



Under One Roof:

Tackling fuel poverty and cold-related health together

Dr Jamie-Leigh Ruse

Senior Research & Policy Officer
NEA

Peter Smith

Director of Policy & Research
NEA

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NEA's advocacy priorities

- Consistently supporting the most vulnerable
- Prevention is better than cure
- Including vulnerable households in clean growth and innovation
- Enhancing co-operation across the nations

What did we learn....

- Underlined variance in cold weather planning and support households receive locally and nationally
- Not enough visibility of support services provided nationally or locally and highlighted risks of non-recurrent programmes
- Lack of local emergency sources of funding/ risks now that crisis loans within local authorities are discretionary
- Advice campaigns did not start early enough & lack of multi channel or multilingual resources to provide guidance for coping with cold weather and where to go for support
- Cold weather payments did not prevent vulnerable households from slipping into crisis
- Little standardisation of emergency credit/fuel vouchers or extensions or variations offered to existing fuel debt repayment plans in such circumstances
- Variance in unregulated fuel sector in identifying consumers vulnerable to cold-related ill health and prioritising them for fuel deliveries



Action for Warm Homes

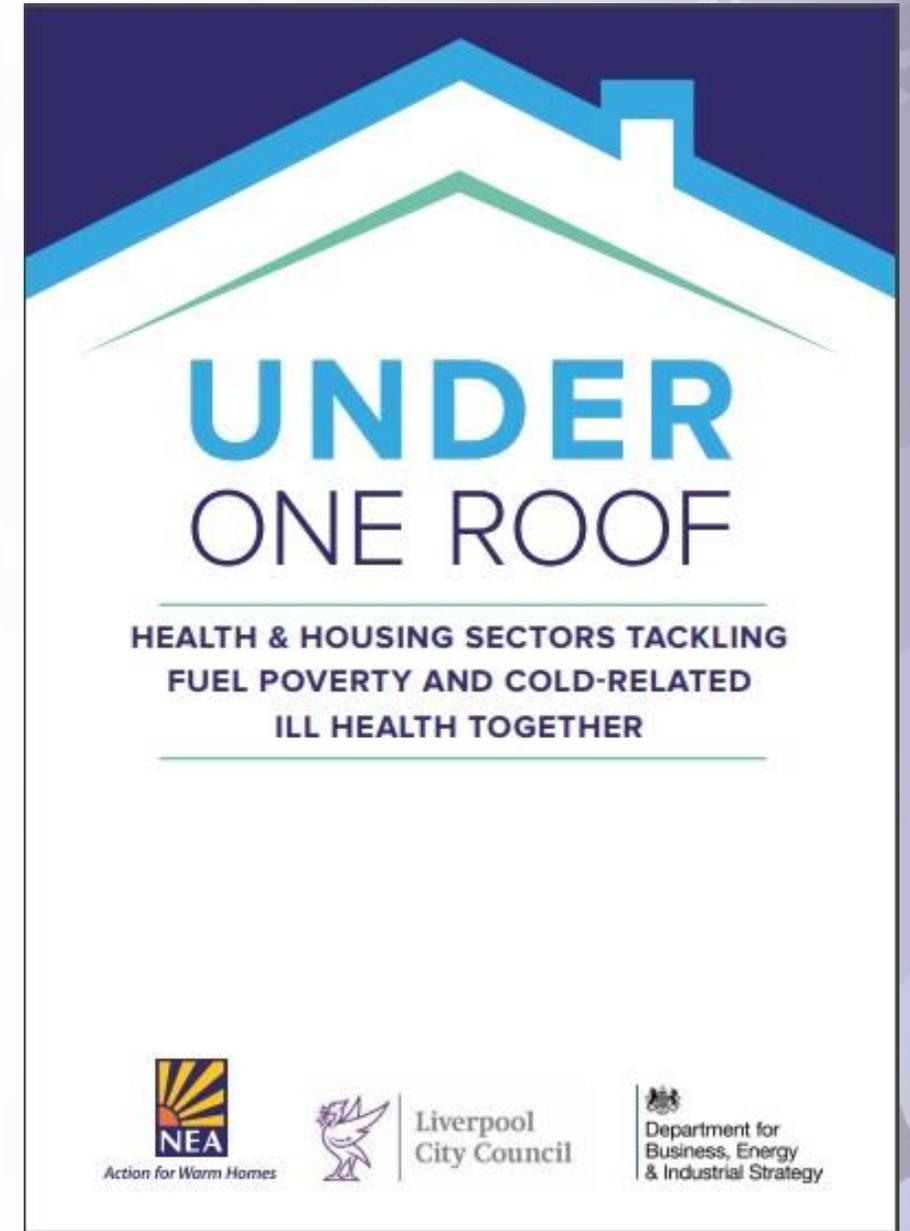
UK FUEL POVERTY MONITOR 2017-18



1. In Scotland, Northern Ireland and Wales comprehensive national Cold Weather Plans needed similar to those in England produced by PHE
2. Health and social care agencies should enhance activity to promote or replicate existing national guidance from NICE on how to address excess winter deaths and reduce cold homes.
3. Each nation should facilitate and help fund the delivery of health prevention-based affordable warmth programmes
4. Energy suppliers and local authorities should improve access to adequate emergency credit for pre-payment customers and crisis loans during severe cold weather
5. Oil and LPG to do more to ensure the most vulnerable are not left without access to fuel during extreme cold weather.

Under One Roof

- Commissioned by Liverpool City Council, funded by BEIS (Department for Business, Energy and Industrial Strategy)
- Evidence and practice where health and social care bodies have worked in partnership with fuel poverty alleviation schemes
- Identifies the types of evidence commissioners require
- Aimed at local programme delivery organisations as well as national policy and programme funding organisations



Scope of the report

- Current evidence and practice
- Extent to which health and social care bodies have been involved in commissioning and funding decisions
- Type of evidence required and how this is collected in different areas
- Recommendations for scheme providers and national policymakers/commissioners

THEME 1

Nature of health sector/public health involvement and sources of funding for health-based fuel poverty schemes

THEME 2

Creating a local business case for support

THEME 3

Evaluating schemes and measuring outcomes

THEME 4

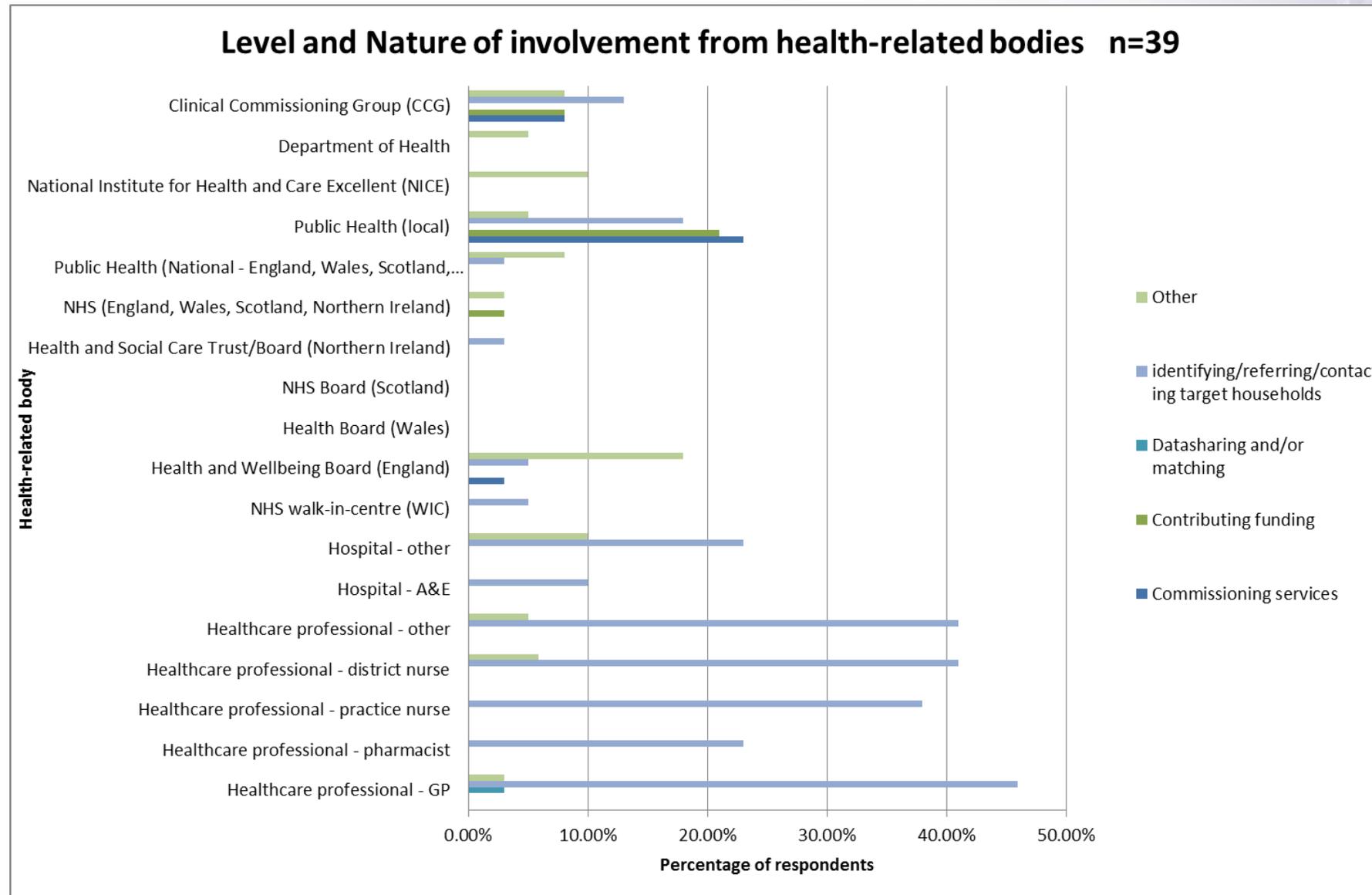
Cross-sector integration (locally and nationally) and scheme delivery



Methodology

- Stage 1: Desk-based evidence review
- Stage 2: Call for Evidence and online survey
- Stage 3: Qualitative telephone interviews
- Stage 4: Regional Stakeholder Workshops

Embedding cross-sector action locally



Local Public Health

- Reducing health inequalities
- Addressing social determinants of health
- Act as brokers, coordinators and funders of cross-sector action
- Often depends on passionate engaged individuals
- Multi-level buy in within Public Health can open up pathways to engaging health & social care

Innovative funding mechanisms: CCGs

- Gloucestershire CCG – innovative application of Disabled Facilities Grants through Better Care Fund monies
- Wigan and Oldham have seen the establishment of joint commissioning agreements between the CCG and local authority
- Acknowledgement that causes of health inequalities and outcomes of actions to address them are relevant to multiple sectors

Innovative funding mechanisms: NHS

“The estates were really only interested in the pay back and the hard cash of it. The arrangement is that the hospital uses 100% of the electricity generated and pays a cheaper rate, so that’s what they were interested in. But, with the clinical divisions, the point of engagement was really hard. It took a whole lot of effort to get people on board. We know that we have high rates of COPD-related admissions, so we focused on that area to engage the consultants. They’re not used to seeing schemes like that, so it raises eyebrows. It was me taking the paper and pushing them and pushing. So many papers, so many processes, so many meetings and presentations for different groups...”

Ending the postcode lottery

- Joint commissioning agreements with local authority partners
- Innovative uses of Better Care Fund monies
- New ways of supporting social prescription services

Building a case for support

33% relied on anecdotal evidence from scheme delivery

33% had submitted evidence that demonstrated the need to tackle cold-related ill health was already an accepted local priority, e.g. through a JSNA or its equivalent.

31% had submitted evidence that the need to tackle cold-related ill health had been identified nationally (such as the NICE NG6 guideline)

19.1% had presented the results of an internal evaluation

11.9% had presented evidence from an external evaluation.

7.1% had drawn on evidence from studies using self-reported changes as measurement metrics

4.8% had provided a review of published studies and a critical assessment of their methodologies

2.4% had provided evidence from studies using quantitative/case-control/population-level methods

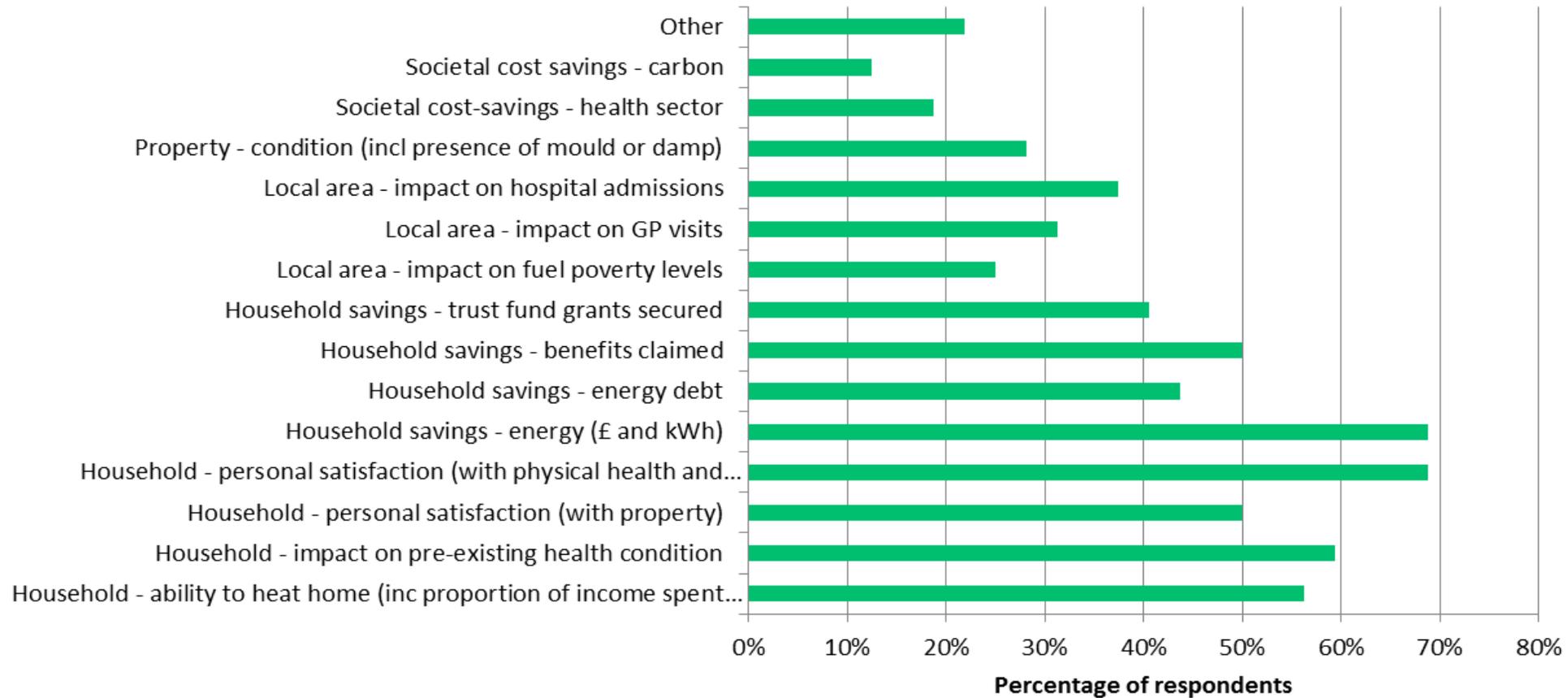
4.8% of respondents noted that *no* submission/presentation/critical evaluation of health-related evidence was required

Evidencing need

- Telling stories across multiple narratives
- Use different strands of evidence simultaneously
- Focus on identified local priorities and identified local needs
- Feedback from previously scheme delivery is important
- Role of analysts within public health and CCGs
- Innovative use of data that is already held by local authorities
- Development of local formulas to estimate cost-savings
- Finding individuals who can present the story to the relevant people in the right way

Monitoring and evaluation

Evaluation outcomes (n=32)



Measuring outcomes

- Challenges to demonstrating impact on physical health or at population-level
- Frictions between what counts as acceptable evidence
- Methods for assessing impact of actions to address social determinants of health not always directly measurable in clinical terms
- Lack of adequate data-sharing with health bodies further limits extent of monitoring that can be carried out
- Long-term monitoring and evaluation needed at national scale

Implementing NICE NG6

NICE, with support from Public Health England (PHE), NHS England and BEIS should continue to promote and encourage implementation of its NG6 guidance across the board and with a specific focus on embedding NG6 in Sustainability and Transformation Planning within the NHS.

Encouraging cross-departmental collaboration

- More collaboration between departments in central government is needed to make sure different policy agendas align
- A new ministerial position or Cabinet Office-led working group would support cross-departmental working, join up national frameworks and help co-ordinate national actions

Cross-sector investment

Almost half (46.9%) reported that their level of funding had remained the same as the previous year

For over a third (36.7%) it had decreased

For 20.4% of schemes, the reduction in funding was significant.

For a small number (6.1%), funding had increased to some extent

6.7% of schemes surveyed had already had their funding stream discontinued between March and September 2017

4.4% schemes were due to have their funding discontinued by the end of 2017

6.7% schemes also expected to have funding stopped later in 2018

Just four schemes (8.8%) reported a relatively stable funding situation with 3 schemes reporting that their funding was secure up until 2019 and one with funding secure until 2020/2021.

Cross sector investment

- Continuous and complementary cross-sector funding streams are a way of bringing the priorities of different sectors together
- Effectiveness of previous grant schemes such as the Warm Homes Healthy People Fund (WHHP) or the Health Booster Fund illustrate the successes that can be achieved through actions (and investment) that cross sectors

Enabling prevention-oriented commissioning

- Building on the learnings from Vanguard Sites, it should be considered how the NHS can further change the way it delivers its services to focus more on prevention and service integration, as set out in the NHS Five Year Forward View (2014).
- It is recommended that Health and Wellbeing boards should be given limited executive powers to enforce the actions deemed necessary in the local Joint Strategic Needs Assessment (JSNA)

Thank you

Under One Roof available at

www.nea.org.uk/research/under-one-roof

UK Fuel Poverty Monitor 2018-19 available at

www.nea.org.uk/publications

Contact:

Peter.smith@nea.org.uk

jamie.ruse@nea.org.uk



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