:

- Benefit Entitlement Check;
- Debt Advice:
- Energy Tariff Check and Energy Supplier Switching;
- Boiler Replacement, Central Heating and Insulation Schemes:
- Handyperson Service;
- Home Adaptations:
- Home Repairs and Improvements;
- Home Safety and Security Check;
- Health Promotion Schemes.

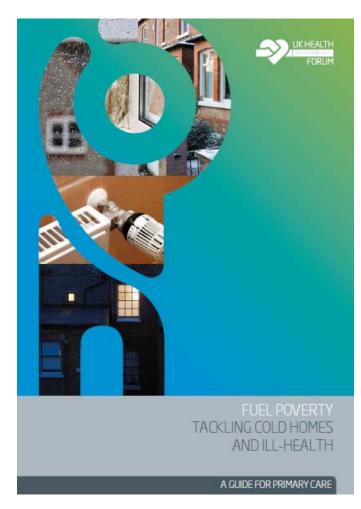
Wigan Borough Care & Repair will obtain your permission before making any referrals on your behalf and support you through the process.



## **Training on AWARM**



- Working with NEA on delivering a training module on fuel poverty for primary care health professionals based on the UK Health Forum's "Guide for primary care on fuel poverty: tackling cold homes and ill health"
- Discussions with RCGP on CPD accreditation of the course in order to drive take-up by GPs





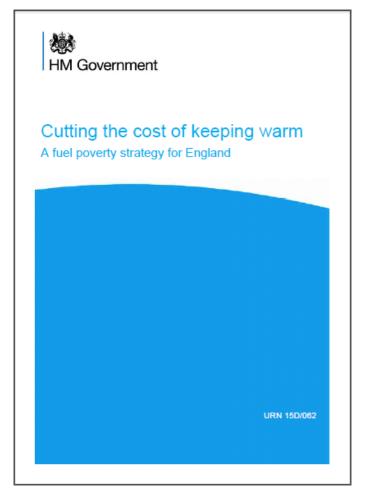
### **Evaluation of AWARM**



- We hope to be able to access information about health service uptake by the individuals referred to AWARM, although this is yet to be tested.
- Sheffield Hallam University are conducting a formal academic evaluation of AWARM's impact on health and wellbeing in conjunction with DECC, NICE and PHE.

## **Fuel Poverty Strategy (p53)**





Cutting the cost of keeping warm - a fuel poverty strategy for England

health and fuel poverty schemes, and their successes. Strong messages have been given about the need for additional or more structured, sustained support for vulnerable people and the benefits of a trusted local scheme, delivering a broad range of types of support. This learning is shaping early thinking on future delivery. We have heard too about the challenges of data sharing for identifying whom to target and for monitoring and evaluation. Wider government work on data sharing and targeting will help here. We have also heard a clear message about the difficulty of getting health professionals involved in referrals. Nonetheless, in schemes across the country partners are having success, finding things that work, and learning for the future.

- 5.68. A 'warmth on prescription' type approach with referrals not just from GPs but from a broad range of health professionals clearly has potential.
- 5.69. Recognising this, DECC is working with the Royal College of GPs (RCGP) to explore how we can support their ambition to pilot a new electronic health referral mechanism. We believe that development of such a system could have broad applicability and be used in different settings and by all kinds of health professionals.
- 5.70. We already know that sustained action by health professionals will rely on a referral process that is quick and simple, that overcomes the challenges of informed consent and data sharing.<sup>50</sup> that results in appropriate support being provided and that ensures that the health professional sees their referral has been acted on. Further innovation on referral mechanisms may make it easier for a wider pool of individuals to make referrals from pharmacists to health educators to QP reactionists.

#### CASE STUDY: Cross-sector collaboration on funding and delivery

Wigan Council and Wigan Borough Clinical Commissioning Group have established a joint investment fund focused on delivering innovative, integrated programmes to tackle the wider determinants of health and welibeling, including action on fuel poverty and health. 5200,000 from the joint fund will be spent over the next two years on up-scaling the council's existing Affordable Warmth Access Referral Mechanism (AWARM), allowing it to target an extra 2,000 people likely to be in fuel poverty who could face unplanned hospital admissions due to lilnesses caused or exacerbated by living in a cold home. Through AWARM referrals, people receive a range of support from different organisations, including energy efficiency and home safety measures in the home together with fuel debt and income maximisation advice.

Wigan Council's Public Health and Housing teams worked closely together to secure funding from the joint investment fund, focusing on the economic arguments, in particular the potential for action to have impacts on health and social care services. They anticipate savings on hospital admissions could be up to £120,000 pa. Collaboration across the sectors, driven by the Director of Public Health, has also been the key to effective targeting, using a mixture of health, demographic and housing information. Wigan is looking to make use of a broad range of actors to provide advice and refer people for support. While the main source of referrals in the past has been from health, housing and social care professionals from home visits, in future referrals will also come from community health champions, the fire service, hospital discharge team, GP surgeries and Wigan's healthy living pharmacles, dentities and opticians.

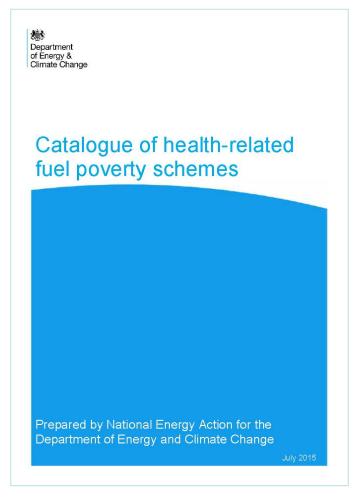
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in line with good governance framework

<sup>2</sup> Cardio College of ANAPM identifying 10% of people at risk of an excess winter emergency admission for the 65+ age group with the intervention being 40% effective in the first year rising to £120,000 based on ANAPM identifying 20% of people at risk with the intervention being 60% effective in the second year.

# Catalogue of health-related fuel poverty schemes (p186)





Catalogue of health-related fuel poverty schemes

#### Annex A Case studies

Affordable Warmth Access Referral Mechanism (AWARM) in Wigan

Survey respondent interviewed: Service Manager - Housing Services at Wigan Council

In Wigan, the local council is upscaling 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. Starting in April 2015, and 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.

As the interviewee notes, 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. In the opinion of the interviewee the existence of this team of professionals was an 'ideal scenario' when a.) attempting to gain access to the health and other data required for the fuel poverty intervention, and b.) have the expertise available to undertake the analysis and overlay work.

The next step in the project is to contact 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, AVVARIM 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. While the referral mechanism is currently paper-based the scheme is keen to refine this approach and integrate a one-click method into practitioners! IT systems.

Reflecting on what is required to secure health sector funding and involvement for fuel poverty interventions the interviewee stresses the importance of high-level buy-in from leading health professionals and a business model that demonstrates return on investment. In Wigan's case the 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 has 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. The interviewee notes the importance of this joint funding pot in providing a clear and accessible route to healthcare budgets. In accessing those funds, the interviewee stresses, it was critical the investment proposal use healthcare language in order to demonstrate healthcare outcomes. In this case, modelled savings of over £100,000 from reduced excess winter emergency admissions. 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.

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## **Housing and Health**





## **Climate Change**





**GM Low Carbon Hub** 



**Consultation Draft** 

Responses by 11 December 2015

www.greatermanchester-ca.gov.uk



# **Extreme Weather Strategy for England**



- Cold Weather Plan for England
- Heatwave Plan for England
- Flooding





 Reference library of links to reports on fuel poverty at: <u>aneesmank.blogspot.co.uk</u>

• E-mail: <u>a.mank@wigan.gov.uk</u>

Twitter: <a href="mailto:@AneesMank"><u>@AneesMank</u></a>



# Thank you for your time and attention.

**Questions and Answers**