

## Formal response from Director of Public Health on the Fuel Poverty Scrutiny Inquiry 2012 to be reported back to the Scrutiny Board.

(Recommendations 1, 2, 3, 4, 5, 9, 10, 16, 17 and 18)

### **1. Background information**

- 1.1 The Government is creating a new integrated and professional public health system designed to be more effective and to give clear accountability. As part of this, it will be for Local Authorities in partnership with their Health and Wellbeing Boards to demonstrate improvements in public health outcomes. The new Public Health Outcomes Framework published in January 2012 sets out desired outcomes for public health, including fuel poverty, which has been recognised as one of the key indicators in terms of improving the wider determinants of health, which focuses on the 'causes of the causes' of health inequalities.
- 1.2 The Director of Public Health will be appointed to be the key health adviser for the Local Authority and to exercise these new public health functions on their behalf. In anticipation of this the Scrutiny Report expects the Director of Public Health in Leeds to drive forward action in tackling fuel poverty as a key public health priority for the city.
- 1.3 The Director of Public Health has been identified as the Lead Director on a number of recommendations within the Fuel Poverty Scrutiny Report and the following is the formal response to these recommendations.
- 1.4 The Scrutiny Inquiry report is a welcomed intervention in the fuel poverty debate which is a key priority in the City Priority Partnership Plan.
- 1.5 Recommendations 1, 2, 3, 4, 5, 9, 6, 17 and 18 can be accepted and 10(i and ii) can be accepted in the main with an amendment to adopt a twin track referral system
- 1.6 The scrutiny recommendations are complementary to the priorities of the Affordable Warmth Strategy (2007-2016), City Priority Partnership Plan for Health and Wellbeing and Public Health Outcomes Framework.

## 2 Response to the Scrutiny Recommendations 1, 2, 3, 4, 5, 9, 10, 16, 17 and 18

### **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.**

- 2.1 The Director of Public Health provided a report to the Executive Board and Health and Wellbeing Board in June 2012 advising on this particular recommendation. This recommendation was agreed by both the Executive Board and the Health and Wellbeing Board and 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.

### **Recommendation 2.**

**That as part of the development of the Joint Health and Wellbeing Strategy for Leeds, the Health and Wellbeing Board ensures that fuel poverty is identified as a key priority within this Strategy.**

- 2.2 Fuel Poverty has been identified as a key priority within the Draft Joint Health and Wellbeing Strategy for Leeds which is currently being developed by a task group reporting to the Health and Wellbeing Board.

### **Recommendation 3.**

**That, ahead of becoming the responsible lead for exercising the new public health functions on behalf of the Council, the Director of Public Health in Leeds drives forward action now in tackling fuel poverty as a key public health priority for the city.**

- 2.3 The Director of Public Health has ensured that fuel poverty and affordable warmth are key priorities within the Draft Joint Health and Wellbeing Strategy for Leeds, as well as the City Priority Partnership plan. These priorities include identifying vulnerable groups at risk of suffering from cold and damp housing, and referring/ signposting them into opportunities for increasing affordable warmth. Health Improvement Specialists have been assigned to lead the public health actions in partnership with lead officers from Leeds City Council.

### **Recommendation 4.**

**That the Leader of the Council assists the Director of Public Health in Leeds to champion affordable warmth and move action to tackle fuel poverty up the agenda of a wide range of other stakeholders and partners in the public, private and community sectors.**

- 2.4 Following the May 2012 local elections, Leeds City Council has created an additional member portfolio dedicated to the increasingly important agenda of health. The new Executive Member for Health and Wellbeing, Councillor Mulherin, will also take on the Chair of the Health and Wellbeing Board. The Scrutiny Inquiry report highlighted the importance of the Health and Wellbeing Board and the forthcoming Health and Wellbeing Strategy to take forward fuel poverty as a key public health priority. For these reasons it has been agreed by the new Executive Member for Health and Wellbeing to work with the Director of Public Health to progress this important recommendation.

**Recommendation 5.**

**That the Director of Public Health in Leeds works closely with the Director of Environment and Neighbourhoods to develop a clear strategy around fuel poverty data collection before April 2013.**

- 2.5 The Scrutiny report recognises the need to ensure that local trends in fuel poverty are monitored effectively to demonstrate progress in tackling fuel poverty, set out in the Public Health Outcomes Framework. This is a complicated request, as fuel poverty is a function of home energy efficiency levels, energy prices, income and a host of other minor factors. Additionally, the impact of fuel poverty on an individual depends to a large extent on their vulnerability, with elderly people, the very young and people with disabilities being much more at risk of ill health. Whilst there are good fuel poverty statistics available from Government, these are very high level. Scrutiny members were more interested in gathering and manipulating local data in order to target interventions to support most vulnerable people.
- 2.6 Currently, local fuel poverty assessments are based on the last Home Energy Conservation Association (HECA) survey conducted in 2009 which Local Authorities are no longer required to undertake, whilst they await details of the successor legislation to the Home Conservation Act 1995. Therefore, the Council has suspended the annual HECA survey and instead is monitoring change using a combination of energy efficiency measures installed, fuel use data and Energy Performance Certificates. The Director of Public Health agrees to work closely with the Director of Environment and Neighbourhoods to develop a clear strategy around fuel poverty data collection, to include housing/energy data, income data and health factors, before the end of April 2013.

**Recommendation 9.**

**That the Health and Wellbeing Board works with the local Clinical Commissioning Groups to ensure that:**

- (i) A consistent and systematic approach to identifying the needs of vulnerable householders at risk of fuel poverty is being adopted as part of the developing risk stratification process.**

- 2.7 The Integrated Health and Social Care Board agreed that the Health and Social Care Integrated neighbourhood teams would use a consistent and systematic approach to identify the needs of vulnerable patients and deliver high impact interventions to reduce excess winter deaths. This process will be embedded within the roll out of the integration of health and social care across the city. The approach consists of three elements – risk stratification (to identify those who in the future are most likely to have higher needs), integrated health and social care teams (including primary care), and systematic self management – ensuring the patient is at the centre of decisions about their care. This has already begun in 3 areas of the city (Meanwood, Kippax/ Garforth and Pudsey) and will cover the whole city by March 2013.

**(ii) that as part of this process, a consistent approach is being adopted by the developing integrated health and social care teams in ensuring that, once identified, those at risk of fuel poverty are effectively being referred to appropriate support schemes.**

- 2.8 The Integrated Health and Social Care Board agreed that once individuals have been identified through the risk stratification process, the Health and Social Care Integrated neighbourhood teams would deliver high impact interventions recommended by the Department of Health to reduce excess winter deaths. These interventions include a fuel poverty assessment, benefits review, flu vaccination, lifestyle advice and support, telecare and telehealth referral as appropriate and falls prevention assessments.

#### **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.**

- 2.9 The Director of Public Health provided a report to the Executive Board and Health and Wellbeing Board in June 2012 advising on this particular recommendation. This recommendation was agreed by both the Executive Board and the Health and Wellbeing Board. It was proposed 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.

2.10 This proposed approach was agreed by the Executive Board.

**(ii) That the Director of Public Health, Director of Adult Social Care and the Clinical Commissioning Group accountable officers provide an update report to Scrutiny on the implementation of this pathway by July 2012**

2.11 The Director of Public Health, Director of Adult Social Care and the Clinical Commissioning Group accountable officers agree to submit an update report to Scrutiny on progress against this recommendation, but would recommend that this update be considered in October/November 2012. This would allow time for the programme to develop and for a more detailed report on progress to be submitted.

**Recommendation 16.**

**That the Director of Public Health in Leeds works closely with the Clinical Commissioning Groups to look at the potential of providing longer term funding to maintain the existing Warm Homes Service (which has been partially funded by the time limited Department of Health Warm Homes Healthy People scheme) administered by Care and Repair**

2.12 The Scrutiny report highlights the need for a partnership approach to align funding for preventative care in terms of tackling category 1 hazards such as excess cold. NHS Airedale, Bradford and Leeds will be working with Clinical Commissioning Groups to progress the Winter Plan 12/13 and to implement the Department of Health Cold Weather Plan. The Cold Weather Plan aims to prepare for, alert people to and prevent the major avoidable effects of winter on people's health. The Director of Public Health and Clinical Commissioning Groups will consider whether the Warm Homes Service, administered by Care and Repair, could be funded as part of this winter planning process.

**Recommendation 17**

**That the Director of Public Health in Leeds works closely with Care and Repair to begin building up a portfolio of case study evidence to illustrate to commissioners that where vulnerable householders have been in receipt of preventative measures aimed at tackling the hazard of excess cold, this has led to a positive impact in terms of improving their overall health and wellbeing**

2.13 The Director of Public Health agrees to work closely with Care and Repair to begin to build a portfolio of case study evidence to illustrate the impact of preventative measures aimed at tackling the hazard of excess cold. Four good case studies are already available, drawn from the Warm Homes Healthy People project funded by the Department of Health.

**Recommendation 18.**

**That the Director of Public Health in Leeds works with the Health and Wellbeing Board and Clinical Commissioning Groups to begin developing and exploring opportunities to lever in financial support for a broader programme of preventative measures aimed at tackling the hazard of excess cold across the city.**

- 2.14 The Director of Public Health in Leeds agrees to work closely with the Health and Wellbeing Board and Clinical Commissioning Groups to begin to develop and explore opportunities to lever in financial support. This work will form part of the winter planning process to prevent the major avoidable effects of winter on peoples' health.

Dr Ian Cameron  
Director of Public Health  
July 2012.