1. **Purpose**

1.1 This report summarises the evaluation of the 2012/13 Lewisham Warm Homes Healthy People project.

2. **Recommendation/s**

2.1 Members of the Health and Wellbeing Board are recommended to note the contents of the report and invited to comment on future plans for work to respond to fuel poverty and excess winter deaths, set out in section 6 below.

3. **Policy Context**

3.1 The contents of this report are consistent with the Council's policy framework and in particular the corporate priorities ‘Active, healthy citizens’; ‘Caring for adults and older people’; ‘Inspiring efficiency, effectiveness and equity’. The report also supports the achievements of the Sustainable Community Strategy policy objective ‘Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being.’ Lewisham’s Annual Public Health Report identified fuel poverty as an important social determinant of health.

3.2 In November 2012 Lewisham Council signed up the End Fuel Poverty Coalition’s Local Authority Fuel Poverty Commitment¹, pledging to:

- Ensure we understand the extent of fuel poverty in our area, its impact on health, housing and quality of life, and to take action to address it
- Ensure that Lewisham’s Joint Strategic Needs Assessment informs strategies to tackle fuel poverty
- Work with partners such as Health and Wellbeing Boards and advice services to develop effective referral systems to reduce fuel poverty and cold-related ill health

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• Develop a strategic approach to improving energy efficiency in all housing and fulfil its potential to create jobs and prosperity in our local communities

• Work with energy companies and related organisations to help make sure the Green Deal, Energy Company Obligation (ECO) and other energy efficiency programmes are delivered effectively in the borough

• Administer the benefits we are responsible for efficiently and fairly, and help make sure eligible households receive the benefits to which they are entitled

• Explore ways of reducing fuel poverty that involve the whole community, including community groups and town and parish councils

3.3 The Marmot Review into health inequalities in England was published in February 2010² and included a comprehensive overview of the evidence linking fuel poverty-related factors to poor physical and mental health, as well as the effect of interventions to mitigate them.

3.4 The Hills Fuel Poverty Review was published in March 2012³ and produced a series of recommendations on how fuel poverty should be understood, measured and the effectiveness of policy approaches to reducing it.

3.5 The Warm Homes and Energy Conservation Act 2000 (WHECA)⁴ and the Energy Act (2010)⁵ define fuel poverty as: “a person is to be regarded as living “in fuel poverty” if [s]he is a member of a household living on a lower income in a home which cannot be kept warm at reasonable cost.” Following the Hills Review, DECC has consulted on redefining the way fuel poverty is measured, including taking account of housing costs.

3.6 The Department of Health (DH) annual Cold Weather Plan for England⁶ sets out advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather.

3.7 Wider DH measures alongside the Cold Weather Plan includes the flu vaccination programme, advice for the public on staying healthy in cold weather and two rounds of £20m funding under the Warm Homes Healthy People fund in 2011/12 and 2012/13. The aim of the Warm Homes Healthy People fund is to support local authorities in winter to reduce the levels of deaths and morbidity in their area due to vulnerable people living in cold housing in partnership with their local community and voluntary sector and statutory organisations.

⁴ http://www.legislation.gov.uk/ukpga/2000/31/section/2
⁶ http://www.dh.gov.uk/health/2012/10/cwp-2012/
3.8 Lewisham’s Annual Public Health Report describes the health impacts on cold housing including respiratory symptoms in children, mental health, circulatory and respiratory disease and excess winter deaths and cites a number of sources of evidence describing the affect living in cold housing has on illness and mental health.

4. **Summary of the 2012/13 Warm Homes Healthy People project**

4.1 Lewisham’s Warm Homes Healthy People (WHHP) project was created as a result of the Department of Health’s WHHP Fund 2012/13 and drew on previous work in the borough and good practice elsewhere. The project was led by the Council’s Sustainable Resources Group and was delivered in partnership with a range of public, private and community sector organisations.

4.2 The project provided help to residents vulnerable to the effects of living in cold housing, and sought to develop longer-term resilience to fuel poverty across the borough. To do this the project worked across four inter-related strands:

- **People**: a tailored package of support for residents identified as potentially at risk from the cold, including practical advice on keeping warm, income maximisation, a *winter warm* pack, warming foods, advice on switching to lower energy prices and access to volunteer and befriending services.
- **Homes**: funding and installation of insulation; heating upgrades and repairs; draught proofing and emergency heating.
- **Communities**: funding and support for community-led events raising awareness; and delivery of large parts of the programme by local voluntary and community sector organisations.
- **Joining-up local services**: a multi-agency approach to referrals and delivery that included training for local frontline staff across social services, health and housing teams as well as for community and voluntary organisations.

4.3 The project ran from November 2012 to March 2013 and received £105,628 from the Department of Health’s WHHP fund 12/13.

4.4 The headline achievements of the 12/13 project were:

- A total of 408 referrals received from 34 different organisations working with residents likely to be vulnerable to fuel poverty and cold weather
- A ‘joined up’ offer linking to 13 different support services
- 100% of residents receiving services from the project rated the experience as ‘Excellent’ or ‘Very good’
- 319 vulnerable households received a home energy visit and *winter warm* pack

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7 Results from a telephone sample of 30 residents receiving the WHHP project
• 246 vulnerable households were added to the Priority Services Register providing additional safeguards on utilities contracts (such as priority reconnection during a power cut)
• 160 vulnerable households received benefits and welfare advice with an estimated £97,000 a year additional income from benefits
• 49 vulnerable households received a fire safety check and smoke alarm
• 21 help at home visits from Age UK
• 19 vulnerable households received heating improvements and/or insulation, bringing in £24,000 external funding
• 13 people were registered for the local Age UK befriending scheme
• 600 people attended 14 events run by our community partners
• 2,500 residents received an information sheet on keeping warm
• Training for 160 front line professionals on fuel poverty and health awareness
• Winter resilience mapping of community organisations offering support to vulnerable residents

5. Key findings identified in the evaluation

5.1 The stop-start nature of one-off grant funding is a challenge, and it was frustrating to have to discourage referrals towards the end of March, when it was still cold, to prevent unbudgeted commitments in the next financial year.

5.2 A multi-agency approach was central to the way the project worked. Although time consuming to establish and maintain, the benefits included:
• Reduced administration through using the professional judgement of partners as the test of who received services rather than qualifying criteria and form filling
• Increased awareness and capacity in staff delivering activity related to fuel poverty leading to a more joined up approach to the needs of vulnerable residents
• Faster and extended reach into key target groups, particularly the elderly and residents with long-term health problems

5.3 Using small charities and community organisations as service providers has helped build capacity, knowledge and awareness across the local voluntary and community sector. There are however risks where delivery is reliant on a single individual.

5.4 There were a lower number of referrals from health professionals than expected, which may be partly due to ongoing changes across the local health sector. It was difficult to establish lines of communication with staff in the local NHS Trust.

8 Pre-welfare form calculation of benefits
5.5 Home visits were the most popular aspect of the project with recipients and the winter warm pack proved to be the most popular element of the home visit. Blankets were identified most frequently as the most valued element of the pack.

5.6 Age UK found it difficult to find an adequate supply of suitable volunteers for the befriending service, and there were more referrals than volunteers. There does appear to be an unmet need for this service, or similar, locally.

5.7 The energy switching element of the home visit only provided advice and many people needed far greater support to actually switch to a better tariff than could have been offered in the visit.

6. **Next steps**

6.1 A bid for £75,000 has been put forward for Lewisham Public Health Funding in 2013/14, which if successful will continue to enable the service to be maintained. The project will run on similar lines as previous years, but with a greater emphasis on fuel switching and development of the befriending element.

6.2 There would however be a clear benefit in providing funding for more than one year to allow a dedicated resource to support and develop the partnerships required to deliver a high quality service protecting the most vulnerable residents from the cold.

7. **Financial implications**

7.1 There are no financial implications arising as a direct result of this report. Any specific projects delivered and any costs arising in relation to work on fuel poverty and excess winter deaths will need to be agreed on a separate basis following corporate procedures and delegations.

8. **Legal implications**

8.1 There are no legal implications arising as a direct result of this report.

8.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

9. **Crime and Disorder Implications**

9.1 There are no crime and disorder implications arising as a result of this report.
10. **Equalities Implications**

10.1 The Warm Homes Healthy People project is targeted at residents vulnerable to the cold. This includes low income households, the elderly and people with long-term health problems. It is therefore considered that the impact of the project on equalities is positive. Delivery of the project includes local third sector organisations which is also expected to have a positive impact.

11. **Environmental Implications**

11.1 Improvements to the energy efficiency of homes through the project may be expected to have wider environmental benefits for example in reducing carbon emissions and improving air quality. Where energy efficiency improvements result in improved levels of heating then this impact may be neutral.

**Background Documents**

Lewisham Warm Homes Healthy People End Project Report 2012/13 (enclosed)

Report to the Shadow Health and Wellbeing Board 6 February 2013 “Fuel poverty and Excess Winter Deaths in Lewisham”

If there are any queries on this report please contact Martin O’Brien, Sustainable Resources Group Manager, Lewisham Council; 020 8314 6605; martin.o’brien@lewisham.gov.uk