

Scottish Rural Fuel Poverty Task Force – Meeting 05 – 23 February 2016

Discussion paper

POTENTIAL SOLUTIONS – REFERRAL MECHANISMS

1. Background

At their meeting held on 9 December the Task Force asked that Scottish Government and Home Energy Scotland give further consideration to the principals of the Healthy Homes for Highlands and the Greater Glasgow and Clyde Health Board schemes.

These were outlined in the Scottish Government “Linkages between Fuel Poverty and Health” discussion paper and members agreed that these could be used as a potential model that the Task Force could recommend for use in other areas.

This paper sets out the further considerations given to these proposals along with other potential referral mechanisms that could be used to both identify and offer energy efficiency and support mechanisms to the fuel poor in rural areas.

2. Issue – Identifying the fuel poor

Reaching the most vulnerable households in fuel poverty with information and assistance to help them is a priority of Scottish Government. However, often those most in need are the hardest to reach and it is important that we explore the use of every practicable means available to reach these households.

Whilst fuel poverty is not specific to rural areas, fuel poverty is higher in rural areas and it can frequently be “hidden” making it more difficult to identify in rural areas. The fuel poor in rural areas may also be more isolated from other services. The Scottish Government recognises that, no matter where the location, living in cold, damp homes may impact on both the physical and mental wellbeing, as well as the occupant’s quality of life.

The provision of local energy advice and support referral mechanisms and service providers making contact with NHS, as a means of identifying those in need, is even more important.

Further consideration has been given to what mechanisms and contact NHS practitioners have with fuel poor householders and, whether these can be built on to ensure that action to (i) identify whether they are in fuel poverty and (ii) address the contributory factors causing the patients fuel poverty situation, can be taken forward. This may be by referral to an energy efficiency advice and support provider such as Home Energy Scotland or, to local support providers such as a local energy advice service providers and Care and Repair and Handy person services operating in many parts of rural and remote Scotland.

In the south west of Scotland the Energy Agency, delivering the Home Energy Scotland contract in Ayrshire and Dumfries and Galloway are carrying out research

in partnership with NHS Ayrshire and Arran Public Health Department. The detailed research is evaluating the impact of energy efficiency measures on the health and wellbeing of householders. Strathclyde University is also part of the evaluation team. As the results of this 18 month project (begun October 2015) are recorded it is hoped that the results will have a major impact on future partnership models.

The NHS is likely to be in contact with vulnerable households in fuel poverty who may be hard to reach through other channels. The NHS Western Isles Financial Inclusion pilot referral scheme is an example of how to increase front line staff understanding of welfare reform and health inequalities and to develop their role in mitigating against the negative impacts of poverty on health outcomes. Poverty awareness is included in the training provided to users and fuel poverty, energy advice and food crisis have all been added to the training provided to front line workers since the referral form was first designed.

An update paper on the pilot Universal Referral form scheme which demonstrates collaboration between the NHS Western Isles and NHS Midlothian has been provided to members and this demonstrates the effectiveness of this referral system in identifying vulnerable households and the benefits of sign posting and referring householders for energy advice and support mechanisms.

The Task Force may wish to consider this approach as being a potential solution to identifying the fuel poor in rural areas and sign posting householders for support and assistance.

3. Potential Solutions

Short to medium term

1. Home Energy Scotland – Community Liaison Officers

Consideration could be given to expanding the work being carried out by HES Community Liaison Officers (CLO's) to focus on engaging with health partners including MacMillan Cancer Support as well as community groups and voluntary organisations based in rural areas together with Credit Unions and food banks (there are currently 7 food banks in Highland Region) to promote the help and assistance that HES can provide to users. A CLO has provided training sessions on HES and Healthy Homes for Highland to both Inverness and Nairn food banks. This training has been cascaded so that all of the food bank staff have an understanding of HES and an awareness of when it would be appropriate to refer to HES. Lochaber and Inverness food banks have also been given a supply of HES leaflets so that they can signpost clients to HES. Orkney food bank and HES has also produced a joint leaflet. An outreach officer in Orkney also attends the food bank at a specified regular times as an advertised drop in opportunity.

Within south west Scotland the CLO's have done work with the Trussell Trust on foodbanks, the CLO can give out food vouchers plus the staff and volunteers have been trained in North Ayrshire. Referrals are received from the Trussell Trust to Home Energy Scotland.

In East Ayrshire the CLO's work with the Council of Voluntary Organisations which runs the foodbanks to train staff on energy efficiency.

Resource implication – HES would need to re-prioritise the work of Community Liaison officers to focus on additional engagement in rural areas. This would impact on overall engagement in urban areas and depending on budgetary constraints within EST there may be resource and financial implications in terms of costs of providing liaison services in more remote areas

2. Referral service based on Healthy Homes for Highland model

Healthy Homes for Highland (HHH) is a service for vulnerable, low-income householders. It is a simple and quick multi-agency referral scheme. It aims to tackle fuel poverty, increase incomes and prevent fires. With the involvement of front-line staff and voluntary organisations, it helps reach vulnerable and hard-to-reach households who can benefit most from the advice and help.

HHH is an easy way to refer people for help and advice through one referral. Anyone referred can get free advice and assistance with

- Making their home warmer and ways to reduce their fuel bills
- Making their home safer through a Home Fire Safety check (including free smoke alarms and removing trip hazards)
- Getting more income from tax credits and benefits and, access to other entitlements
- Debt counselling to deal with debts.

The HHH scheme is delivered in partnership by Changeworks, Home Energy Scotland, NHS Highland, Scottish Fire and Rescue Service, Citizens Advice Scotland and Highland Council.

As part of HHH, an e-learning module was developed to demonstrate to frontline staff already working with vulnerable householders how easy it is to access HHH support to help their service users. E-learning enables this scheme to reach as many front line staff and their householder clients as possible across the Highland area.

Householders can also access HHH via a link on the Highland Council website.

Resource Implications - If this referral mechanism was to be rolled out on a wider scale this would need buy-in from all agencies, voluntary organisations and the respective local authorities.

There would be a financial/funding and human resource implication for those involved in “selling and promoting” the referral model to other local authorities. Local authorities would also be required to invest both staff time and finances in setting up the partnership approach and also invest in additional work for their web sites.

There would be a resource implication for all partner organisations in terms of publicity and ensuring that staff had capacity to deal with an increase in referrals for advice and support services.

3. Scottish Fire and Rescue Service – Home safety Checks

The potential of working with the Scottish Fire and Rescue Service on a national level along the lines of Healthy Homes for Highland could be considered as a potential referral mechanism to HES services when home safety checks are undertaken by fire officers. If fire officers are provided with training on how to recognise households vulnerable to fuel poverty whilst undertaking home safety checks, they could, with the agreement of the householder, suggest a referral to HES for energy advice and referral for support and assistance. HES leaflets and material could also be left with the householder. Given there is capacity and willingness within the Scottish Fire and Rescue service at a national level to be involved this is a referral mechanism that could benefit those in fuel poverty both at an urban and rural level.

This referral mechanism may be more attractive to local authorities who are currently under financial constraints and may not have capacity to either offer the resource or finances to fund a referral mechanism along the lines of HHH.

Resource implications - Structured training would need to be provided to Scottish Fire and Rescue Service officers on fuel poverty in general, the causes and effects and how to recognise if a householder may be vulnerable to the effects of fuel poverty. There would be a time, resource and financial implication on the training provider.

There would also be a financial/funding implication to HES in terms of the provision of HES leaflets and a resource cost in terms of an increase in calls to HES hotline. A formal referral mechanism could be set up allowing the fire and rescue staff to provide bulk data on households to be contacted by HES.

4. Local energy efficiency advice and support providers

The Task Force has frequently discussed the merits and advantages to the fuel poor in rural and remote rural areas of having access to locally based energy efficiency advice providers who can provide a face to face advice service and also sign post those identified as being in fuel poverty to support mechanisms and energy efficiency schemes.

These locally based advice providers would deliver a whole household approach to energy efficiency in the home on a one to one basis. They would receive and respond to enquiries from householders in rural and remote rural areas seeking advice on how to reduce their energy bills. They would also receive referrals from partner agencies and work with householders and sign post them for advice and support from other agencies and help them through this process. This is a similar role to the Energy Advice services provided by Donnie Mackay in Lochalsh and Skye and Shetland Islands Council is currently in the process of recruiting a similar post.

Resource Implications – Funding would be required for additional energy advice providers based in rural areas. Local Authorities do have a responsibility to address fuel poverty within their area. Funding for any fuel poverty services in addition what

is already provided would need to be funded by the local authorities unless alternative funding could be sourced. Local authorities could consider applying for match funding from the European Social Fund (this is not core Scottish Government funding) provided they can demonstrate that the request for funding is for additional/new activity work in addition to the work they are already undertaking to tackle fuel poverty in their area. There would need to be joint working with Home Energy Scotland to ensure people are routed to the appropriate grants they may be eligible for and there must be assurances that there is no duplication of effort or funding.

Energy Carers

The Energy Carer proposal as set out in Donnie Mackay's circulated paper, if piloted and reviewed as being successful, could potentially be a longer term solution to meet the needs of vulnerable householders in rural areas.

Potential solutions – Medium to long term

1. Working with the NHS

One factor that is often a feature of successful initiatives is the one to one relationship between a member of NHS staff and an energy advice professional. A key question is therefore how to move from a reliance on individual personal relationships to a situation where pathways from the NHS to services providing support to the fuel poor becomes a normal feature of NHS activity.

Home Energy Scotland has been working with health care professionals to develop referral mechanisms for vulnerable households.

As detailed in the Scottish Government paper Fuel Poverty – Health Linkages paper circulated to the Task Force at the meeting held on 9 December, HES has been working in partnership with the NHS to offer their advice and support services. HES could be asked to continue with further engagement with the NHS to roll out the potential models detailed below once the outcomes and benefits of these engagements are known and analysed

Referral mechanisms have been set up through HES in Eskdale and Annandale, Dumfries and Galloway, also work has been done with Alzheimer's Scotland to train carers, volunteers and patients. Energy training and support has also been provided to Chest, Heart and Stroke and Jumpstart to help identify households in fuel poverty. We are looking to attend some of the larger outpatient clinics e.g. warfarin clinics which happen on a regular basis and have a high footfall.

Diagrams 1 and 2 at Annex A show the potential models of pathways from NHS staff to energy advice and support, highlighting current examples of best practice of elements of this model.

- Diagram 1 focuses on NHS staff that provides care in the home.
- Diagram 2 focuses on NHS staff working in hospitals, GP practices and health centres with no outreach element.

HES by working in partnership with NHS Greater Glasgow Health Services will now be included as one of the referral partners in the Financial Inclusion Support Service (this is designed for parents/carers of all ages regardless of their working status) for the provision of energy efficiency advice and assistance.

Other potential models include energy advice provided on the premises of an NHS service.

In Craigmillar GP practice 4-week pilot of an energy advisor based in a GP practice in Craigmillar, Edinburgh where a high proportion of the population suffer from fuel poverty. A separate update paper on this pilot project has been provided for this meeting.

In the NHS Greater Glasgow area Home Energy Scotland energy advisors attend the Queen Elizabeth University, Victoria and Stobhill hospitals simultaneously one day a week, every fortnight. These hospitals have a Support and Information service (previously called 'patient information centres'), and within this service, HES provides energy advice and invites people to provide their details so a full HES service (benefit check, referrals for WHD/WHS, home visit etc.) can be provided to them.

HES have also attended the Royal Hospital for Children (RCH) on an ad-hoc basis to support child DLA awareness campaigns that the hospital has been running (and there is a strong referral mechanism in place with RCH).

HES provide a stand at the Community and Health Care Village in Aberdeen between 10am and 12pm every Wednesday. At the stand, they provide energy advice and signpost clients to other local services. The Community Health and Care Village is run by NHS Grampian and is described as an "urban community hospital (without inpatient beds) delivering diagnostic and treatment services for the people of Aberdeen and Grampian". Services within the village include radiology, sexual health, dental care, speech and language therapy, podiatry, physiotherapy, dietetics and cardiac rehabilitation.

Resource implications – Engagement with individual NHS Board to obtain "buy-in" to these models would be both time and resource intensive. The remit of the Task Force is to consider actions that will a) would make it significantly easier and more affordable for people living in rural and remote Scotland to keep their homes warm and b) which will be fed into the further development of fuel poverty policy and energy efficiency programmes.

NHS Boards are unlikely to be willing to focus on rural areas only and it may be more appropriate for this potential solution to feed into future fuel poverty policy development.

NHS Collaborative Partnerships

NHS Health Scotland has identified that there is no shortage of contact with those in the population who are fuel poor or at risk of fuel poverty. However, in the main, services connect with individuals for a single focus e.g. health, social care, housing

benefits and fuel poverty is not a routine consideration in most contacts with individuals and households even when the likelihood of fuel poverty is high.

In many cases fuel poverty will only be recognised when they work collaboratively, across sectors to understand the range of challenges people face. The Western Isles Financial Inclusion referral pilot demonstrates the willingness of NHS Health Scotland to collaborate with partners to identify the fuel poor and make referrals to support and advice services.

Initial discussions within NHS Health Scotland has highlighted potential in fuel poverty initiatives working in partnership with

- Health and Social Care Integration: the aim is to keep people healthy and at home and prevent hospitalisation or residential care however to do this the home needs to be conducive– routine consideration required to determine ability to achieve a warm home – affordability and capability;
- Council Tax – council tax rebate data includes details of income, housing costs and council tax band, linked to EPC this should trigger fuel poverty assessment and action as relevant;
- Energy Company – energy company data should highlight unusual pattern of bills – costs too high, too low, unusual fluctuation, triggering fuel poverty assessment;
- DWP – benefit dependency a trigger for action to mitigate risk of fuel poverty.

The groups above reflect their initial thinking. However, they recognise that there is a wider range of potential partners and collaborations that they will want to consider going forward.

They have also highlighted that partnership work at operational level will only work through leadership in central and local government that breaks down policy and departmental silos.

Resource implications

- Review of relevant roles and responsibilities to determine capacity within existing resources in first instance.
- Workforce learning and development requirement – determine scale and associated cost.
- Prevention – assessment of potential savings required – fewer hospitalisation, reduced residential care, better self-management of fuel bills, rent, etc.
- Potential to maximise efficiency through partnership working, and more flexible use of existing workforce i.e. less people going into homes to do different things and more piggy-backing of tasks and different services. This approach does not imply extra people and services but better use of existing resources with the right support and investment for the longer term.

Conclusion

There are a number of potential referral mechanism solutions that could be taken forward in the short, medium and longer term to assist those living in fuel poverty in rural and remote rural areas. A number of the solutions identified in not only this paper would require the influencing of other partners, in particular the NHS in terms of longer term potential solutions as these will impact on both the urban and rural fuel poor and will have an impact on roles and resources within the NHS to enable these to be taken forward. These potential solutions, if agreed by the Task Force, would be fed into future fuel poverty policy and strategy development.

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Diagram 1 focuses on NHS staff who provide care in the home to energy advice and support, highlighting current examples of best practice.



Diagram 2 - A potential model of a pathway from NHS staff working in hospitals, GP practices and health centres with no outreach element to energy advice and support. This model highlights current examples of best practice of elements of this model.

