

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 October 2017

Subject: Health and Wellbeing Update

Report of: Executive Director Strategic Commissioning and Director of Adult Social Care Services (DASS)

Summary

This report provides Members of the Committee with an overview of developments across Health and social care.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Fuel Poverty

1. Introduction

This update is based on the Joint Strategic Needs Assessment report which can be found on the City Council website (www.manchester.gov.uk/JSNA).

1.1 Fuel poverty is experienced by households which are unable to maintain an adequately heated home at prices that they can afford. There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures (Wilkinson et al 2001). Data from the Department of Energy and Climate Change (DECC) shows that, in 2011, there were 2.39million households living in fuel poverty, representing 11% of all households in England. There are regional variations across the country, with the Midlands and parts of the North of England experiencing levels higher than the national average.

1.2 The first national fuel poverty strategy was published in 2001. This was followed by a series of programmes to address energy efficiency in housing. In October 2010, the Government commissioned the Independent Fuel Poverty Review to consider the current fuel poverty target and definition. In March 2012, Professor Hills published the final report of his independent review of fuel poverty, making several recommendations for how fuel poverty should be measured. In 2013, the government launched a Framework for Future Action on Fuel Poverty which provided a national framework for addressing the main drivers of fuel poverty, namely energy efficiency, income and energy prices.

1.3 Fuel poverty in England is measured using the Low Income High Costs indicator, which considers a household to be fuel poor if they have required fuel costs that are above the national median level and, were they to spend that amount, they would be left with a residual income below the official poverty line. The latest national figures show that, in 2015, around 11% of all households in England were in fuel poverty. This is equivalent to approximately 2.50 million households in total. National data also shows that fuel poverty is higher among households living in older dwellings and also amongst those in the private rented sector. In terms of household composition, those living in 'multi-person (adult) households' are deepest in fuel poverty. However, the highest prevalence of fuel poverty is seen for lone parents with dependent children.

1.4 The links between fuel poverty and poor health outcomes are well documented. Illnesses exacerbated by living in a cold home put additional pressures on health services. This is something that is experienced most starkly by primary and emergency care services around periods of cold weather. In 2011, the Marmot Review Team reported on the health impacts of cold homes and fuel poverty and showed that low temperatures are strongly linked to a range of negative health outcomes, in particular a higher incidence of Excess Winter Deaths in relation to colder and less energy efficient housing. The interim report of the Independent Fuel Poverty Review suggested that a conservative estimate of the number of excess winter deaths caused by fuel poverty would be 1 in 10. This equates to 2,700 people per year - more than die on the roads each year.

1.5 Exacerbation of chronic conditions by living in cold conditions can also lead to an increase in hospital admissions, and related pressure on health and social care services during winter months. A paper on the cost of poor housing to the NHS shows £848m savings to the NHS per annum if the hazard of excess cold is fixed (Nicol et al 2015). NICE have estimated that the financial impact to the NHS of winter related disease linked to cold housing in the private sector is in the region of £859million (based on figures for 2009).

1.6 The Marmot Review also showed that mental health is negatively affected by fuel poverty and cold housing, in particular among adolescents. Fuel poverty can pose particular physical and mental health risks to more vulnerable population groups - notably older people (with the majority of Excess Winter Deaths occurring in the over 65s) and children (impacting not only on health but areas such as educational attainment and resilience). Evidence from the Warm Well Families research project conducted by Sheffield Hallam University illustrates some of the factors influencing the abilities of households with children with asthma to keep warm at home in winter and access help. Similar evidence describing the experiences of older people keeping warm in their own home was collected as part of the Keeping Warm in Later Life (KWILLT) project.

1.7 In 2015, Public Health England strongly recommended that fuel poverty and reducing excess winter illness and death are considered as 'core business' by health and wellbeing boards and included in joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs), in order to inform year-round commissioning.

2. The Manchester Picture

The Manchester picture: data

2.1 The independent Fuel Poverty Review proposed a new measure of fuel poverty: the Low Income High Cost (LIHC) indicator. The new indicator is a relative measure which takes into account both whether a household's income level is below the poverty line (after housing costs) and whether the household's energy costs are higher than typical for their household type. Under the "Low Income, High Cost" measure, households are considered to be fuel poor if they have required fuel costs that are above average (the national median level) and where they would be left with a residual income below the official fuel poverty line were they to spend that amount.

2.2 An indicator showing the percentage of households in an area that experience fuel poverty based on the "Low income, high cost" methodology is also included within the Public Health Outcomes Framework (PHOF). It is not possible to robustly estimate fuel poverty levels for small geographical areas and figures for Local Authorities are therefore modelled estimates based on data from the English Housing Survey (EHS). More information about the methodology used to model fuel poverty is available on the BEIS website at: <https://www.gov.uk/government/statistics/fuel-poverty-sub-regional-methodology-and-documentation>.

2.3 The latest sub-regional fuel poverty data for 2015 (published by the Department of Business, Energy and Industrial Strategy on 29 June 2017) shows that there are estimated to be around 3,900 fuel poor households in Manchester.

This is equivalent to 15.3% of the estimated number of households in Manchester compared with an average of 11.0% of households across England as a whole.

2.4 Table 1 (below) shows that Manchester contains the highest number and proportion of fuel poor households of any local authority within Greater Manchester and the highest of any major city outside of London apart from Birmingham.

Table 1: Sub-regional fuel poverty data, Greater Manchester (2015)

Local Authority Name	Estimated number of households	Estimated number of fuel poor households	Proportion of households fuel poor (%)
Bolton	118,662	14,811	12.5
Bury	79,708	8,938	11.2
Manchester	208,928	31,939	15.3
Oldham	91,541	11,032	12.1
Rochdale	89,308	11,034	12.4
Salford	105,638	12,076	11.4
Stockport	124,472	12,746	10.2
Tameside	96,846	11,512	11.9
Trafford	96,386	9,519	9.9
Wigan	139,097	15,216	10.9

2.5 There are also significant variations within the city, with a particular concentration of households that are fuel poor in Central Manchester. According to the 2015 figures, the highest rates of fuel poverty are found in the wards of Longsight, Rusholme, Gorton South Levenshulme, Moss Side and Fallowfield. In each of these areas, more than 1 in 5 households are estimated to be fuel poor. The full set of figures for Manchester wards are contained in an appendix at the end of this report.

2.6 The chart below shows that levels of fuel poverty in Manchester have remained broadly stable over the past few years, albeit with a small (but statistically significant) reduction in the level of fuel poverty in the city from 15.9% in 2012 to 14.5% in 2014.

2.7 Please note that caution should be exercised when looking at year on year changes for individual Local Authorities, such as Manchester, as changes observed may be due to uncertainty in the data and/or small sample sizes.

2.8 However, it is important to bear in mind that the underlying methodology used to model household energy consumption was revised between 2012 and 2013. This resulted in a small reduction in the overall energy consumption for the average household. The overall effect of this was to increase slightly the proportion of fuel poor households under the Low Income High Cost indicator as the median energy cost threshold was reduced and more households were pushed into fuel poverty (for

more details of this change see <https://www.gov.uk/government/organisations/department-of-energy-climate-change/series/fuel-poverty-statistics>. This new methodology has resulted in changes to overall rate of fuel poverty in Manchester as well as those wards with the highest levels of fuel poverty.

2.9 Across the North West Region, there is a clear association between levels of fuel poverty and low income as reflected in the Index of Multiple Deprivation (IMD) 2015.

2.10 The above graph shows that Manchester (and Liverpool) stand out in comparison with other local authorities across the North West by virtue of them having both high levels of fuel poverty and multiple deprivation.

2.11 The association between an exacerbation of illness through living in a cold home and an increase in mortality during the winter months across the North West is much less clear.

2.12 Analysis of excess winter deaths and hospital admissions shows that Manchester - like the rest of the country - experiences higher numbers of deaths in winter months than in the non-winter ones. This issue mainly affects older people living in the City although there is still seasonal variation in mortality among younger age groups. The chart above compares the proportion of households living in fuel poverty and the excess winter deaths index (all ages/all persons) for the three year period August 2012 to July 2015. Over this 3 year period there were 678 deaths in the winter months (December to March) in Manchester - an average of 226 a year. This is equivalent to around 21 extra deaths in the winter months compared with the average number of non-winter deaths. The chart shows that the local authorities with the highest levels of fuel poverty (i.e. Liverpool and Manchester) are not necessarily the same authorities that have the highest numbers of excess winter deaths (Rochdale and Wigan).

2.13 Historic analysis of mortality data going back to 1983/84 shows that, despite year on year variations, there is a clear downward trend with the number of excess winter deaths in Manchester falling over the last two decades. The fact that Manchester has a relatively young population, combined with a reasonably good standard of current and former social housing stock and a commitment to tackling fuel poverty and providing affordable warmth, all contribute to a position where excess winter deaths in Manchester are not significantly higher than the national average.

2.14 A similar approach can be taken to look at the association between an exacerbation of illness through living in a cold home and an increase in the use of hospital services during the winter months, particularly emergency (i.e. unplanned) admissions to hospital. The table below shows excess winter emergency admissions over the last two financial years (2014/15 and 2015/16)

	2014/15	2015/16
Average number of admissions per month (winter)	5,255	4,967
Average number of admissions per month (non-winter)	5,191	5,061
Ratio	1.01	0.98
Index	1.24%	-1.86%

N.B. Winter (Dec-March); Non-winter (August-November and April-July)

2.15 The data does not suggest that there is a significant difference (positive or negative) in the number of emergency admissions in the winter compared with non-winter months. This could indicate the success of the local health and care system in diverting patients away from hospital during the winter months or simply be a sign that that pressure on services is consistent all year round. It is also possible that a larger excess might be found if admissions for non-urgent (i.e. planned) care are looked at because of the fact that it is more likely that this type is scaled back as a result of winter pressures.

2.16 For low-income households privately renting, high fuel bills can mean having to decide between heating and eating. In Manchester, more than a quarter of people (28.4%) rent from a private landlord or letting agency. Evidence points to the fact that privately rented properties tend to be the least energy efficient and contain the highest number of fuel poor households. This can be seen to be the case in areas of Manchester such as Longsight, Levenshulme and Cheetham where there are still a number of pre-war properties owned by private landlords that require solid wall insulation, which is expensive to install.

The Manchester picture: lived experience

2.17 With the exception of the evaluation of the Greater Manchester Combined Authority's (GMCA) Green Deal Communities Programme described below, there is very little local evidence of the direct impact of fuel poverty of the lives of people living in Manchester. However, there are a number of published reports and articles that do look at fuel poverty from an individual person and family perspective.

2.18 Ambrose et al. (2016) worked with local authorities in Hackney and Rotherham to explore the attitudes of tenants living in the private rented sector towards the energy efficiency of their homes. People in both locations highlighted how difficult it could be to maintain health and wellbeing when living in energy inefficient properties that were difficult and expensive to heat. This had a particular impact on people suffering from chronic conditions (such as respiratory diseases and arthritis) that are known to be exacerbated by cold homes.

"I can feel it if it's a freezing cold winter it all goes into my back, at first I thought I'd got really bad back ache but it's not, it's cold in my back and it kills. It is to do with the weather but it doesn't seem to bother if I'm in a heated house."

2.19 People also highlighted the psychological and emotional impacts of having to balance the costs of heating the home against other household expenditure and deciding how much of the home they could afford to keep heated as well as the long term health risks associated with poor diet.

2.20 Butler and Sherriff (2017) focused on the lived experience of energy vulnerability among young adult households - a demographic group identified as being disproportionately more likely to be living in fuel poverty compared to any other age group. Three key themes emerged from the research: the challenges faced by young people in establishing an independent home for themselves; energy-related threats to living in a comfortable home; and the behavioural and the psychological mechanisms used by young adults to help them cope with these threats.

2.21 Middlemiss and Gillard (2013) drew on qualitative data to explore the experience of fuel poverty in the UK and highlighted a substantive shift in people's ability to cope and their need to compromise on basic needs. In a later paper (2015), the same authors attempted to characterise household energy vulnerability through the lived experience of the fuel poor. When considering the negative health impacts of fuel poverty they noted that ailing health is not just an effect but also a cause of fuel poverty. For example, certain conditions require an increase in fuel consumption to treat symptoms and maintain adequate comfort and warmth, thereby driving up household energy costs, whereas other conditions are exacerbated by the cold or heat.

2.22 Shortt and Rugkåsa (2005) described the impacts on self-reported health of a fuel poverty programme in a rural community in Northern Ireland. In-depth interviews with householders showed that people perceived the intervention to have impacted positively on their overall health and well-being as well as on their mental health.

"I don't get so many colds now, or at least I've had none so far, touch wood! I have arthritis and I find the heat does help."

2.23 As part of their evaluation of the Changes4Warmth approach to cold homes (Sherriff, 2016), the Sustainable Housing and Urban Studies Unit (SHUSU) at the University of Salford looked at the experiences of mental health service users with keeping warm at home in order to understand better the relationship between cold homes and mental health and of the appropriateness and impact of a home visitor energy advisor approach. Generally speaking, the interviews reaffirmed the existing evidence regarding the impacts of cold homes on people's mental health. These impacts related not only to the direct impacts of cold temperatures but also to the potentially stressful task of managing the home, keeping on top of bills and balancing budgets. As such, the issue is not simply the relationship between mental health and thermal comfort but also about issues that are less tangible and easy to measure such as the sense of control householders have over their home, as well as a degree of stress that results from managing energy hungry services and the costs associated with them.

2.24 In September 2016, the GMCA's Green Deal Communities Programme was awarded the 'Large Scale Project of the Year Award' at the National Energy Efficiency and Retrofit Awards. The scheme helped around 1,300 home owners and private tenants across Greater Manchester, predominantly low income households. GMCA spoke to some of those involved and a sample of residents to record their experiences of this project. Residents reported having warmer homes, considerable savings on their fuel bills and significant improvements to their health, particularly

those with long term illnesses e.g. asthma and Raynaud's. Aesthetic and sound improvements to homes and neighbourhoods were also highlighted as a major benefit of the scheme. More information about people's views on the Greater Manchester's Green Deal Communities Programme is available as a video link.

3. Key Strategy Developments

3.1 The refreshed Greater Manchester Strategy ("Stronger Together") recognises the scale of fuel poverty across the city region and underlines the importance of improving both existing and new housing stock through energy efficiency measures. Through the Greater Manchester Community Budgets Pilot a programme to tackle fuel poverty is also being tested in Oldham. This involves an investment agreement between partners channelling £200,000 into preventative measures. Detailed analysis by SmartGreen has also made recommendations about the potential future strategic approach to fuel poverty in Greater Manchester.

3.2 The Greater Manchester Low Carbon Hub has a priority to reduce fuel poverty through retrofitting existing homes with energy efficient measures and behaviour change. Historically, Greater Manchester-wide schemes focused on fuel poverty and energy efficiency have been successful in ensuring the delivery of a baseline offer of insulation, boiler replacement and energy switching and behaviour-change advice to residents in Greater Manchester. However, these programmes have been reliant on Government funding, which has ceased, and now the emphasis is to work with private sector energy companies, which have an obligation to assist vulnerable households although this tends to be restrictive and cannot deliver at the same scale as when Government funding was available.

3.3 The Greater Manchester Population Health Plan 2017 – 2021 notes the substantial health benefits associated with improvements to housing conditions. For example, cavity wall insulation can deliver improvements equating to a health saving of £969. The Plan describes a programme of work to help facilitate the roll-out, testing and evaluation of an approach to tackling issues around poor-quality housing based on the work already taking place across the conurbation. In particular, the Plan describes the opportunity for developing a Greater Manchester Home Improvement Agency (HIA) model. This would build on existing models in operation and would ensure that all districts are able to provide a basic offer to all older and disabled residents across Greater Manchester, while also providing a single access point for health and social care professionals to refer into. It is envisaged that the model would include a core service together with a menu of options that localities can adopt/commission. The intention is to include fuel poverty / energy efficiency measures within the scope of the service.

3.4 The Manchester Family Poverty Strategy 2017-2022 highlights the specific impacts of fuel poverty on the health and wellbeing of children in Manchester. These impacts include low weight gain in infants under three years old, increased likelihood of presenting to health services and hospitals in the child's first three years of life, increased likelihood of children experiencing symptoms of respiratory problems and developing asthma, increased risk of multiple mental health problems and risk-taking behaviour in young people. More broadly, the effects of fuel poverty can also result in children not having breakfast before school or warm healthy meals later in the day,

not being able to shower or have their clothes washed properly, being unable to concentrate on homework in a cold home and therefore falling behind and being bullied by other children.

4. Good examples from elsewhere

4.1 The key elements in determining whether a household is fuel poor or not are income, fuel prices and fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household). National data suggests that there is a correlation between unemployment and fuel poverty but, although being unemployed increases the risk of being fuel poor, the depth of fuel poverty within this group is the lowest. Rising fuel prices have also been an influential factor for many years, with the Hills Review estimating that fuel poor households experience average costs of nearly £600 a year more than better-off households with typical costs.

4.2 There is also evidence that fuel poverty is more likely to affect those living in the private rented sector (the Decent Homes standard has accelerated improvements in energy efficiency in social housing) and those living in older, in particular pre-war, properties. Single person households are particularly likely to experience fuel poverty. Whilst communities of interest and vulnerable groups are likely to be particularly at risk of fuel poverty, national modelling of fuel poverty data makes it difficult to monitor the impact on equalities locally.

4.3 In March 2015, NICE published guidelines on excess winter deaths and illness and the health risks associated with cold homes. The guideline includes recommendations on the following areas:

- developing a strategy for people living in cold homes
- identifying people at risk from cold homes
- training practitioners to help people with cold homes
- raising awareness of how to keep warm at home
- ensuring buildings meet required standards

4.4 In June 2016, NICE published a set of quality standards for preventing excess winter deaths and illness associated with cold homes. These consist of 6 statements which together describe high-priority areas for quality improvement in this area of work:

- Statement 1: Local populations who are vulnerable to the health problems associated with a cold home are identified through year-round planning by local health and social care commissioners and providers.
- Statement 2: Local health and social care commissioners and providers share data to identify people who are vulnerable to the health problems associated with a cold home.
- Statement 3: People who are vulnerable to the health problems associated with a cold home receive tailored support with help from a local single point of contact health and housing referral service.

- Statement 4: People who are vulnerable to the health problems associated with a cold home are asked at least once a year whether they have difficulty keeping warm at home by their primary or community healthcare or home care practitioners.
- Statement 5: Hospitals, mental health services and social care services identify people who are vulnerable to health problems associated with a cold home as part of the admission process.
- Statement 6: People who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough.

4.5 In December 2014, the Department for Energy and Climate Change (DECC) commissioned National Energy Action 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 resulting catalogue of fuel-poverty schemes contains survey responses and interviews from around 75 schemes (including schemes in Oldham, Bolton, Wigan and Manchester) along with details of any health referral systems used to identify and target households with health problems and their funding sources. The Department for Business, Energy and Industrial Strategy (the successor to DECC) has recently commissioned Liverpool City Council to update the catalogue.

4.6 Information from other parts of Greater Manchester, notably Wigan and Oldham, provides evidence on local interventions that have been shown to work in terms of reducing fuel poverty. The Warm Homes Oldham scheme is a partnership between Oldham CCG, the Oldham Housing Investment Partnership and Oldham Council which was set up to offer comprehensive advice and support to local residents who are struggling to pay their bills and heat their homes. A review of the benefits of the scheme carried out by Sheffield Hallam University found evidence of significant improvements in general health and wellbeing, life satisfaction and the condition of homes. The study also identified significant savings on NHS budgets resulting from reduced GP and hospital visits, counselling and medication, as well as increases in GDP due to higher employment rates and reductions in sickness absence, along with savings to the exchequer due to reductions in benefit claims. A full version of the report can be found at the Sheffield Hallam University website.

4.7 A series of options (differentiated by reducing cost) to produce a single-point-of-contact health and housing referral service similar to that implemented in Oldham have been developed for further consideration across Greater Manchester.

4.8 A street by street External Wall Insulation scheme delivered by Wigan Council in areas with high levels of multiple deprivation and fuel poverty was successful in helping to improve home energy efficiency and reduce fuel poverty and also brought additional benefits in terms of improving the quality of people's home life, improving

the appearance of their homes (and hence their community area) and reducing invasive noise levels.

5. What are we currently doing in Manchester

5.1 The Government has placed a responsibility on local authorities to assess the needs of their residents and to act as catalysts for change in local areas. The Manchester Strategy 2016-2025 ('Our Manchester') sets out the commitment of the city council and its partners across the city to 'taking residents out of fuel poverty, through energy efficiency measures and reducing energy bills', specifically, by improving the energy-efficiency of existing homes, building new homes to the highest standards and locally generating increasing levels of affordable, low and zero-carbon energy.

5.2 Manchester City Council is also an active participant in the work that is going on to adopt a more strategic approach to addressing fuel poverty across Greater Manchester. This work is being coordinated by the Greater Manchester Combined Authority (GMCA) and includes a range of schemes in relation to health and wellbeing, climate change and housing, underpinned by a clear and shared understanding of the expectations of each of the local authorities in the city region.

5.3 The Home Energy Conservation Act (1995) recognises local authorities' ability to use their position to improve the energy efficiency of all residential accommodation. All 326 local authorities in England have a statutory obligation to report to the Secretary of State on progress in their area to improve energy efficiency in residential accommodation. The Greater Manchester Home Energy Conservation Act (HECA) Report 2017-2019 sets out the energy conservation measures which will be delivered, the measures are what we consider practicable, cost-effective and likely to result in significant improvements in the energy efficiency of residential accommodation. The report has been produced in partnership with the Association of Greater Manchester Authorities (AGMA) to ensure a consistent and comparable approach across Greater Manchester.

5.4 Each of the 10 Local Authorities in Greater Manchester have produced an Annex to the Greater Manchester report detailing specific actions in their local areas. Annex 2 describes the measures that Manchester City Council has taken to help achieve significant energy efficiency improvements of residential accommodation by taking advantage of the financial assistance and other benefits offered from central government. These measures include:

- Working with partners to successfully deliver solid wall and internal insulation measures and provide new 'A' rated boilers and other soft measures by utilising Government funded schemes (including GD and ECO) to meet the needs of Manchester's residents and housing stock. The City Council is also supporting the delivery of Energy Company Obligation (ECO) scheme (2017-2019) across Greater Manchester by utilising flexible eligibility funds to assist fuel poor residents in need of heating and insulation for low income households and for low income households where one resident has long term ill health.

- Developing and implementing energy efficiency improvements in residential accommodation in a cost-effective manner by using area based/street by street roll out involving local communities and by working in partnership with charitable and voluntary organisations (such as Walking with the Wounded) and other local organisations, such as Registered Housing Providers, to ensure that residents are enabled to live in energy efficient properties.
- Providing support to households seeking to improve the energy efficiency of their home through the Home Energy Loan Plan (HELP) in partnership with Manchester's Home Improvement Agency. Residents are currently able to access an interest free loan of up to £10,000 for energy efficiency improvements works, such as solid wall insulation, new boilers and renewable technologies. Between 2000 and 2016, approximately £3,325,000 worth of loans were accessed by a total of 1,134 households. In addition to the HELP loan, Manchester City Council has a limited budget to provide Emergency Heating Grants to vulnerable home owners who are on low incomes and suffer from cold related illness. Since the fund was established in 2014, approximately £144,000 has been awarded to 62 householders.
- Supporting residents to access funding and support to improve the energy efficiency of their homes through the Citizen Advice Bureau (CAB). The CAB's Energy Advice Service is dedicated to helping combat fuel poverty and provides one-to-one advice and support to residents who are at risk of fuel poverty, dealing with fuel debt, including negotiation of affordable payment arrangements and grant applications to Charitable Trusts for arrears and essential household items.

5.5 The City Council is also committed to working with local and national partners to promote the Energy Company Obligation (ECO) scheme and other relevant government policy to achieve its ambitions. ECO aims to target those that require energy efficiency improvements using a 'whole house' approach. As part of this programme there is an Affordable Warmth Target aiming to deliver heating and insulation measures to the poorest and most vulnerable residents who are likely to be in fuel poverty. Eligibility for the scheme includes private or rented tenure and receipt of a qualifying benefit. ECO also provides insulation and heating measures to the most low-income and vulnerable households and insulation measures to low income communities. This programme of work is dependent upon the availability of ECO funding.

5.6 The Greater Manchester Combined Authority (GMCA) are working with the University of Manchester, who have recently been awarded a European Energy Poverty Observatory project (EPOV), to identify funding opportunities to assist fuel poor residents in Greater Manchester. There are also a number of examples of anchor institutions working collaboratively to address poverty. In 2014, 25 Housing Providers in Greater Manchester signed up to five pledges which set out how they will take forward the Greater Manchester Poverty Commission recommendations, including tackling food and fuel poverty.

5.7 To date, fuel poverty in Manchester has been tackled largely through national government programmes to support energy efficiency and carbon reduction in

domestic housing. Over the last 10-15 years, these programmes have ranged from funded installations of loft and cavity wall insulation through to financial mechanisms such as the Cold Weather Payment, Warm Homes Discount and Warm Front. However, the levels of funding behind these programmes is currently decreasing, which is impacting on both the scale of national programmes and the share for which Manchester is eligible.

5.8 Previously annual winter bids to the Department of Health's 'Warm Homes, Healthy People' programme aimed to protect individuals and communities from the effects of severe winter weather. This delivered a package of energy efficiency and heating improvements to the most vulnerable residents through a range of joint working with local organisations such as Care and Repair, Citizens Advice Bureau and MACC. In previous years, funds from this programme have totalled over £1million annually in Greater Manchester. There is no equivalent funding currently available from the Department of Health to address fuel poverty. Without such funding, the wider implications of the health impacts that fuel poverty causes cannot be addressed.

5.9 A number of other initiatives are being delivered in the city to address issues in relation to fuel poverty.

Green Doctor Service

5.10 The Green Doctor service is delivered by Groundwork in partnership with housing providers, utility companies or energy company. Green Doctors seek to provide independent, impartial advice in order to help people to make their homes warmer, cut fuel and water bills, reduce their carbon footprint and thereby make their homes more environmentally friendly and cheaper to run. The service offers home visits and provides advice on energy use, explain how to access grant support for improvements and give support on other environmental issues such as recycling, composting and water use.

5.11 The project specifically focuses on people who are vulnerable due to long term chronic health conditions made worse by living in an inadequately heated home. The project improves health and well-being by supporting vulnerable people to live in warm homes and reducing the stress caused by high fuel bills.

5.12 In 2014, Groundwork partnered with Southway Housing and Eastlands Homes to deliver a Green Doctor Service to residents at risk of fuel poverty and/or welfare reform. In one year the service supported over 450 households (70% of those targeted) and identified average annual cost savings of £284 per household. 90% of households acted on our recommendations.

Carbon Co-op

5.13 Carbon Co-op was established by a group of Greater Manchester residents in 2008 with the aim of working together at a community level in order to improve homes up to 2050 standards. Carbon Co-op exists to enable its members to make radical reductions in household carbon emissions and energy bills. It does this by taking a 'whole house', holistic view of the entire property and implementing packages of complimentary improvements to give far greater efficiency savings. Its target is to help its members reach the performance levels necessary to meet the

2050 carbon reduction targets (i.e. 17 kg CO₂/m²/a). As well as offering ongoing services to members, Carbon Co-op delivers a range of grant-funded or commissioned projects.

'Winter Warm'

5.14 Each year, Public Health Manchester supports the Age-Friendly Locality Networks across the city to arrange 'Winter Warm' events and messages. These local community events are designed to encourage older people to plan ahead for the winter and to keep healthy, safe and well during the colder months. In previous years, activities have included:

- Housing Provider organisations sharing relevant information with their respective tenants e.g. Southway Housing Trust have, in previous years PAT tested electric blankets and on occasion provided replacements.
- Promoting the offer from Care and Repair to provide free Energy Efficiency checks (followed up with support to change suppliers if appropriate)
- Supporting Age UK deliver their national annual message to local communities.

5.15 Many of the Age Friendly Manchester projects across the city connect older people and as a consequence, older vulnerable people that we engage know better how to access information about keeping warm and keeping well.

5.16 The Manchester Health and Wellbeing Service ("buzz") is responsible for supporting and developing Age-friendly Locality Networks across Manchester and is facilitating the production of individual Age-friendly Action Plans. Each local plan includes the provision of two local seasonal campaigns, Spring into Summer and Winter Warm.

5.17 The Age Friendly Manchester team will support the delivery of future local Winter Warm events which will held in Neighbourhoods across the city. The events will be used to share local and national messages and campaigns including wider campaigns such as the NHS "Stay Well This Winter" message and the Greater Manchester Fire and Rescue Service "Safe4Winter" campaign.

6. Further opportunities for action

6.1 There are a number of gaps within services in Manchester that need to be addressed. In particular, current services are targeted towards the most deprived wards in the city. The government's new definition of fuel poverty provides new evidence regarding the pockets of the city which are most at risk, and future programmes need to ensure that households in all of the worst affected areas are targeted.

6.2 Resources need to be invested to deliver services that take a holistic approach to the causes and effects of living in fuel poverty. Currently, there is a shortfall with funding only available to support a small proportion of the affected households in Manchester. In the current economic climate households are under increasing financial pressure which, combined with the impacts of welfare reform

changes, is likely to drive more households into fuel poverty over the coming months and years, increasing the demand on services. Manchester is currently dependent on the availability of national funding streams to finance programmes to tackle fuel poverty, and there is a lack of certainty about funding in the longer term.

6.3 The closure of the AWARM programme (this ended in March 2012) means that there is no comprehensive system of referrals for fuel poverty, and resources are no longer available to provide training on fuel poverty across front line services at scale. GPs and other health professionals state a mixed awareness of fuel poverty and also competing referral priorities (such as treatment of cardiovascular illness taking priority over addressing the underlying cause of fuel poverty).

6.4 Consideration is currently being given to rolling out the model adopted by the Warm Homes Oldham scheme across other GM authorities.

6.5 Further work is required to ensure that fuel poverty is jointly owned across all key services including Health, Social Care, Housing and Environment. The Public Health Outcomes Framework includes a target around fuel poverty, but further dialogue is required to ensure that all relevant services are connected to this target. Further connections could also be made between work on fuel poverty and Greater Manchester's public service reform programme. Currently fuel poverty is only addressed directly within one of the city's Strategic Regeneration Frameworks (East Manchester). There are no voluntary and community organisations specifically dedicated to alleviating fuel poverty in Manchester.

6.6 Further analysis could be undertaken to explore a number of gaps in the evidence base.

- National data is available on the relationship between fuel poverty and household energy efficiency (SAP rating), existing insulation measures, size of property, economic activity, household composition, energy cost payment methods, and age of occupants. However, this data is not available at a sub-regional level.
- There is an acknowledged link between fuel poverty and housing tenure, with many fuel poor households in the private rented sector. Further analysis could be undertaken about how this impacts on fuel poverty levels across the city.
- The new national indicator presents a different picture of fuel poverty across the city compared with the previous indicator. The overall rate across the city is lower, but the concentration of fuel poverty in some neighbourhoods is starker and some wards have a higher number of households affected under the new definition. Further analysis into the implications of the new measure could also therefore be undertaken.

6.7 Consideration should be given to developing a methodology for showing the cost saving to the NHS when the Council has taken enforcement action to remedy a hazard identified under the Housing Health and Safety Rating System (HHSRS). Taking this work forward would include discussion and implementation of more effective referral pathways to Neighbourhood Delivery Teams and to the Greater Manchester Energy Advice Service for energy efficiency measures.

6.8 There is a limited amount of evidence available relating to the impacts of previous programmes to provide energy efficiency measures including both the longer term impact and views of users.

Appendix: Sub-regional fuel poverty data by ward, 2015

Ward Name	Estimated number of households	Estimated number of fuel poor households	Proportion of households fuel poor (%)
Ancoats and Clayton	6,701	904	13.5%
Ardwick	7,963	1,270	15.9%
Baguley	7,540	864	11.5%
Bradford	7,388	935	12.7%
Brooklands	5,486	574	10.5%
Burnage	5,903	863	14.6%
Charlestown	6,542	769	11.8%
Cheetham	8,268	1,396	16.9%
Chorlton	7,021	901	12.8%
Chorlton Park	6,488	898	13.8%
City Centre	9,368	858	9.2%
Crumpsall	6,256	1,025	16.4%
Didsbury East	5,029	499	9.9%
Didsbury West	6,474	790	12.2%
Fallowfield	5,299	1,133	21.4%
Gorton North	6,557	1,200	18.3%
Gorton South	6,591	1,464	22.2%
Harpurhey	7,857	1,180	15.0%
Higher Blackley	6,016	815	13.5%
Hulme	6,877	691	10.0%
Levenshulme	5,777	1,241	21.5%
Longsight	4,654	1,176	25.3%
Miles Platting and Newton Heath	6,916	921	13.3%
Moss Side	6,612	1,422	21.5%
Moston	6,859	945	13.8%
Northenden	6,624	889	13.4%
Old Moat	6,301	1,201	19.1%
Rusholme	5,051	1,205	23.9%
Sharston	6,689	901	13.5%
Whalley Range	6,296	989	15.7%
Withington	4,831	1,178	24.4%
Woodhouse Park	6,694	842	12.6%