



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Fuel Poverty and Affordable Warmth Strategy for Brighton & Hove**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 22<sup>nd</sup> November 2016.
- 1.3. Contact officer:  
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## **2. Summary**

- 2.1 As previously reported to the Health and Wellbeing Board in October 2015 a Fuel Poverty and Affordable Warmth Strategy for Brighton & Hove has been developed by the Housing and Public Health departments, in consultation with key partners in the city.
- 2.2 The strategy (attached as Appendix 1) has been developed in response to National Institute for Health and Care Excellence (NICE) guidance released in March 2015 entitled 'Excess winter deaths and morbidity and the health risks associated with cold homes' and the national fuel poverty strategy for England, 'Cutting



the cost of keeping warm'. The NICE guidelines propose that year round planning and action by multiple sectors is needed to reduce these risks and that Health & Wellbeing Boards are best placed to develop a 'strategy to address the health consequences of cold homes'.

### **3. Decisions, recommendations and any options**

- 3.1 That the Board note the content of this report.
- 3.2 That the Board approves the strategy attached at appendix 1 and the objectives outlined.

### **4. Relevant information**

- 4.1 Public Health England's 2015 Cold Weather Plan states that cold and winter weather have direct effects on the incidence of: heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression, reduced educational and employment attainment, and risk of carbon monoxide poisoning.
- 4.2 A wide range of people are vulnerable to the cold, including:
  - people with cardiovascular conditions
  - people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
  - people with mental health conditions
  - people with disabilities
  - older people (65 and older)
  - households with young children (from new-born to school age)
  - pregnant women
  - people on a low income.
- 4.3 The UK has a relatively high rate of Excess Winter Deaths (EWD), based on international comparisons that use this definition. The EWD Index expresses excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths. The number of EWD varies between years with an average of 25,000 in England each winter. The Brighton & Hove Joint Strategic Needs Assessment (JSNA) 2015 identifies the health risks of cold homes including winter deaths. For 2012-13 the EWD Index in Brighton & Hove was 19%, equivalent to 130 Excess Winter Deaths.

- 4.4 According to the World Health Organisation an estimated 40% of all EWD are attributable to inadequate housing. The majority of EWD occur in those aged 65+ with 93% of EWD in England occurring in this age group during 2012-2013.
- 4.5 The NICE guidelines make recommendations, with the aim to:
- Reduce preventable excess winter death rates
  - Improve health and wellbeing among vulnerable groups
  - Reduce pressure on health and social care services
  - Reduce fuel poverty and the risk of fuel debt or being disconnected from gas and electricity supplies
  - Improve the energy efficiency of homes.
- 4.6 A household is defined as being in fuel poverty if it;
- has an income below the poverty line (including if meeting its required energy bill would push it below the poverty line); and
  - has higher than average energy costs.
- 4.7 In Brighton & Hove the 2015 Housing Strategy aims to create 'Decent Warm & Healthy Homes' under the priority of improving housing quality; however the housing stock in Brighton & Hove presents a number of challenges to improving its energy efficiency. The 2008 House Condition Survey showed that the age profile of the total private housing stock differs from the average for England in that there is a substantially higher proportion of pre 1919 stock at 40% compared to the national average of 25%. Many private sector properties are labelled 'hard to treat' (e.g. those with solid walls) in relation to standard energy efficiency measures.
- 4.8 The 2011 census showed that the size of the private rented sector in Brighton & Hove has increased by 37% since 2001 with an extra 10,691 homes. Two out of every seven households in the city are now renting from a private landlord, with the city having the 9<sup>th</sup> largest private rented sector in England & Wales with a total of 34,081 private rented homes.
- 4.9 The factors outlined above can consequently impact on the ability of homeowners, landlords and tenants to improve the energy efficiency of properties and therefore on occupiers to live in warm and healthy homes. The most recent annual fuel poverty statistics report estimated that over 15,000 (12.3%) of the city households were estimated to be living in fuel poverty in 2014, higher than the average for the south east region (8.3%). The report also estimated that across England as a whole the level of fuel poverty is

considerably higher in the private rented sector (20% of all households in this tenure are estimated to be fuel poor). This tenure is associated with relatively poor energy efficiency ratings and relatively low incomes which are key drivers of fuel poverty.

- 4.10 To support the recommendations within the NICE guidelines and subsequent objectives in the draft strategy, along with partners across the city, we continue to look for possible funding streams to support and escalate work to support vulnerable householders across the city. A successful bid, co-ordinated by Brighton & Hove Citizens Advice Bureau, to the British Gas Energy Trust Warm Homes Fund 2015-16, secured £395,000 for work in this area throughout 2016. The Council supported this bid to ensure it fits with the strategic challenges and approach outlined within the strategy.
- 4.11 Further to the NICE recommendations, addressing energy inefficient housing and bringing homes up to a minimum standard of thermal efficiency would have the greatest impact on the most vulnerable households. The Council continues to explore options and different models for the delivery of investment into the city's housing, across all tenures. This includes the work we have carried out with partners in Your Energy Sussex and emerging models that enable the Council to lever in new investment outside of both the general fund and HRA capital investment programmes. Many private sector landlords in the city are keen to work with the council to increase investment in the local housing stock to improve quality; we will work closely with this group to explore the most effective way to achieve this.
- 4.12 The Public Health funded Warm Homes Healthy People Programme currently operates annually on a limited budget, addressing risks to the most vulnerable groups. Continuation of this programme will be subject to future budget allocation.
- 4.13 Cold homes pose a significant risk to vulnerable residents' health; this has an impact on people's lives, contributes to preventable winter deaths and creates significant pressure on a variety of services, including the NHS, which is estimated to spend £1.36bn every year treating illnesses caused by cold homes.
- 4.14 Consultation and feedback from residents and partners from previous projects and programmes has been used to inform the development of the draft strategy. A consultation workshop was held with key partners in January 2016, using knowledge and

experience from all sectors to inform the development of the strategy and ensure a good representation of community views. In addition some specific briefings and meetings have been carried out. A report on the consultation is attached as Appendix 2.

## 5. Important considerations and implications

### 5.1 Legal

The Housing & New Homes Committee has delegated power to discharge the council's functions in relation to the council's Housing Strategy. It is appropriate for the Committee to review the draft Fuel Poverty & Affordable Warmth Strategy as it supports the Housing Strategy.

The HWBB are asked to approve the strategy referred in the report. The report sets out that the strategy has been developed against the NICE guidelines referred to. Addressing the issues arising from fuel poverty identified in the report will assist the Council and other agencies to meet their statutory duties to a range of vulnerable people.

*Lawyer Consulted: Liz Woodley & Natasha Watson*  
*Date: 09.09.16*

### 5.2 Finance

A successful bid, co-ordinated by Brighton & Hove Citizens Advice Bureau, to the British Gas Energy Trust Warm Homes Fund 2015-16, secured £395,000 for work in this area throughout 2016. Any costs to the Council associated with implementing the Fuel Poverty and Affordable Warmth Strategy will be met from current Council budget resources although the Council, with its partner organisations, continues to look for possible funding streams to support and escalate work to support vulnerable householders across the city.

*Finance Officer Consulted: Monica Brooks*     *Date: 09/08/16*

### 5.3 Equalities

A full Equalities Impact Assessment has been carried out alongside the development of the Fuel Poverty & Affordable Warmth Strategy (attached at Appendix 3).

In 2013, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. However



people aged 75+ experienced the deepest levels of fuel poverty. The vast majority of EWD in England occur among those aged 65 or over. As in previous years in England and Wales, there were more excess winter deaths in females than in males in 2012-13.

Fuel poverty is a contributor to social and health inequalities. In 2013, all fuel poor households in England came from the bottom four income decile groups. Unemployed households in England have the highest rates of fuel poverty across all economic activity groups and lone parent households have consistently been more likely to be in fuel poverty. People who have a long term illness or disability are also more likely to be fuel poor than those who do not.

Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions. This is likely to vary across different groups, for example for people with language barriers (such as minority ethnic communities), and those who have limited social networks and connections with their local community, such as isolated older people and people with learning disabilities.

#### 5.4 Sustainability

The most effective way to tackle fuel poverty and address the issue of cold homes and impacts on health for the long term is to improve the energy efficiency of the city's homes. This also has the potential to reduce CO2 emissions from the city's housing, which currently makes up the largest proportion (42%) of the city's total emissions.

The aims and objectives of the strategy have a significant impact on improvements to the health and wellbeing of some of the city's most vulnerable residents.

#### 5.5 Health, social care, children's services and public health

Strategically addressing cold homes and fuel poverty in vulnerable groups will contribute to the prevention of ill health and excess winter deaths, reduce health and social inequalities, and improve wellbeing and quality of life. The importance of tackling fuel poverty is reflected by its inclusion in the Brighton & Hove Health and Wellbeing Strategy.

## 6 Supporting documents and information

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Appendix 1: Fuel Poverty & Affordable Warmth Strategy  
Appendix 2: Consultation Report  
Appendix 3: Equality Impact Assessment

