

# AFFORDABLE WARMTH AND HEALTH ACTION ZONES – A GOOD PRACTICE GUIDE

## Introduction

The 1998 'Independent Inquiry into Inequalities in Health' (Acheson Report), which was commissioned by the Department of Health, showed that much of the variation in the nation's health was linked to material deprivation, and specifically recommended, "policies to improve insulation and heating systems in new and existing buildings in order to reduce the prevalence of fuel poverty".

Poor quality housing stock causes fuel poverty. Cold, damp homes which are inadequately heated have repeatedly been linked to ill health and early deaths amongst the most vulnerable people in society. This link between energy inefficient housing and ill health is well documented. It causes and exacerbates a number of medical conditions including hypothermia, cardiovascular disease, respiratory illnesses - such as bronchitis - and childhood asthma. In addition, people living in cold and damp conditions tend to suffer more from a range of common illnesses such as colds and flu, with elderly people and young children being particularly at risk. Recent research on the link between energy inefficient homes and ill health has been reviewed in a paper by Melanie Henwood, *Fuel Poverty, Energy Efficiency and Health*, commissioned by the Eaga Charitable Trust in 1997. The report suggests that the cost to the NHS of energy inefficient housing could be as high as £1 billion per year. The report concludes:

"It is apparent that there is considerable evidence which provides both direct and indirect associations between cold homes and poor health. In addition to the small number of deaths which occur from hypothermia, are the many thousands of 'excess' winter deaths which occur each year in Britain. It is also apparent that the scale of this seasonal increase is not experienced in other countries which have similar, indeed, much colder winter climates. There is increasing evidence that exposure to external cold and to inadequately heated homes both play a part. Cold homes are also often damp homes, and there is further research evidence which links damp conditions to increased morbidity and mortality".

The Building Research Establishment has also studied the health impact of indoor pollutants, including house dust mites, which thrive in damp housing. It summarises the effects of indoor pollutants as follows:

*"The types of effects observed range from mild annoyance, through irritation of the eyes, respiratory tract or skin, changes in lung function or other physiological parameters, acute clinically recognised illness, development of chronic illness to sudden death. Individual susceptibility to pollutants varies widely and there are some sub-groups of the population, such as young children, people with asthmatic tendencies or the elderly, who are liable to be more vulnerable than others to adverse effects. Hence, in any one room or building only certain occupants may react to a given air quality."* (Raw and Hamilton, 1995).

A study by Peter Ambrose (1996) examined the health care costs associated with poor housing by undertaking a comparative study of two London Estates – one of which had been regenerated. He found a huge differential:

Unimproved housing health care cost	= £515 per year
Improved housing health care cost (GP and Hospital only)	= £72 per year

Although Ambrose accepted that the interface between housing standards, health status and other outcomes is a complex one, he states that fuel poverty is a 'vital' aspect of the problem.

An inter-departmental Government review of fuel poverty published by the Department of Environment, Transport and the Regions in 1999 ('Fuel Poverty: The New HEES - a programme for warmer, healthier homes') made a clear link between cold homes and poor health. It states "Typically 30,000 more people die in the winter in the UK than would be expected given the average death rate for the year ... it is much higher in the UK than in other countries, such as Scandinavia, where winter outdoor conditions are more severe but homes are more energy efficient". Subsequently the DETR made available additional funding through New HEES.\* This is being used to improve the heating and insulation of the homes of people in poor health or at risk of poor health and came into operation in June 2000. Focused on the private sector, the Government has placed particular emphasis on establishing referral networks with primary health workers, who are felt to be in an ideal position to refer vulnerable households for improvements. More recently, the DETR Consultation Paper published in February 2001 'The UK Fuel Poverty Strategy' outlines the Government's plans to eradicate fuel poverty for vulnerable householders and states "Fuel poverty can damage people's quality of life and health...the likelihood of ill health is increased by cold homes, with illnesses such as influenza, heart disease and strokes all exacerbated by the cold".

In addition, the establishment of Health Action Zones has provided health authorities with an opportunity to work in partnership with others and to develop policies and practices which tackle the health impact of fuel poverty.

**The purpose of this Good Practice Guide is to reduce cold and damp related illness by promoting good practice in achieving affordable warmth to Health Authorities and Local Authorities. The Guide is based on NEA's work within Health Action Zones and is intended to inform future initiatives by Health and Local Authorities.**

The Guide contains:

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\* New HEES is the Government's major grant scheme to fund energy efficiency measures for low-income households. A maximum grant of £1,000 is payable to households in receipt of a disability-related benefit or where a household with children is on a low income. In the case of householders aged over 60, and who receive a means-tested benefit, the maximum grant (New HEES plus) is £2,000. The budget for the Home Energy Efficiency Scheme over the four years to 2003-2004 totals £613 million.

- A detailed description of NEA's work in Nottingham, Newcastle, Leicester, Luton and the West Midlands
- Good practice on: partnership working, awareness raising, establishing and maintaining referral networks, training and support for health workers, specific roles of health authorities, primary care workers, local authorities and the voluntary sector
- Outline examples of innovation in this field
- Case studies, and ideas for future action
- A 'credit card' style insert for the guide which will contain KWKW helpline numbers - to be used by front line staff working in the health sector.

We hope that this will:

- Stimulate partnership working on affordable warmth issues between Health Authorities, Local Authorities, Directors of Social Services and other sectors
- Promote training and links with local referral networks to ensure vulnerable at risk households access energy efficiency grants and services
- Encourage the incorporation of affordable warmth strategies into mainstream Health Improvement Programmes and public health policy and action.

## **References**

Henwood, M (1997) *Fuel Poverty, Energy Efficiency and Health*, Eaga Charitable Trust, Keswick.

Raw and Hamilton (1995) *Building regulations and health*, BRE, Watford.

Ambrose P, et al; 1996: *The Real Cost of Poor Homes*, Royal Institution of Chartered Surveyors, London.

# Nottingham District Health Action Zone

## 1. Project Description

The NEA Nottingham Office began its relationship with Nottingham Health Authority (NHA) in 1998, with a successful bid for Health Initiatives Budget funding to undertake a small-scale longitudinal study on the health impact of energy efficiency and ventilation improvements in low-income households where severe asthma sufferers were present (The Nottingham Energy, Health and Housing Study - available from NEA). NEA's Senior Projects Officer was subsequently asked to speak at the Annual Conference of Nottingham Health Action Group (NHAG) - the multi-sector body established by the Health Authority which administered this grant programme. Here NEA established good relationships with key health personnel. This was critical to the future success of the partnership. NEA then took an active role within the voluntary sector sub-group of NHAG in organising a seminar on 'Energy Efficiency, Health and the Environment' attended by nearly one hundred professionals from health, housing and voluntary sector organisations. This, and a subsequent follow-up seminar in Spring 1999 resulted in a set of recommendations which established a policy agenda on affordable warmth issues for the Health Authority. Recommendations included:

- An assessment of training needs for the health sector
- The establishment of an inter-agency coordinating framework to link cold and damp related illness with targeting of housing improvements
- The identification of funding programmes in the health sector which could be used for energy efficiency projects
- The development of an energy and health promotional strategy and a campaigning/lobbying strategy

In April 1999, the Nottingham Health Authority district was confirmed as a Health Action Zone. As a result of the previous policy commitments made by NHA, 'Improving the Energy Efficiency of Homes' became one of 15 detailed goals for the HAZ, and a 'HAZ Affordable Warmth Workstream Steering Group' was established to implement this plan and adopt the above policy recommendations. This group is run by NHAG and NEA is a key member. The steering group includes representation from all local authorities in the Nottingham Health District, Nottingham Health Authority, primary care groups, health trusts and voluntary sector organisations. The group's objective is 'To improve the energy efficiency of homes in order to reduce fuel poverty and cold related illness' and targets for its first year included:

- identifying statutory and voluntary sector professionals to contribute to referral work
- identifying potential funding sources for affordable warmth initiatives

- developing good quality information and referral procedures
- training provision for key staff

With this in mind, the group supported Nottingham City Council's successful bid to the national HAZ Innovation Fund to establish a 'Healthy Housing Referral Project'. This initiative aims to provide a simple, effective referral system for energy services across the city. Aimed at fuel-poor households, in particular those at risk of cold and damp- related illnesses, the aim is to channel referrals through health professionals, social services staff and voluntary sector organisations. NEA was then successful in getting support from British Gas to develop and pilot a training course specifically for health professionals. Complementary to this NEA successfully applied a second time to the 'Health Initiatives Budget' to undertake this work in Nottingham. This was completed successfully and the half-day course 'Improving Health Through Warmer Homes' is now being offered by NEA as a national resource designed to be flexible enough to be relevant for different referral networks and mechanisms. The pilots have received very positive feedback from the participants who rated them very highly for course content, delivery, usefulness, and practicality. Sample comments include:

"Very interesting - well organised, flowed well & maintained interest. Good use of participation exercises"

"Great course - worthwhile information given at ground level"

"A very useful afternoon and very relevant to our work, thank you"

An information pack was given to all participants containing a wealth of local and national information and will act as a useful resource for health workers. Additional funding from Boots Charitable Trust and Powergen enabled us to produce accessible, attractive brochures with local information called 'How to be Warm and Healthy in your Home'. This was translated into eight community languages, and, it too, is a valuable resource for health workers who can leave them with their patients. The brochures have a handy thermometer on them, and anecdotal evidence suggests that this is encouraging people to keep the brochures and use the information when appropriate.

It is anticipated that this course will be delivered to all health professionals across the Nottingham HAZ area over the next three years, with support through the HAZ Innovation Fund. During 2000/2001, 230 professionals received training from NEA. The referral project is currently analysing the number of resulting referrals made by course participants.

Further funding was secured by NEA to design and distribute a referral brochure for the Nottingham Healthy Homes Project and a new project established to provide a similar service for the neighbouring boroughs. 'Keep the Great Outdoors Where It Belongs' was designed in consultation with all stakeholders and 10,000 copies have been distributed in hospitals and health centres across the district.

The Affordable Warmth Workstream Steering Group now has a budget to fund a variety of affordable warmth projects. An action plan for 2001/02 is being developed and includes:

- extensive consultation and a project planning exercise
- developing and running a multi-agency referral system
- training for health, social services and voluntary sector staff

Because of NEA's involvement in this Steering Group we were also able to have a direct input into NHA's Health Improvement Programme (HImP) action plan report for 2000/02, which incorporates the Affordable Warmth Workstream Steering Group objectives and action plans. As a result Nottingham Health Authority now has a high level commitment to tackle the health impact of fuel poverty and has policies in place to make this a reality.

## **2. Good Practice**

### **2.1 *Partnership working***

- Health Authorities are large, complex organisations. Voluntary agencies and others wishing to develop constructive partnerships need to gain an understanding of how they operate, to determine the most appropriate approach.
- Establishing good relationships with key personnel is essential. This may take time, but once established, can provide an invaluable way of establishing joint working, accessing funds and influencing policy.
- In designing services for primary care workers, it is essential that they are involved from the beginning and fully consulted to ensure the service is relevant, appropriate to their needs, and that staff are committed to its aims.
- Policy development in this field will be more successful if it identifies and is complementary to, existing policy initiatives across different sectors. An effective way of ensuring this occurs is therefore establishing multi-sector groups to lead the development process.

### **2.2 *Raising awareness***

- Information resources must be accessible and clear, and available in appropriate languages and formats. If possible, giving the resource an alternative function may extend its 'shelf life' and generate more interest

- Practical demonstration projects, such as the 'Nottingham Energy Efficiency, Health and Housing' study, can be very effective ways to raise awareness of the issues and generate interest
- Primary care workers already know through experience that there are strong links between the health of their patients and the condition of their patients' homes. However, they may not know how those links work, and more importantly, what can be done about it. Because of this, it is vital to communicate the potential benefits of energy efficiency for themselves and their patients.

### **2.3 *Establishment and support of referral networks***

- To be successful, a referral scheme must take account of the existing workloads, pressures and capacity of health professional to take on new duties
- The referral system needs to be simple and, if possible, built into existing procedures. Although health workers are in an ideal position to make referrals, they should not be expected to have comprehensive knowledge of the variety of available schemes or to check eligibility criteria
- The advantage of the Nottingham Healthy Housing Referral Project, is that the project provides a single point for all referrals and will be able to subsequently refer on for appropriate services

### **2.4 *Training and support for health workers***

- Developing and delivering training taught us a number of lessons. In Nottingham, initial discussions with key health staff influenced every aspect of the course including time, content, and venues.

## **3. Examples of Innovation**

- The design and development of a course specifically for health professionals
- The development of a 'one stop shop' approach for vulnerable households for all relevant energy efficiency schemes
- A true multi-sector group organising an energy efficiency seminar for both health and housing professionals
- Affordable Warmth being a key strategic objective for a HAZ and the Health Authority through its Health Improvement Programme
- A Health Authority funding a series of fuel poverty projects for its region

## **4. Case Study**

Mr. Singh was referred to the Nottingham Healthy Housing Referral Project by his District Nurse, who had attended NEA's training course some weeks previously. Mr. Singh had just been discharged from hospital following a heart by-pass operation. His flat, which he owned, relied on one gas fire and portable electric heaters for heating, and suffered from damp and mould growth, particularly in the bathroom and adjacent bedroom. Following referral to the project, he was referred to Eastern HEES, and discovered that he was eligible for a gas central heating system, and loft insulation. He was also referred to Age Concern who are the local Home Improvement Agency, and they will be fitting an extractor fan in his bathroom as well as some grab-rails and other measures which will enable him to stay in his home and be both warmer and safer.

## **5. Future Action**

- Continue training programme for health, social services and voluntary sector staff
- Work on integrating HAZ objectives into new Health Improvement Programme (HImP) targets
- Delivery of Community Health and Energy Awards Scheme, a unique programme of intensive support for voluntary sector organisations to enable them to deliver affordable warmth services – funded through HAZ

## Newcastle Health Action Zone

### 1. Project Description

NEA's HAZ-funded work in Newcastle has been delivered on behalf of Winteraction, a consortium of voluntary and statutory agencies, coordinated by NEA, aiming to reduce the ill health and suffering of older people in Newcastle caused by living in cold and damp homes. The HAZ project is called "Tackling cold-related illness through home energy improvements".

Winteraction was awarded a grant of £5,000 by the Newcastle HAZ for a pilot project in Newcastle during 1998/99 to test ideas for tackling cold-related illness and to suggest ways in which this work could be taken forward. NEA combined this funding with £4,000 from Transco and £1,000 from National Energy Services to carry out a number of health-related activities.

The recommendations to come out of this work were:

- A series of meetings were needed with service managers in the Health Trust and primary care groups to commence the development of a fuel poverty referral network and to identify training needs
- Presentations should be made to front line staff in health, social services and disability organisations to promote energy awareness and the availability of training
- Written energy efficiency information should be provided for health, disability and social care practitioners, including the provision of specially prepared, locally relevant information packs and detailed information for reference use
- A newsletter should be produced and circulated to targeted staff in health, housing, social services and voluntary organisations to keep information up to date
- A database of contacts should be established as a basis for the fuel poverty referral network
- Specialist training should be developed by NEA in conjunction with health professionals
- A pilot project should be developed with a GP surgery to promote energy awareness to staff and patients
- Winteraction should continue its training programme, targeting 200 voluntary sector care workers
- Liaison should be developed with the Newcastle Welfare Rights Service and other advice providers, and with disability groups.

Winteraction proposed to take forward these recommendations and was awarded £19,250 for 3 years from the HAZ to carry out this work programme. This was written into the HAZ implementation plan "A Fair Chance in Life: Tackling Inequalities in Newcastle". The plan lists 14 objectives to reduce health inequalities of which the Winteraction project is one. NEA will continue to lead delivery of the work programme.

The main activities for 1999/2000 were:

- Development of a fuel poverty referral network - the aim was to build up a network of individuals and agencies who will refer clients for energy efficiency grants and advice. Because of the complexity of grant schemes and services available, health professionals (and voluntary sector health workers) make a single call to the Winteraction helpline from where a coordinated response is organised. Clients' details may be kept on record so that they can be informed as relevant grant schemes become available. The network was successfully developed through a series of meetings with service managers and presentations to front-line staff. A database of contacts was built up (over 220 contacts at present) and they will be kept in touch with developments through a Winteraction newsletter and articles in health sector publications, including the HAZ newsletter. Liaison with Newcastle Welfare Rights Service will allow people to be referred between the two networks when appropriate.
- Provision of written energy efficiency information for health and social care practitioners was supplied to all GP surgeries and health centres in the city. A full colour poster summarises the connection between health and energy efficiency and gives the Winteraction phone number for advice and information.
- The Newcastle Project contributed to the development of a half-day energy awareness course for health professionals, funded by British Gas. The aim was to deliver this training to health professionals who visit patients in their homes - mainly health visitors and community psychiatric nurses. It proved very difficult to achieve in practice. It was difficult to get people to book onto the course, and then to ensure they attended on the day.
- Training sessions for 200 voluntary sector care workers - this was delivered by Newcastle Energy Centre for voluntary sector home care workers, advice workers and people connected with community health projects. This was very successful. An evaluation form asked attendees to outline how they would use the information. Comments included:

"I will refer information to carers, families and to colleagues"

"I will use it to check clients' homes"

"I will be able to point people in the right direction"

The work programme for 2000/01 developed the work of the previous year by:

- Extending the database to 247 contacts
- Distributing two further copies of the newsletter to the above
- Continuing presentations to front-line health workers and managers
- Providing training to 215 home care workers and others who visit people in their homes and are therefore in a position to assess needs and make referrals
- The production and distribution of a “Heating Advice Folder” to all doctors’ surgeries, clinics, advice centres, housing and social services offices with comprehensive information on energy services available to local residents.

The dedicated telephone helpline was maintained and saw increased use. Links with other agencies in the City led to onward referral from the helpline for general housing repairs, benefit checks etc as well as providing energy advice and accessing grants for householders.

A major part of the HAZ work programme for the second year was the production in association with the city council of an Affordable Warmth & Health Strategy for Newcastle. Called “Warm Homes, Healthy Lives” the Strategy is the result of the participation of over 100 local workers and residents in workshops. A conference was organised as part of the process to give participants the opportunity to hear about initiatives in other parts of the country. The health sector was well represented in the process and one of the key aims of the Strategy is to “develop services to ensure help reaches people in poor health”. The Health Authority will lead on this aim which has the following specific objectives:

- Develop a heating check for people being discharged from hospital and for post-cardiac patients
- Provide specialist support for the socially excluded, including those above benefit level but in fuel poverty
- GPs to provide energy efficiency on prescription
- Implement services for people with mental health problems and learning difficulties.

The Strategy will be presented to the Newcastle Health Partnership for ratification.

Additional activities are being developed by Winteraction with funding from Northern Electric, Northern Rock and other local charitable trusts to ensure that a comprehensive service is available throughout Newcastle, including:

- Peer Group Advisers Scheme - recruitment and training of older people (55-75) to carry out home visits for private sector householders to offer advice on

grants, heating controls, condensation etc. Referrals are taken from health visitors, amongst others.

- Winteraction Packs - information including "Keep Warm, Keep Well" booklet, local contacts sheet and hypothermia thermometer. Distributed to older people through home care workers, community nurses and by direct request.
- Dedicated telephone help line - single point of contact for health workers for advice and information including referrals for HEES and other grants.
- Future plans include:
  - website development with information for health visitors and older people including electronic referral mechanism. Possible links to doctors' surgery information points in the future.
  - Pilot project with front line health professionals to look at system changes - this pilot project will begin in the East End of Newcastle with the hope that it will spread to other areas during the coming year. The aim is to work closely with a group of front- line staff to identify the current barriers to the referral of clients for energy efficiency improvements. Through regular meetings and briefing sessions we will aim to discover:
    - I. whether energy efficiency is currently assessed by health workers
    - II. what are the main problems they come across in clients' homes
    - III. what would be the simplest system for them to refer clients
    - IV. whether help, through advice or grant-aided improvements has any positive health benefits for their clients.

For those in receipt of New HEES grants we will monitor the situation before, during and after work is carried out to see how this impacts on the householder. In the first instance we will look at housing assessments for elderly patients with mental health problems, to see if systems can be adapted to include affordable warmth in community care assessments.

## **2. Good Practice**

### **2.1 *Partnership working and integration of roles***

- Change takes time, patience and perseverance
- Health impacts on a number of disciplines and sectors. A cross-sectoral approach to service promotion and delivery will therefore be more likely to achieve desired results

- Policy development must also take account of systemic barriers to change. Intention and goodwill must be backed with procedural changes to allow effective delivery.

## **2.2 *Awareness raising***

- Awareness raising must be undertaken at all levels of policy and practice to create an enthusiastic, receptive culture across the organisation

## **2.3 *Establishment and support of referral networks***

- A central referral point should be developed which will identify potential grant funding for householders and provide onward referral to other agencies where required.
- Simple and effective tools should be developed for measuring the health gains of energy efficiency improvements

## **2.4 Training and support for health workers**

- The training for health workers was initially less successful in Newcastle and one explanation for this may be that key staff were not involved in developing the course, and therefore perhaps did not promote it as enthusiastically as in Nottingham.
- Energy awareness should be built into basic training for community nurses so that it is considered an essential component of health promotion rather than an “add-on extra”.

## **3. Examples of Innovation:**

- Delivery of training course for home care workers and others on the “fringes of health” but capable of identifying cold homes
- Development of database of health contacts who are kept updated on latest developments
- Involvement of health workers in development of Affordable Warmth Strategy
- Long-standing partnership of organisations (including health promotion) which has built up trust and understanding
- Central referral point
- Fast-track system for hospital discharge patients (ongoing)

## **4. Case Study**

Winteraction Peer Group Advisors Scheme

CASE STUDY: NOVEMBER 2000

Winteraction recently received a request via a health visitor for one of the Peer Group Energy Advisors to make a home visit to an older woman in her seventies.

Mrs A lives alone and owns her home in an affluent area of Newcastle – an area not usually associated with high incidences of fuel poverty, and which is not part of any of the areas earmarked for regeneration. She has lived in her Victorian end-terrace for over 30 years and is in receipt of Attendance Allowance due to numerous serious health problems including coronary disease, angina and emphysema.

When the energy advisor visited Mrs A, he was shocked to find that the house was in serious disrepair; the loft had no insulation, the windows were rotten with only partial draught proofing and the doors had no draught proofing whatsoever. The 3 storey house was heated by individual gas heaters in each room, and was so cold that Mrs A was living entirely in one room as she felt she could not afford to heat the rest of the house.

Mrs A is a priority target for grants such as the Government's Home Energy Efficiency Scheme (HEES), and she is obviously in serious need of help, however, due to the geographical location of her home, Mrs A had been overlooked by all the usual grant referral agencies.

The advisor was able to offer energy advice, and has referred Mrs A for a HEES plus grant which will mean she may be able to receive extensive energy efficiency improvements, security measures and a central heating system. In addition Winteraction referred Mrs A to Anchor Staying Put – who may be able to help update her home to a reasonable living standard, and to Northern Electric and Gas for an EESoP 3 grant for further energy efficiency measures, so hopefully her next winter will be a warmer one.

## **5. Future ideas**

The final year of the HAZ programme (2001/02) will concentrate on initial implementation of the Strategy. With particular reference to health, the key areas for implementation are:

- The development of a simple evaluation tool for health workers (e.g. pre-discharge home visits) to help them identify potential health risks from cold and damp homes
- The further development of systems to ease the referral of householders by front-line health workers, particularly community nurses
- To develop a fast-track system for rapid installation of energy efficiency improvements for people being discharged from hospital to prevent readmission
- Access funding for the provision of cold alarms, hypothermia thermometers and carbon monoxide detectors to indicate potential health and safety hazards
- Develop grant funding and eligibility criteria for energy efficiency “on prescription” which takes the prevention of ill-health as its starting point

An evaluation process is currently underway which will try to identify the barriers which prevent the full involvement of primary health care workers in the process and thereby inform future implementation. Part of the evaluation will attempt to measure the health gains which have resulted from the work.

## **NEA work with Health Authorities in the West Midlands - 'Health Through Warmth' Pilot Projects**

### **1. Project Description**

Midlands Electricity (MEB) worked with NEA from 1994 to 1999, supporting more than 100 energy efficiency demonstration projects in the West Midlands. After npower purchased the MEB electricity supply business, NEA began discussions with npower in early 2000 about ways to continue and develop this work, placing strong emphasis on the links between fuel poverty, energy inefficient housing and ill health.

After receiving positive input and support from West Midlands NHS Executive, which is committed to partnership working to deliver health, healthcare and health improvement, npower was able to launch 'Health Through Warmth' (HTW), an npower, NHS, NEA partnership, in July 2000.

HTW directs energy efficiency improvements, energy advice and other assistance to people in fuel poverty and already suffering or at risk of ill health, injury or even premature death from living in cold and damp homes.

Health workers have access to the homes of some of the most vulnerable members of the community and are usually respected and trusted. HTW provides training to front-line health professionals and other carers to inform them about fuel poverty, the links between living in cold and damp homes and ill health, and grants and other help available for energy efficiency improvements.

After training, health staff are able to identify individuals or households experiencing fuel poverty during their normal patient visits, and refer them for help in the form of actual improvements or more detailed advice. The 'referrals system' acts on these inputs, tracks individual cases through to implementation of help and reports back on the action to the health workers who made the referrals. Householders helped do not need to be or become npower customers.

npower has dedicated funding to support the pilot of HTW in the West Midlands. This pilot already includes active projects in Birmingham and Wolverhampton, and will be expanded from summer 2001 onwards via the addition of at least two additional projects. The pilots are running through two winters, so that training programmes and referral systems can be properly established and to enable a full assessment of results and potential for refinement and wider implementation.

## **2. Good Practice**

### **2.1 *Partnership working***

#### **npower**

As well as committing substantial EESoP funding to HTW, npower has appointed a Project Manager and put a Project Development team in place to manage and develop the pilots. npower has also established an HTW office in Birmingham with dedicated staff for both the Birmingham and Wolverhampton pilots. Additional resources have been committed for training development and co-ordination, and for database development. Experienced training staff have been trained by NEA as HTW Trainers - over 100 people received training by 5 April 2001.

The ability of npower to dedicate substantial staff resources at relatively short notice to the project was helpful in enabling rapid development of the West Midlands pilots since December 2000. The training programme which forms a core part of HTW is also largely enabled through the provision of experienced trainers. This 'management intensive' approach is practicable in circumstances where projects which are large and complex require significant management input, and clearly during the current learning phase npower are keen to support projects in this way. In the longer term however, with the benefit of experience and the likelihood that projects will be developed which are geographically remote from npower regional offices, it is likely that some projects at least will be developed and managed using a different template. This may take the form of management via managing agents or franchise holders.

#### **NEA**

NEA is contributing to Project Management, Training and Promotion within HTW and its Director is a member of the project steering group.

NEA is working closely with the npower project team to identify suitable trusts and other partners, introducing them to the initiative, contributing to the development of proposals and providing assessments for the steering group from a fuel poverty perspective. An expert consultancy service, drawing on NEA's expertise of delivering projects linking energy efficiency and health is also provided.

## **Birmingham pilot**

The NHS partner is the Birmingham Specialist Community Health NHS Trust (BSCHT), the largest health trust in the UK employing over 4500 staff working from hospitals, Health Centres, GP Services premises, schools and other locations. HTW in BSCHT is co-ordinated by a Project Manager in their Locality Services Directorate.

The BSCHT Project Manager has been closely involved in refining the training programme which is now being successfully run in Birmingham, and also in developing the referrals process.

Training courses are being held weekly with additional evening sessions to suit particular groups of staff. 1000 front line BSCHT staff will be trained during the course of the HTW pilot in Birmingham (ie: by March 2002) and 100 Staff had received training by the end of March 2001

Birmingham City Council quickly saw the benefits of partnership in HTW in achieving some of the objectives of their recently launched Affordable Warmth Strategy. Some grant funding was earmarked specifically for HTW and a Service Manager in the City Policy and Development unit was instrumental in facilitating the referral system. Under the current template, all referrals are directed initially to the City Renovation Grants Assessment Team for recording, evaluation and onward transmission as applications for HEES and other energy efficiency initiatives. However, npower is also integrally and closely involved in processing of referrals and has a prominent role in dealing with non-HEES referrals. A notable feature of the operational viability of the referrals template which is working in Birmingham is the need for very close working on an operational, day to day basis, between nominated counterparts in each of the active partner organisations.

Schemes available include City-based EESoP Schemes, SRB initiatives, Home Improvement and Renovation Grants, BELT (HECAAction scheme for private landlords and tenants) and other community focused schemes, some involving grants and loans through charities and benevolent funds.

## **Wolverhampton**

The Wolverhampton HTW project is being taken forward with the Wolverhampton Community Health Care NHS Trust, Wolverhampton Health Authority and Wolverhampton City Council as the key partners. The Council was one of the first to develop an Affordable Warmth Strategy and was a partner in earlier NEA projects providing energy awareness training for frontline housing and health staff. The Assistant Director of Public Health and the City Neighbourhood Renewal Co-ordinator are fully involved in implementing HTW in the city.

HTW in Wolverhampton is developing a community focus in an area of the city with considerable numbers of older and run-down properties and with a high percentage of the population with Asian and Afro-Caribbean

origins. This creates the opportunity to assess the performance of HTW in a different operational context.

The aim here is also for 1000 carers to be trained starting in spring 2001. With community and voluntary agencies directly involved the training may need further refinement.

Resource implications also mean differences in the Wolverhampton referral process, with possible operation through the npower HTW office.

### **Sandwell**

Sandwell Health Authority was originally identified by West Midlands NHS Executive as a key partner in a third HTW pilot. Discussions were held during 2000 with the Health Authority but progress was less rapid than was the case with the Birmingham and Wolverhampton pilot projects. Sandwell is now a Warm Zone (and as such is receiving substantial npower sponsorship) and although elements of HTW are eminently suitable for incorporation in Warm Zone activity, further progress with a HTW pilot in Sandwell is unlikely.

## **2.2 Awareness raising & publicity**

NEA is working closely with npower to promote HTW with a dedicated PR officer in direct contact with npower's PR agency. The work includes organising events to promote the initiative in the Midlands, identifying newsworthy stories, drafting briefings for decision-makers, arranging speakers at events and collating mailing lists to inform local health and community agencies.

HTW was launched in London by Public Health Minister Yvette Cooper, and with key partners in the West Midlands in December 2000. Supporting leaflets and press releases were issued, and it was featured on BBC local radio and in specialist journals and at various events, including the West Midlands Fuel Poverty Forum. Other activity includes posters on BSCHT vehicles and newsletters for BSCHT staff.

## **2.3 Training and support for health workers**

NEA has worked with HTW partners to refine NEA training material developed for health professionals and produced specific HTW material. NEA also developed a 'Training for Trainers' course and delivered it to 6 npower trainers.

HTW training includes information about the causes and symptoms of fuel poverty, the health effects of living in cold, damp homes and basic information on packages and programmes available to achieve solutions. Sessions close with a guide to the referral process and case studies involving completion of referral forms. Courses have been held with BSCHT staff and feedback has been very positive both about the training and commitment to making referrals. NEA will be participating in a

detailed review of the full training process in Birmingham. This review will take place during spring 2001.

#### **2.4 Establishment and support of referrals process**

The HTW referral process does not require expert assessment of housing and energy, problems and needs, or income status and makes only small time demands on carers; it does however provide a good preliminary view of household circumstances. Referrals are dealt with by people who understand the range of help available and are able to direct that help from the sources most appropriate for individual clients.

The resources and commitment put into the process in Birmingham have overcome initial difficulties. BSCHT staff have growing confidence in the system and city council and npower staff are liaising closely to ensure referrals are properly followed through. The system is working well with more than 60 referrals processed within the first few weeks.

##### **Database**

The establishment of a comprehensive and practical database was agreed as a prerequisite for the proper working of HTW. npower has worked closely with Birmingham City Council to build on existing systems and to develop new data-recording facilities. The database which has been developed is a powerful tool which has sufficient capability to support a large number of referrals drawn from many projects. As envisaged, it will support all West Midlands projects and, probably, HTW projects which are due to be developed in other parts of England and Wales over the next two to three years.

### **3. Innovation In Health Through Warmth**

Earlier initiatives have often had little more than HEES to offer clients and have not had the resources to ensure all cases identified receive real help. Where HTW is genuinely innovative is in the scale of the project and the commitment of partner resources even on a pilot basis.

This scale of operation is enabling properly worked out, well organised and comprehensive referral systems to be developed and operate providing the possibility of comprehensive help for vulnerable clients.

#### **EESoP/EEC funding in support & crisis Fund**

npower has used Energy Efficiency Standards of Performance (EESoP) funding, (specifically, funds arising from EESoP2) to directly support the pilot schemes. Further funding may be available subject to normal requirements for partners' contributions. However, the current scenario envisages that, beyond the end of the HTW West Midlands pilots in March 2002, HTW will be substantially supported by a combination of Innogy/npower corporate funding and partner funding.

Early in the HTW process it became clear that existing grant schemes and programmes could be inadequate in a number of areas including speed of response, measures provided and matching client eligibility with health needs.

In discussion with NEA and other partners npower agreed the concept of a "Crisis Fund" where individuals with severe health risks from their home environment and no means of achieving prompt improvement could be fast-tracked to appropriate support.

Establishing high-risk criteria, identifying clients and responding quickly does not require changes in the normal referral process. Crisis funding is currently being finalised in Birmingham and organisations capable of managing the process from survey to installation have been identified.

#### **4. Case Studies**

##### ***Case study 1***

Ms Kelly is a single parent with 2 children under 16, living in the Woodgate Valley area of Birmingham (a typical large 60s estate) and receiving and Income Support. Her home has storage heaters and no double glazing. She was referred to the project by a BSCHT Health Visitor. This referral was sent on to Eaga for HEES insulation measures.

##### ***Case Study 2***

Mrs Ibrahim's family includes two small children suffering from severe eczema worsened by low indoor temperatures. They live in a private semi-detached house in Stechford in Birmingham and although they have a low income and no "spending power" they do not receive any benefits. Their home has double glazing but they do not have central heating and only one working gas fire. They were referred to HTW by their Health Visitor. An npower energy advisor followed up the referral and in talking with Mrs Ibrahim found the house is big, expensive to heat and very draughty (she could put her hand under gaps in 2 doors).

As a result cavity wall and loft insulation, draughtproofing and low energy light bulbs are being provided with funding from the npower Health Through Warmth Crisis Fund.

##### ***Case Study 3***

Referral made by a Senior Occupational Therapist in March.

Mr and Mrs Lyttle live in a council property in the Yardley Wood area of Birmingham. Mrs Lyttle is 70 and has mobility problems, osteoarthritis and Alzheimer's Disease and because of her condition is prone to recurrent falls and often leaves doors and windows open. Their house has no central heating and with a gas fire in lounge as the only source of heat it can be very cold. The couple sleep downstairs in the lounge because of the cold.

Mr Lyttle receives an attendance allowance and this referral was sent on to Eaga for insulation and heating improvements through New HEES plus.

## **5. Future Actions**

npower has announced the expansion of HTW to a total of 20 schemes in England and Wales over the period 2002 - 2005, assuming successful outcomes for the West Midlands pilot schemes. Decisions on where next to develop HTW will be taken towards the end of 2001. It is important to note that the expansion of HTW does not mean the end of activities in the West Midlands, and all projects started or due to start before March 2002 in the West Midlands have been supported by npower on the basis that these schemes are long term and sustainable.

## **Good practice work with Luton Health Action Zone**

### **1. Project Description**

One of the first local authorities to address fuel poverty with a co-ordinated approach based on inter-agency networking and co-operation was Luton Borough Council.

During 1998 NEA worked with Luton Borough Council and a wide range of partners to develop an Affordable Warmth Strategy for the borough. The process was overseen by a multi-agency steering group which included Bedfordshire Health Authority.

Luton's Affordable Warmth strategy was launched in November 1998.

The steering group continues to meet quarterly to review and monitor the progress of the strategy. Luton Health Action Zone has been a major partner since 1999 and has provided infrastructural support to the strategy as well as total commitment in respect of its aims and aspirations.

#### **1.1 *The background***

It is recognised that fuel poverty is a factor in social exclusion and that vulnerable households, where there are elderly people, or infants, or those with chronic sickness, are more likely to experience it. Whilst fuel poverty can be found in any tenure category it is common in private sector housing, particularly in the private rented sector. The links between poor housing and health are widely recognised, as is the cost to the health sector of cold-related illness.

Fuel poverty is frequently the result of inter-related difficulties located around

- low incomes
- poor home energy efficiency
- high or unequal fuel prices.

The answer to fuel poverty is Affordable Warmth.

#### **1.2 *Strategy development***

The development process was based around two widely promoted and well attended workshops which considered the issues surrounding fuel poverty, determined the barriers to affordable warmth, and provided a range of suggestions and answers. In the second workshop the ideas from the first were developed more clearly and the draft action plan to drive the delivery of the strategy was refined. All parties signed up to the plan, undertaking to support and participate in strategy delivery.

### **1.3 Strategy delivery**

A programme of awareness raising, the training of key staff and the formulation over several months of a referral and service delivery system were followed through. The results of the pilot referral scheme were most encouraging and it is currently being expanded and extended.

## **2. Good Practice**

### **2.1 Partnership working**

The Steering Group established to oversee the strategy development process was supported by NEA and included representatives from:

Department of the Chief Executive – Community and Youth Development Division

Department of Environmental Services

Department of Housing Services

Department of Social Services

Bedfordshire Health Authority

NEA

The workshops drew together more than fifty representatives from the above and from:

The Luton Equalities Unit, Department of Leisure and Cultural Services, Citizens Advice Bureau, Community Health Care Trust, Community Health Council, Disability Resource Centre, Luton and Peshawar Initiative for Sustainability (LAPIS), Presentation Housing Association, Renewable Energy Advice Centre, and from a number of Tenants and Residents Associations, Community Advice Centres, and voluntary sector groups.

### **2.2 Raising awareness**

This is ongoing and started in 1998 with the process of raising awareness of Fuel Poverty as an issue. Representatives from local authority and health authority departments, the voluntary sector and community organisations attended presentations by NEA, so gaining broad support for the development of an Affordable Warmth strategy.

The strategy itself identified the raising of awareness as fundamental and crucial to its success. This is reflected in the first two of its five Key Aims.

*Key Aim 1:* To raise the profile of energy awareness among Luton Borough Council staff and other organisations in the Borough – including

the establishment of a central information point, the provision of City & Guilds training to a range of staff in key positions, and the holding of briefing sessions in different locations across the borough.

*Key Aim 2:* To ensure that energy awareness and advice reaches the most vulnerable members of the community – including liaising with front-line service providers, particularly health sector staff; creation of displays of up-to-date information in a “badged” format in appropriate venues across the borough; the setting up of permanent display points in selected venues (Job Centres, GPs’ surgeries, community centres, day centres, advice agencies, Luton Borough Council access points).

In addition the strategy has been promoted through a link with Healthy Schools Bedfordshire programme and energy issues are being incorporated in the school curriculum through LAPIS.

### **2.3 Establishment and support of referral networks**

In April 1999 a referral development group was established to identify ways in which those coming into contact with households experiencing fuel poverty could refer clients to other appropriate agencies where the needs of the client are wider than their own specific remit.

It was agreed that a pilot scheme should initially test the process, which was centred on a computer-supported referral handling capability within the Town Hall, and that there would be a restriction in numbers able to make referrals, and agencies able to take referrals.

The agencies which agreed to take referrals were:

- NHS Rehabilitation Services for Older people
- Luton CAB Money Advice
- TUC Rights Centre for the Unemployed (for Welfare Rights Advice)
- local HEES (Warm Front) contractors.

Those able to make referrals were limited to:

- NHS Trust staff
- Key Luton Borough Council officers
- A number of local voluntary organisations, members of the Luton Against Poverty Forum

It was accepted that those making referrals should have undertaken basic training in the recognition of fuel poverty. They should have an

understanding both of the range of factors which might contribute to fuel poverty, and the various services which could be utilised to alleviate it.

Those participating in the development of the scheme were:

- South Beds Community Health Council (CHC)
- TUC Rights Centre for the Unemployed
- Luton CAB
- Beds & Luton Community NHS Trust
- Luton Borough Council (LBC) Housing
- Luton Borough Council Social Services
- Coronet Insulation Services (HEES contractor)
- Staywarm Insulation (HEES contractor)
- Luton Borough Council Community and Youth Development
- Homestart
- Luton Borough Council Policy and Performance Unit
- Luton Borough Council Policy Unit – Housing and Social services

The pilot referral scheme was launched in October 1999.

## 2.4 Results of the pilot referral scheme

The scheme proved particularly successful in accessing the previously hard-to-reach categories of home-owners, and those over 60 years of age.

Referrals to the HEES scheme were quickly taken up and considerable measures delivered to eligible households.

Financial benefits were obtained for a number of clients who had no previous knowledge of their entitlement.

The referrals - in brief:

- A total of 81 cases were notified to agencies (from 61 households)
- Half of them concerned energy efficiency and keeping warm
- Fifteen properties were improved under HEES (Value £3,240)\*
- 46% of those referred were over 75 yrs
- 14% of those referred were aged 66-75 yrs
- 64% of those referred were owner-occupiers
- 11% were tenants in the private rented sector
- 10% were referred by Beds & Luton CHC Trust
- 6% were referred by elderly rehabilitation.

*(\*This was under the previous HEES structure where measures to a value of £315 were possible. In June 2000 a much more comprehensive HEES package of measures was introduced worth up to £700, £1000 or £2000 dependant on eligibility. All the clients who benefited above have been referred to the New HEES structure and have received / are due to receive additional measures.)*

Services provided – in brief:

- 48% received energy efficiency measures and/or advice
- 30% were referred to TUC Rights (benefits)
- 12% were referred to Luton CAB (Debt)
- 10% were referred to Elderly Rehabilitation.

The pilot scheme was successful in showing that the referral system:

- could deliver multiple services
- could locate households which previous promotional schemes had failed to locate
- enabled busy professionals to take on an additional role knowing that it would lead to improved circumstances for their clients.

It also showed that:

- a significant number of low-income elderly are not eligible for HEES grants
- the workload at the central referral desk was more than had been envisaged
- poor housing has strong links to threatened health
- some clients cannot be expected to travel to consultations; they must be visited at home.

Long-term sickness of a crucial staff member of Luton Borough Council delayed the appearance of the report on the first winter pilot scheme, and necessitated a revised referral scheme being run during 2000-01.

#### **2.4 *Training and support for health workers***

As part of the strategy development process NEA provided half-day training courses for referrers, giving them the skills and confidence to identify fuel poverty and to access the referral scheme. Some 65 people, drawn from Luton Borough Council, Age Concern, CAB, the health sector, the voluntary sector and community organisations, were trained.

Subsequently Luton Health Action Zone (HAZ) provided additional funding to NEA for the training of a further 160 referrers during 1999-2000, and yet more funding for continued training in 2000-01 and 2001-02.)

To date more than 300 people have been trained. Those trained have been from a range of council departments, from the health sector, from statutory and voluntary organisations in the borough and from tenants and residents associations and community organisations.

### **3. Innovation**

**3.1** During recent months the whole referral scheme has been strengthened with substantial assistance from Luton HAZ which has assisted with:

- upgrading the computer programming at the heart of the referral and feedback structure
- the funding of a part-time Administrator (20hrs) for a period of two years, a dedicated person to staff the referral desk
- the funding, through the Luton CAB, of an outreach worker for two years to work on income maximisation for clients of the scheme
- support for Social Services (under the Preventative Services Programme) which has enabled a fast-track Community Link Worker to be provided for two years to carry out rapid assessment of clients, by-passing the Social Services Duty Desk.

**3.2** On a broader front, Luton Borough Council has been awarded a Health Innovations Award to fund small housing repairs for health gain. The award is £300,000 annually for three years, and currently 60% or more is being allocated to energy efficiency measures in homes.

The fitting of replacement windows (where others had failed or were excessively draughty and faulty), providing replacement boilers and the installation of heating systems, and loft insulation all feature heavily. The project is currently delivering to target, getting the money spent and working well.

All these facilities, the additional skills and the manpower, lend indirect or direct support to the Luton Affordable Warmth strategy, and particularly to the referral structure.

It is hoped to demonstrate that these innovative ways of tackling health inequalities and fuel poverty will lead to acceptance of the delivery of Affordable Warmth as a permanent and effective requirement of community government.

### **4. Case study**

Mrs N is 73, she suffers from arthritis and various other age-related ailments. She applied to the council for a home repair and assistance grant. The council has a long waiting list for such grants and Mrs N would have had to wait for approximately 12-18 months before she could have the work done. The fact that she met the health criteria for HAZ grants enabled her application to be fast-tracked through this system.

Mrs N had the rotting and draughty windows in her home replaced with sealed double glazed units. This will undoubtedly improve her comfort and security and will help to keep her house warm and free from draughts this coming winter.

While visiting Mrs N, the HAZ officer noticed that she did not have central heating and suggested that an application be made to HEES Plus (now Warm Front) for the installation of central heating. Mrs N had in fact already made an application which had been turned down because she had two gas fires. The HAZ officer was able to successfully appeal this decision through Luton's Affordable Warmth Referral Scheme.

The central heating has now been installed and Mrs N can look forward to a warmer and healthier winter.

## **5. Future Actions**

Luton HAZ has funded additional half-day training courses to be held in 2001-02. Currently arrangements are being made for very brief presentations to be delivered at hospitals and health centres for health professionals who might attend convenient "modules" of training and come to participate in delivery of the strategy when the need and opportunity arise.

Luton Borough Council, with its many partners, will continue to deliver and monitor progress towards achieving affordable warmth for all residents in the borough.

## **NEA - Leicester Warm And Healthy Homes Project**

### **1. Project Description**

Leicester City Council's Home Energy Team has long recognised the need to engage partners in health and adopt a multi-agency partnership approach, to address the impact of ill health relating to poor living conditions .

In 1997 it successfully developed a scheme called 'Energetic Homes'. This was formed in partnership with the Health Authority, which provided significant amounts of staff resources and helped to target patients at risk of ill health. Funding was secured from the European Regional Development Fund. The primary objective of the scheme was to reduce the incidence of asthma by improving the energy efficiency and ventilation of properties occupied by asthma sufferers. The scheme was restricted to ten wards in the city and relied on GPs to refer patients.

The scheme paved the way for the NEA Project Coordinator to begin development work with health professionals that had been proactive in referring clients to the scheme.

Leicester was designated a Health Action Zone in September 1999. This was followed by a series of media promotions alerting members of the public to Leicester's new HAZ status. The overall strategy of HAZ to promote joint working to address local issues and encourage the formation of cross sector partnerships was widely promoted in the city.

Despite this, the Project Coordinator faced barriers in making headway with individuals within the HAZ structure. This was partly due to the lack of specific information made available to agencies. General statements outlining the vision of HAZ did not home in on specific aims and objectives. The HAZ structure appeared complex and to be continually changing thus making it difficult to make any progress towards partnership working.

Subsequently, Leicester City Council's Home Energy Team submitted a bid to the Health Action Zone Innovation Fund. The bid was designed to fill identified needs and gaps in housing service provision.

The bid focused on the lack of housing support services for people suffering from ill health which resulted in living environments that,

- Exacerbated existing medical conditions
- Hampered recovery from illness
- Delayed discharge from hospital
- Contributed to the need for residential care
- Caused accidents in the home
- Caused stress and anxiety

The bid was successful and a project manager was duly appointed in June of last year. The Manager is responsible for nurturing, fostering and promoting cross-

sector working partnerships between health, housing and social providers. The Manager directly reports to the HAZ board and is a member of both Leicester City Council Housing Department and the HAZ. This provides the NEA project Coordinator and the Home Energy Team with a vital link in accessing useful information on the development of HAZ in Leicester.

The NEA Project Coordinator works closely with the HAZ Manager and Home Energy Manager on the Warm, Safe and Sound Project which seeks to improve internal living conditions through the provision of energy efficient homes, with affordable warmth and a safe and secure home. Sharing the same objectives has worked well and led to the formation of a close working relationship between the two parties. Pooling resources and sharing different levels of expertise have seen the development of tangible schemes.

The HAZ Innovation Fund (HAZIF) Manager is a member of the project steering group, not only does this provide the project with essential updates on the work of the HAZ but also assists in seeking opportunities to expand on existing work with other agencies.

Leicester's Health Action Zone has since developed from its initial state and contributed at all levels, planning, strategy and operational providing a platform for partners to adopt a more holistic approach. The HAZ serves as a catalyst reinforcing and encouraging partnerships offering tangible results backed by capital investment

The Project Coordinator is a member of a local health forum, engaging local community groups to address the issues of tackling health inequalities. This has been a useful vehicle in which to network and work more closely with the local community, in particular with Leicester's Asian communities. NEA's local presence has helped to focus on fuel poverty issues binding energy and health.

In September 2000, Leicester City Council's Home Energy Team which includes NEA's Leicester Project and the HAZIF Manager hosted a conference entitled 'Healthy Homes'. The theme of the conference was designed to attract a wide range of service providers both locally and nationally to engage and recognise the importance of partnership working.

The conference succeeded in spurring a local district nurse to make contact with the Home Energy Team. The District Nurse was concerned about the poor living conditions of some of her clients and wanted to find out ways by which her client group could be helped.

Some of her concerns were:

- Often clients were living in temperatures below comfort levels
- Many clients didn't have any central heating, those that did had very old inadequate heating systems (over 20 years old)
- Many clients were over 70 years old and couldn't afford to heat the whole house and were confined to living in one room

- Beds often needed to be moved downstairs
- Clients' safety was also compromised as they did not know how to access help from other agencies.

This led to the development of the Healthy Homes Referral Scheme. It was agreed that the referral scheme would be better served if promoted under one banner 'Prescription for Healthy Homes' alongside other local initiatives to tackle the health impact of fuel poverty in the city. Essentially this would eliminate some of the confusion that existed in respect of the various schemes, promoted to clients, health professionals and community workers.

The referral scheme was officially launched in December at a local medical centre where district nurses, health visitors, hospital at home, team managers etc were invited to attend. It was endorsed by Patricia Hewitt MP who visited a client referred by the scheme in February this year.

### **Healthy Homes Referral Scheme**

Partners Involved: NEA Warm and Healthy Homes Project  
Health Action Zone Innovation Fund/ HAZ  
Leicester City Council Housing and Social Services  
Health Services (District Nurse)  
Voluntary Sector Agencies

The referral scheme offers clients a free home energy, security and hazard survey as well as advice on grants such as HEES and other local initiatives available to them. A rapid response repairs and hazard removal service is also available for vulnerable people, such as those being discharged from hospital. An emergency warm service is also promoted through the scheme.

Measures may include the following:  
Installation of a full central heating system  
Key safe  
Grab rails  
Heat recovery ventilation  
Furniture removal

The level of measures available to an individual is dependent on the degree of support required for them to maintain an independent lifestyle in a warm, safe and secure living environment.

### **Practical outcomes**

Since the launch of the scheme in December last year, 80 referrals have been received:

**Referral sources:** 14% Social Services  
80% Health Professionals

6% Community Groups

**Measures installed:** 13% major works (central heating system)  
30% minor repairs (grab rails, furniture removal to facilitate early discharge from hospital etc)  
46% referred to other grant schemes

Hospital discharges have been accelerated to 24 cases.

Initial feedback from the district nurses and other health professionals has been positive. 'The scheme has made a huge difference to our clients, they are more comfortable, their quality of life has also improved'.

The NEA Project Coordinator has produced a health and housing status survey. This will provide anecdotal evidence to evaluate the changes in health of an individual through improved energy efficiency.

## **2. Good Practice**

### **2.1 *Partnership working***

- Partnerships need to be flexible to accommodate wider agendas. Goals and outputs need to be agreed from the outset, to avoid disagreements once schemes are implemented.
- Capital investment does assist in attracting agencies that otherwise may be reluctant to get involved.
- Partnerships cannot survive on enthusiasm alone. They can become exhausting if equal commitment and contributions are not made by all partners involved. Promotion and marketing strategies need to be built in within individual work programmes.
- It is essential to involve a wide mix of people ranging from policymakers to development staff in scheme design and implementation to ensure the successful delivery of schemes.

### **2.2 *Awareness raising***

- Holding seminars for district nurses focusing on partnership working across all sectors, can serve a two-fold purpose. Not only is it an effective method of sharing information but also an opportunity to recruit new members to act as referral agents for the scheme.
- Ongoing consultation and contact with the local District Nurse who assisted in developing the scheme to 'spread the word' to other colleagues is a key component contributing to the success of the scheme.
- Referral agents are more likely to follow referral procedures if they are kept simple and written materials are presented clearly and concisely. Information packs are useful as the contents can be conveyed to other colleagues without too much effort. The referral form can be used to evaluate the source of referral agencies to determine which are most proactive and where further development work is necessary

### **2.3 *Training and support for health workers***

- Schemes need to be backed by some level of training for all service providers to assist in developing an improved understanding of the wider issues facing disadvantaged groups outside their own working areas. Frontline staff, who often deal with wide cross-sections of the community are ideally placed to impart valuable information to clients, however they are not always aware of what help is available. NEA's national training resource 'Improving Health through Warmer Homes' has been delivered to health professionals including frontline housing staff to improve their levels of awareness.

## **2.4 Establishment and support of referral networks**

- Referral networks can be established and developed through presentations delivered to both management and project staff across all sectors. The success of this particular scheme has been partly due its flexible criteria which are to help those considered to be on low income and most vulnerable. The rapid response service, which is also available within the scheme, allows clients at most risk to be assessed urgently.
- Establishing a central referral point and providing individual contact names has eliminated the need for high levels of support. Telephone support has been the main form of assistance required by referral agents, to clarify the measures involved.
- Regular contact needs to be maintained with established referral networks to monitor and evaluate the referral mechanism and the scheme itself. This can assist in identifying any gaps in service provision, present an opportunity to provide regular updates on schemes and importantly keep the networks 'alive' even after key staff responsible for driving the scheme may have left to take up other positions. The challenge will be to sustain the networks once the scheme comes to an end.

## **3. Scheme Innovation**

- A fast-track central referral point for health professionals, social workers and other agency staff
- A comprehensive energy efficiency package including safety and security measures, empowering people to live independently in a warm, safe and secure environment
- A rapid response service to facilitate early discharge of hospital patients freeing up bed spaces
- Scheme design centred around clients' needs, incorporating a flexible eligibility criteria geared towards targeting assistance to those in most need

## **4. Case Studies**

### **Case Study 1**

Mrs Jones is an 88 year old widow living on her own. She was referred to the scheme by a social worker based at the Leicester Royal Infirmary. She was admitted to the accident and emergency unit after tripping over her loose carpet at home. Mrs Jones fractured her ribs as a result of the fall and was visited by an occupational therapist at home. During the visit it became apparent that Mrs Jones had no heating. Her main heating source were the gas fires downstairs, neither of which was working, she has no heating upstairs. She had attempted to use a portable electric heater but that had also failed. Mrs Jones has very little

savings and is unable to pay for any work herself. She is currently not claiming any benefits.

After a visit by the HAZ Technical Officer and NEA Project Coordinator the client received assistance in the form of:

- The loose carpet in the lounge was removed from the lounge area leaving the old carpet underneath to be cleaned.
- In the first instance a maintenance check was arranged for the two gas room heaters and gas instantaneous water heater in the bathroom. The service revealed that the gas heaters could not be repaired. The water heater was repaired to help Mrs Jones get hot water during the interim period. As Mrs Jones did not qualify for a HEES grant under the HAZ referral scheme a fully comprehensive central heating system was installed. During the interim period the Technical Officer arranged for electric heaters to provide warmth whilst the installation took place.
- Grab rails were fitted near the entrance door
- Mrs Jones was also referred to Leicestercare Emergency Alarm Service with the reassurance that help is at hand if it is needed, eg during a fall or sudden illness.
- Referred to a local agency for a benefits check.

### **Case Study 2**

Mr Thompson is in receipt of Income Support and disability benefit he was referred to HEES as his boiler was not working. He contacted the office following a letter from HEES notifying him that he would have to pay over £500 towards the cost of replacing his boiler under New HEES. Mr Thompson is unable to pay for the additional costs to have the works carried out. He suffers from emphysema and his son is asthmatic.

Mr Thompson was able to provide documentary evidence from his doctor confirming his condition. As a result, through the referral scheme, he was able to receive the following assistance:

- Contribution towards the additional costs for the HEES Scheme
- A half-house heat recovery ventilation system was also installed to help his son.

## **5. Future Initiatives**

- NEA Community advice surgeries at local Health Centres
- HAZ FRENDS Project - focusing on mapping financial assistance available to low-income households

- Gardening Schemes developed through funding from HAZIF with local community groups to assist the elderly
- Citizens Advice Bureau - training to CAB staff and volunteers on fuel poverty and associated issues

## Summary

The work undertaken by NEA in these HAZ areas highlights numerous examples of good practice and innovative approaches to developing affordable warmth programmes and strategies in partnerships between Local Authorities, Health Authorities and the voluntary sector. Some of the key common themes that run through the examples of good practice include:

- The value of a cross sectorial and flexible approach to partnership working
- The advantages of being able to bring resources (capital or revenue) to the partnership
- The value of developing good relationships with key personnel
- The potential role of demonstration projects in raising awareness
- The need for referral systems to be simple, clear and central
- The importance of quality, targeted and specifically-designed training packages

Tackling fuel poverty for households most at risk of cold related illness is a fundamental objective in the Government's Fuel Poverty Strategy. Implementing this in practice however, as these projects have shown, can be complex and difficult. We hope that this Guide can help make the complex more straightforward and the difficult more feasible.