

**Environment and Regeneration Scrutiny Committee - 12 February 2015**

Minutes of the meeting of the Environment and Regeneration Scrutiny Committee held at Committee Room 5, Town Hall, Upper Street, N1 2UD on 12 February 2015 at 7.30 pm.

**Present:**            **Councillors:**            Court (Chair), Ward (Vice-Chair), Heather, Jeapes, Russell, Turan and Ward

**Councillor James Court in the Chair**

**34        APOLOGIES FOR ABSENCE (Item A1)**

None.

**35        DECLARATIONS OF SUBSTITUTE MEMBERS (Item A2)**

None.

**36        DECLARATIONS OF INTEREST (Item A3)**

None.

**37        MINUTES OF PREVIOUS MEETING (TO FOLLOW) (Item A4)**

**RESOLVED:**

That the signing of the minutes be deferred to the next meeting.

**38        PUBLIC QUESTIONS (Item A5)**

Questions from members of the public would be taken during the relevant items.

**39        CHAIR'S REPORT (Item A6)**

None.

**40        PLANNING COMMITTEE STRUCTURE SCRUTINY REVIEW - REPORT BACK (Item B1)**

Victoria Geoghegan, Head of Development Management and Building Control presented the report which updated members on progress on the recommendations of the Regeneration and Employment Review Committee. In the discussion the following points were made.

- The planning committee structure had moved from a geographical based structure to a centralised structure with a main committee and two sub-committees.
- The public address system in the Council Chamber was not perfect but if those speaking faced the audience and used their microphones, the system was adequate.
- It was suggested that email notifications to members had a subject title which alerted members to whether there were major or minor applications in their ward.
- Concern was raised about the length of notification emails. Victoria Geoghegan would look into whether the notification emails could be improved.
- For the last 3 years approximately 120 applications had been considered by the Planning Committee and Sub-Committees each year.
- The centralised planning committee structure had improved consistency in decision making.

**RESOLVED:**

- 1) That the report be noted.
- 2) That officers look into whether improvements could be made to the email notifications sent to members.

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**FUEL POVERTY SCRUTINY REVIEW - WITNESS EVIDENCE (Item B2)**

The committee heard witness evidence from Matilda Allen, Research Fellow, UCL Institute of Health Equity, Fiona Daly, Head of Sustainability, Barts Health NHS Trust and John Kolm-Murray, Seasonal Health and Affordable Warmth Coordinator.

In Matilda Allen's presentation on the Impact of Cold, Damp Homes on Health and Wellbeing – An Inequalities Focus and the discussion, the following points were made:

- Reducing health inequalities was a matter of fairness and social justice.
- Action on health inequalities required action across all of the social determinants of health.
- Action was required to promote sustainability and the fair distribution of health.
- Reducing health inequalities was vital for the economy and there was a cost associated with inaction.
- The Marmot Review, which was undertaken by Professor Sir Michael Marmot, had the following objectives: 1) To give every child the best start in life; 2) To enable all children, young people and adults to maximise their capabilities and have control over their lives; 3) To create fair employment and good work for all; 4) To ensure a healthy standard of living for all; 5) To create and develop healthy and sustainable places and communities; 6) To strengthen the role and impact of ill-health provision.
- The physical impacts of cold, damp and fuel poverty included respiratory problems, circulatory problems and mortality.
- Visits to GPs for respiratory tract infections increased by up to 19% for every 1 degree drop in temperatures below 5°C.
- Children living in cold homes were more than twice as likely to suffer respiratory problems than those in warm homes.
- Deaths from cardiovascular disease in England were 22.9% higher in winter months.
- Excess winter deaths were almost three times higher in the coldest quarter than in the warmest.
- The mental health impacts of cold, damp and fuel poverty included anxiety, depression and other mental ill-health.
- Energy efficiency improvements had been shown to decrease stress, mental illness and improve happiness.
- Those with bedroom temperatures of 21°C were less likely to experience depression and anxiety than those whose bedrooms were 15°C.
- 28% of young people who lacked affordable warmth had four or more negative mental health symptoms, compared to 4% of young people who had always lived in warm homes. Young people were at a vulnerable age and hormones and studying created stress which could be exacerbated by a lack of affordable warmth.
- Cold, damp and fuel poverty affected babies weight gain and development, absence from work, children's educational attainment, emotional wellbeing and resilience and family dietary opportunities and choices which all had health impacts.
- 4% of households were damp. This varied from 10% in the private rented sector to 2% in owner occupied households.
- 8% of those in relative poverty had damp homes and 15% of those who lived in private rented homes were also in poverty.

- 40% of private renters reported experiencing poor insulation or excess cold in the last 12 months.
- There was increased risk amongst the elderly, children, unemployed and those with long term illnesses or disabilities.
- Those lower down the social gradient were more likely to be exposed to cold and damp homes.
- Cold, damp homes contributed to health inequalities.
- Improving the condition of homes or using other strategies e.g. installing energy efficiency measures to reduce the prevalence of cold and damp homes could improve health and reduce inequalities, as well as having other positive impacts.
- Homes within the private rented sector could be hard to improve. National regulation of private landlords could help.

In Fiona Daly's presentation on Tackling Fuel Poverty: Health Inequalities at Barts Health NHS Trust community and the discussion, the following points were made:

- Cold homes caused 27,000 excess winter deaths in the UK each year.
- 330 people died from cold homes in Tower Hamlets in 2012. The Committee could be provided with the excess winter death figure for Islington.  
[Post meeting note: John Kolm-Murray advised that the 330 deaths in Tower Hamlets appeared to be the total number of deaths over the winter. The usual metric was excess winter deaths, taken as the number or rate of additional deaths in the winter months (December to March) compared to the rest of the year. Comparative figures for the two boroughs were:  
2011/12: Tower Hamlets – 20 excess winter deaths, or 5.0%; Islington – 50 excess winter deaths or 14.3%  
2012/13: Tower Hamlets – 70 excess winter deaths, or 20.9%; Islington – 70 excess winter deaths, or 20.9%. Deaths in Islington were equal to or higher than those for Tower Hamlets over these two winters. Taking a five year average, which was typical for small area statistics, Islington's rate was higher, although not dramatically.]
- The cost to the NHS of excess winter deaths was £850m per annum. This figure did not include secondary illnesses such as pneumonia, mental health problems and respiratory disease.
- Social inequalities affected attainment at school.
- For every £1 spent heating homes saved the NHS 42p.
- Funding was an issue.
- Live Warm, Live Well was a partnership project set up by Barts Health NHS Trust, British Gas and delivery partner Global Action Plan. Its aim was to reduce fuel poverty and health and social inequalities in 250 homes in Tower Hamlets. As part of the project health professionals within the six hospitals in Tower Hamlets were engaged as were GPs within the health community and national support groups within the wider community.
- In the trial, information was provided to 15,000 patients. 14,000 leaflets had been distributed, 200 posters had been displayed, visual display screens had been used and 10,200 appointment letters had been sent. 43 health professionals and 2 local GPs had been trained. There had been 90 referrals directly through the scheme. There had been a 43% increase in referrals following training. The trial had cost £20,000 and there was currently no funding to expand the scheme. The Committee could be provided with a breakdown of the costs of the project by intervention.
- Cleaner Air for East London was an air quality programme which aimed to reduce community based emissions. 577 packs had been sent to 44 clinicians, patients had been given postcards containing tips, 1,200 patients had been engaged and an engagement video had been created. The project enhanced the value of contracts with £1.32m going back into community projects and fuel poverty was a key project.

- There were examples of good work around the UK and a coordinated approach worked best. Fiona Daly was willing to help if the council was interested in undertaking a project.
- There was a district heating project in Camden and the local authority and NHS worked together on this.
- Blackburn and Darwin Council's public health team had undertaken work to address fuel poverty.
- Councils could encourage public health teams to take steps to address fuel poverty.

In John Kolm-Murray's presentation on Linking Affordable Warmth and Seasonal Health and the discussion, the following points were made:

- In Islington, there were 50 excess winter deaths each year on average between 2007 and 2012. There were approximately seven excess winter emergency hospital admissions per death. There were high rates of respiratory illness, over 20% fuel poverty (GLA definition). Islington was the 14<sup>th</sup> most deprived local authority area in England and had mostly older housing stock which was hard to insulate.
- Social isolation increased seasonal mortality.
- The cost to the NHS of a fall and hip replacement was approximately £20,000.
- Children under five years old were at particular risk of developing respiratory conditions from living in cold and damp conditions. One in nine children in Islington suffered from asthma.
- Seasonal health and affordable warmth work was undertaken locally. There was a strong emphasis on year-round work and prevention as well as reaction.
- The council worked with local teams and organisations to raise cold weather issues.
- Winter outreach work was undertaken with third sector partners.
- Cold weather alerts were disseminated through existing channels and partners.
- The Seasonal Health Interventions Network (SHINE) was launched in 2010. It brought together a wide range of interventions and was set up following the harsh winter of 2008/09. The Health Inequalities National Support Team visited in 2009 and produced guidance on reducing seasonal excess deaths and a new Seasonal Health and Affordable Warmth Strategy was published in December 2010.
- There were many possible seasonal health interventions.
- To date, there had been 8,370 referrals to SHINE. In 2014/15 there had been 2,220 so far.
- There had been almost 38,000 seasonal health interventions to date.
- There were 132 partner teams across 86 organisations.
- Approximately £1.3million was being saved on energy bills annually.
- SHINE had been successful in targeting the right groups. Almost all the clients referred were older, disabled, long-term ill or were low income families with children.
- The model had been adopted by Hackney, Lewisham, Wandsworth and Norwich.
- 2,400 households had signed up to the Warm Home Discount Campaign since November 2013. This was a government scheme which offered those who met certain criteria and applied for the scheme, £140 off their electricity bill.
- Emergency prepayment meter top ups were introduced in 2013. These were low cost, effective intervention. Those requiring them could be assessed to see how they could be helped in other ways when they were provided with the top ups.
- Referrals were received from acute and community teams at the Whittington and UCL hospitals. Public health and NHS Reablement funds supported development. There were escalated referrals for respiratory illness sufferers. The health service was involved in the Prevention and Early Intervention Programme.
- The Locality Multi-Disciplinary Team assessed those in the borough with the most complex needs.
- GP mailing pilots were undertaken in 2014.

- The Evidence Hub was a partnership between the local NHS and Islington Council that brought together information held across different organisations into one accessible place. It provided access to evidence, intelligence and data on the current and anticipated needs of the Islington population
- Fuel poverty rarely occurred as an isolated problem.
- Excess seasonal mortality and morbidity had a number of causes and therefore required a multi-disciplinary approach.
- Health and social care professionals were often receptive to discussing the wider determinants of health, not just fuel poverty.
- Signposting people to services was not effective when dealing with vulnerable people as they were unlikely to contact the service. Therefore this was avoided and people were instead walked through the process.
- The Seasonal Health and Affordable Warmth Team was facing a restructure.
- The council had put in a bid for Better Care Fund funding.
- Including Fuel Poverty in the Joint Health and Wellbeing Strategy would aid with Fuel Poverty work as would greater integration into care pathways and integrated responses with housing.
- A SHINE-type model could be rolled out across London but would face cross-boundary challenges.
- Forthcoming National Institute for Health and Care Excellence (NICE) guidelines would strengthen the case of fuel poverty interventions and Islington was influential in the development of these.
- SHINE had won awards from National Energy Action, the European Commission, iESE and the Energy Institute. It had also received recognition by the OECD, Energy Action Scotland, HNS/PHE Sustainable Development Unit and the Cabinet Office.
- Using the government definition of fuel poverty gave a figure of 9% fuel poverty in Islington. However, the actual figure was at least twice this.
- Concern was raised about design problems on the Andover Estate and it was suggested that if these were not addressed, there would be negative outcomes for people's health. John Kolm-Murray advised that the council was investing in the Andover and Girdlestone Estate. In addition, residents were being educated about steps they could take to minimise problems.
- As the scrutiny review was related to housing, Councillor Murray, Executive Member for Housing and Development and housing officers could be invited to attend a meeting.
- There was a need to ensure that Housing and Public Health realised the benefits of addressing fuel poverty and its related issues.
- A member of the public asked whether overpayments would be paid back to tenants in communally heated blocks. The Chair advised that officers would be reporting back to the committee on 16 March. The tenant could submit the question in advance of the meeting and it would be forwarded to the relevant officer.
- Concern was raised about Green Deal Finance and whether housing benefit was being paid for poor quality homes. This could be considered as part of the scrutiny review.

**RESOLVED:**

- (1) That the evidence be noted.
- (2) That the Committee be provided with the excess winter deaths figure for Islington.
- (3) That the Committee be provided with a breakdown of the costs of the Live Warm, Live Well project by intervention.
- (4) That Councillor Murray and Housing Officers be invited to attend a meeting.
- (5) That Green Deal Finance and whether housing benefit was being paid for poor quality homes be considered at a future meeting.

**COMMUNITY ENERGY SCRUTINY REVIEW - WITNESS EVIDENCE (Item B3)**

The Committee heard evidence from Reg Platt, Senior Partnerships Manager, OVO Energy.

In Reg's presentation and the discussion the following points were made:

- OVO was an independent energy supplier which was launched in 2009 and had 440,000 customers. It aimed to have 1 million customers by 2017. It was the 10<sup>th</sup> fastest growing company in the UK.
- OVO's mission was to be the UK's most trusted energy supplier. It had a high customer satisfaction level, offered competitive pricing and had won a number of awards.
- The energy supply market was transforming. In 1997 the 'Big Six' energy suppliers shared almost 100% of the market, In Autumn 2014, independent suppliers had a 9% market share and the Citibank prediction was for independent suppliers to have a 30% share of the market by 2020.
- Councils could use collective switching to reduce energy bills in their borough.
- If local councils became energy suppliers this could ensure people and businesses paid a fair price for their energy; it could integrate with other energy activities (e.g. energy efficiency, renewable generation and community energy) and maximise their value and it could be self-financing and potentially income generating.
- This model was independent from national policy and was strongly supported by government.
- Approximately two thirds of households did not switch and often overpaid significantly when compared with the cheapest prices. Many of these householders were on low incomes and were vulnerable and often they did not switch as they had a mistrust of energy companies and/or did not know how to switch. Local authorities could reach these customers because they were trusted and could engage people through unique channels.
- Many Islington residents could save up to £300 by switching and customers who used prepayment meters could also save.
- Councils could become energy suppliers using OVO's supply licence and back office functions. OVO would act as a platform and councils could choose to migrate from the platform to have a full supply licence.
- OVO could provide a supply licence and provide services such as customer service and a billing service and the council's responsibilities would include setting the price, designing the tariff and acquiring customers. All customer facing services could be branded as council partner or co-branded.
- OVO services could be provided at cost plus a 3% margin and there would be no set up costs.
- This service was only available to councils, social housing providers and community groups.
- OVO planned to be at the forefront of the move to smart meters which provided better, real-time data, smarter homes and enabled more customer engagement as well as flexible payments. OVO would remove prepayment meters from those who signed up and were currently using them and replace these with smart meters. These could be used in a similar way to prepayment meters or could be topped up using a phone if the resident had set up a link to their bank account. If the person was a low credit risk, they could be moved onto a standard tariff.
- OVO helped support and supply local zero carbon power and reduce bills.
- OVO would launch one partnership per month from March 2015. The first partnerships would be with Cheshire East Council, Peterborough City Council and Southend-on-Sea. OVO had 300 potential partners, 150 of which were councils.
- In response to questions from members, Reg Platt advised that the lead in time would be two months, councils signed up for a five year contract and residents

signed up for one year. Energy companies could only offer four tariffs but Ofgem had given OVO an exemption so each partner could set its own four tariffs with one of these at a variable rate.

- Operational costs were fixed but the cost of energy fluctuated so the tariff could be changed at a tariff review meeting each month or could be changed less regularly i.e. up to every three months.
- Tariff options were discussed. Legal advice would need to be sought on whether there could be a subsidised tariff for vulnerable residents. It was possible that there could be a tariff for those willing to pay a premium to benefit the community.
- The energy supplied by energy companies contained on average 15% renewable energy. OVO's target was 30%.
- OVO had passed the Energy Companies Obligation threshold which meant it had to spend a certain amount of money on energy efficiency improvements which met certain criteria. It would spend this money with partners.
- If the council generated energy e.g. solar energy or CHP, this could be used in the supply of energy.
- Councils could register void properties to receive a council energy supply.
- The Committee asked about potential risks for the council. Reg Platt explained that OVO would manage debt collection and the liability of debt would sit with OVO. The cost of managing the debt would be included in the tariff.

**RESOLVED:**

That the evidence be noted.

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**WORK PROGRAMME (Item B4)**

**RESOLVED:**

That the work programme be noted.

The meeting ended at 10.15 pm

**CHAIR**