

Report of: Director of Public Health and Director of Adult Social Services

Report to: Executive Board

Date: 20th June 2012

Subject: Directors Response to Report by Scrutiny Board (Safer and Stronger Communities) on Fuel Poverty

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues:

1. This report provides the response of the Director of Public Health and Director of Adult Social Services to Recommendation 1 and 10(i) set out within the Fuel Poverty Scrutiny Inquiry Report 2012. It has been prepared in consultation with the Executive Board Members for Health and Wellbeing and Adult Social Services.
2. The Scrutiny Inquiry report is a welcomed intervention in the fuel poverty debate which is a key priority in the City Priority Partnership Plan.
3. Recommendation 1 can be accepted and 10(i) can be accepted in the main with an amendment to adopt a twin track referral system.
4. The scrutiny recommendations are complementary to the priorities of the Affordable Warmth Strategy (2007-2016), City Priority Partnership Plan and Public Health Outcomes Framework.

Recommendations

5. Executive Board is requested to:
 - (i) Welcome the scrutiny report and recommendations 1 and 10(i) as a valuable contribution to addressing fuel poverty in Leeds.

(ii) In line with recommendation 1, agree that in the development of the new public health system, fuel poverty will be identified as a key priority and used to demonstrate how the Public Health operating arrangements will work in practice.

(iii) In line with recommendation 10(i), agree that in developing a simple systematic referral pathway across health and council services, a twin track approach will need to be adopted. This will involve:

- a universal multi-agency referral system to be used across the city by frontline staff linked to other key initiatives, or used in targeted neighbourhoods to support customers to access a wide range of preventative services including affordable warmth, and
- a specialised referral pathway specifically for the referral of clients with an existing health condition used by the health and social care integrated teams.

1.0 Purpose of this report

- 1.1 This report sets out the response of the Director of Public Health and Director of Adult Social Services to two of the recommendations arising from the recent Scrutiny Board (Safer and Stronger Communities) Inquiry into Fuel Poverty in Leeds. This report has been prepared by the Director of Public Health and Director of Adult Social Services.

2.0 Background information

- 2.1 In 2009 the number of fuel poor households in the UK was estimated at around 5.5 million, a rise of around 1 million when compared to 2008, and representing approximately 21% of all UK households. The findings of the Leeds fuel poverty private sector survey (2009) data suggests that fuel poverty is at or around 22% of all households and 18% of vulnerable households.

Fuel poverty impacts on individuals, the community and public services in many different ways. The solution to fuel poverty is to provide households with affordable warmth. However this may require action on a number of fronts not least by improving the energy efficiency of homes and appliances but also amongst other things, action to increase incomes, providing access to cheaper fuel and tariff options, money management and debt advice, as well as energy advice to effect behavioural change in reducing energy consumption.

- 2.2 The purpose of the inquiry was to make an assessment of, and where appropriate make recommendations on, a range of areas including; impacts of fuel poverty, the scale of the problem, national and local drivers, contribution of partners, referral pathways and the relationship between the industry, energy regulator and Local Authorities.
- 2.3 The Safer and Stronger Communities Scrutiny Board published its final report on 3rd April 2012. This report is attached for the information of Members.
- 2.4 A formal response to the recommendations arising from the inquiry is now expected. Two of the recommendations are directed to the Executive Board. These are:

Recommendation 1

That, in working through potential operational models and the practicalities of moving towards the new Public Health system in April 2013, the Executive Board and Health and Wellbeing Board use fuel poverty as a key public health topic area in which to demonstrate how these new arrangements are to work in practice in the future.

Recommendation 10 (i)

That the Executive Board and Health and Wellbeing Board fully supports and regularly monitors the development of a simple, systematic referral pathway and effective uptake for fuel poverty support from key health and council services (this maybe by using the Multi Agency Referral Scheme (MARS) if appropriate).

- 2.5 In considering recommendations 1 and 10(i), it is important to note the close relationship between these recommendations and others outlined in the report. These include recommendation 9 and the development of a consistent and systematic approach to identifying the needs of vulnerable householders;

recommendation 16 in terms of looking at the potential of longer term funding of the Warm Homes Service; and recommendation 18 in relation to undertaking exploratory work to lever in financial support for a broader programme of preventative measures aimed at tackling the hazards of excess cold.

3. Response to the Scrutiny Recommendations

- 3.1 The report is a welcomed intervention in the fuel poverty debate, which is a key priority in the City Priority Partnership Plan.

3.2 Recommendation 1

This recommendation is welcomed in the development of the new Public Health system in Leeds. Fuel Poverty will be identified as a priority and systems will be developed to embed relevant work programmes across Leeds City Council. Fuel poverty will also be included as a priority in the forthcoming Health and Wellbeing Strategy.

3.3 Recommendation 10 (i)

The recommendation is supported. However, in developing a simple systematic referral pathway across health and council services, a twin track approach will need to be adopted. This approach will ensure that a simple referral pathway is developed across Leeds to offer a universal service, whilst recognising the need to maintain existing specialist referral pathways for clients with health conditions. This approach will therefore involve:

- a universal multi-agency referral system to be used across the city by frontline staff linked to other key initiatives, or used in targeted neighbourhoods to support customers to access a wide range of preventative services including affordable warmth, and
- a specialised referral pathway for frontline health and social care workers, specifically for the referral of clients with an existing health condition to be used by the health and social care integrated teams.

3.4 In developing this twin track approach, the following needs to be considered:

That the referral process:

- results in a good and timely outcome for the client
- is user friendly for the Referrer
- is appropriate for the Receiving Service
- Complements and does not undermine existing referral pathways

3.5 Recommendation 10 (i) makes specific reference to the existing Multi Agency Referral Scheme (MARS). This scheme is still under development. However, it aims to provide a way for frontline council workers and other partners to refer residents to as wide a range of services as possible via a central point. There is also an existing specialist referral pathway used by frontline health and social care workers. The Energy Champion Scheme is used to refer vulnerable people, whose health may be affected by living in cold damp conditions, to the Warm Homes Service for heating and insulation measures. This Warm Homes Service is administered by Care and Repair. The following provides a brief outline of the services and activity levels for MARS (2 month period) and the Energy Champion Scheme (Jan 11 – March 12).

3.6 **Number of referrals made via MARS (Feb- April 2012 period)**

The Wrap Up Leeds initiative, delivered by Yorkshire Energy Services, started in January 2012. To add value to their work, Yorkshire Energy Services utilised MARS as a way of referring customers for telecare and home safety checks by the

fire service. During the period of February to April 2012, 50 referrals for telecare and 1001 referrals for the fire service were received via MARS.

3.7 Energy Champion Scheme referrals into Care and Repair's Warm Homes' Service (previously called Health thru Warmth Scheme January 2011 – March 2012)

Energy Champions have been trained across health and social care to identify and refer vulnerable clients onto an established referral pathway to the Warm Homes Service. This is a service specifically aimed at providing heating, insulation assistance and financial advice to households who have at least one resident who suffers from a health condition exacerbated by cold, damp conditions. During the period January 2011 – March 2012, 550 referrals were made (received from NHS and Social Services Energy Champions, voluntary sector and self referrals) to the Warm Homes Service, which has resulted in 545 energy efficiency measures received by households.

3.8 In support of recommendation 10 (i), it is proposed that both the MARS and the Energy Champion Scheme continue to be developed.

4.0 Equality and Diversity / Cohesion and Integration.

4.1 In delivering the proposals set out within recommendations 1 and 10 (i), assessments of equality, diversity, cohesion and integration impacts will be undertaken.

5.0 Council Policies and City Priorities

5.1 The scrutiny recommendations are complementary to the priorities of the Affordable Warmth Strategy 2007-2016, City Priority Partnership Plan and Public Health Outcomes Framework.

6.0 Resources and Value for Money

6.1 The scrutiny recommendations set out to provide clarity of existing services aimed at addressing fuel poverty and improve coordination and efficiency where appropriate.

7.0 Legal Implications, Access to Information and Call In

7.1 There are no legal implications to consider in line with recommendations 1 and 10 (i). This report is subject to call-in.

8.0 Risk Management

8.1 Recommendation 10 (i) aims to improve coordination and efficiency of referral pathways. However, in doing so a number of issues will need to be considered, as outlined in paragraph 3.4 above.

9.0 Recommendations

9.1 Executive Board is requested to:

(i) Welcome the scrutiny report and recommendations 1 and 10(i) as a valuable contribution to addressing fuel poverty in Leeds.

(ii) In line with recommendation 1, agree that in the development of the new public health system, fuel poverty will be identified as a key priority and used to demonstrate how the Public Health operating arrangements will work in practice.

(iii) In line with recommendation 10(i), agree that in developing a simple systematic referral pathway across health and council services, a twin track approach will need to be adopted. This will involve:

- a universal multi-agency referral system to be used across the city by frontline staff linked to other key initiatives, or used in targeted neighbourhoods to support customers to access a wide range of preventative services including affordable warmth, and
- a specialised referral pathway specifically for the referral of clients with an existing health condition to be used by the health and social care integrated teams.

10. Background documents

None.