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Birmingham City Council

An Evaluation of Stay Warm Stay Well

Phase 1 - Interim Report

27 June 2012

Executive Summary

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In December 2011 Birmingham City Council were awarded a grant from the government's Warm Homes Healthy People Fund overseen by the Department of Health, to deliver a Stay Warm Stay Well project in just three months between January and March 2012 for a target of 1,100 households.

The project's aims were to deliver a range of services that could reduce fuel poverty, avoidable deaths and admissions to hospital and residential care, by advising clients on how to overcome the housing, health and financial risks associated with cold homes. The project was targeted at the general public as well as vulnerable people across the city.

To achieve these aims, within the short timescale and with sufficient capacity, the City Council brought together a consortium of more than 20 partners drawn from within its own departments and partnerships, some third sector energy and money advice organisations and NHS public health teams.

The project combined an awareness raising campaign with the provision of face to face advice mainly in people's homes, plus some telephone advice. Advisors were authorised to offer certain inducements to clients they felt would benefit from them including ecokettles, room thermometers and power down devices.

The conditions of this revenue based grant, together with its financial limit in relation to the size of the city's population, precluded Stay Warm Stay Well offering wide spread physical measures. However, a 'top slice' was made available and used as a crisis fund to help residents needing either a repair or replacement heating and/or hot water system. This happened only where a household was found to be in dire circumstances and without the necessary finance to pay for the repair/replacement.

The evaluation was required to investigate and scrutinise the:

- achievement of desired outcomes
- processes and structures put in place to deliver the project
- unexpected benefits from the approach
- elements of good practice from both local and national initiatives.

The recommendations that flow from the evaluation can be used to help Birmingham develop an Affordable Warmth Strategy to support the targeting, design and delivery of future holistic initiatives including the government's Green Deal (due to begin in Autumn 2012).

In summary the aspiration of the strategic partners was to be able to recommend a simple but holistic scheme that any advisor could make use of (from any of the three main sectors, working directly with clients and in particular in their homes) to deliver the right support to a variety of different types of vulnerable people to help them stay warm and well.

Outputs so far

By the end of April 2012, initial contact and advice had been provided to, 1,300 clients. Some 1,443 visits had been made to these clients just by the energy and money advice partners so about 10% had been referred onto at least one other agency. A total of 3,591 referrals had been requested (for energy, money and health advice) by the end of April 2012. The number of visits by health, fire service and police advisors were unknown at the time of writing.

The project had exceeded its original target for providing advice to 1,100 clients. However, it did not prove possible to respond to all the referrals by the end of March 2012 and the health partners had yet to engage in the project to the extent that others had.

Apart from the good advice given, the other elements of the Stay Warm Stay Well package liked most were the energy saving tips, the fire safety checks, reassurance/confirmation of their situation, the free ecokettle, and advice on cheaper tariffs.

Recall of the advice given to these vulnerable clients (and especially so on health and money matters) was often poor only one to two months after receiving it.

Insufficient time had elapsed to properly judge the impacts on clients' health and wellbeing by the time the evaluation of Phase 1 had to be completed, but these outcomes will be fully addressed at Phase 2.

Much of the Interim Report therefore focuses on the way in which the service was delivered rather than the impact of the advice given.

Benefits of the approach

The multiagency approach generated a much more holistic view amongst all partners of the scale and depth of what had already been recognised as a significant and growing fuel poverty problem for tens of thousands of households in the city.

The use of existing knowledge amongst partners on vulnerable people enabled those people to be contacted quickly.

Delivery partners had already developed sufficient knowledge and skills on providing eg behavioural advice on energy use, tariff advice, benefit entitlements and health issues relevant to cold homes to be able to offer an holistic package albeit of relatively superficial advice at the initial contact stage. Some partners ran training courses for other partners on eg how the money advisors should deal with mental health clients, and could provide risk assessments for individual clients that all advisors to make use of before a visit or conversation.

Delivery partners were able to refer clients on to agencies beyond the partnership eg utility providers, British Gas for advice on insulation and Warm Front for advice on major installations, but several clients found their contact with these organisations very difficult.

Conclusions

The objective to deliver multifaceted advice to vulnerable people in their own homes, through a partnership drawn from all sectors providing health, energy efficiency, money and bill payments advice was achieved to a degree. The range of partners assembled was considered appropriate for the task and this group would be keen to develop their partnership and deliver similar initiatives to more people in the future.

The use of 'at risk registers' of vulnerable clients worked well along side the general advertising campaign, to promote the initiative to potential beneficiaries. With more time at the planning stage, the delays that arose (because of some of the health partners' data sharing protocols) could have been absorbed and enabled a longer list of vulnerable people to have been contacted.

The size of the partnership could have been streamlined if more time had been available to build relationships and accommodate constraints on data sharing and capacity. There are potentially more health partners who provide services in people's homes that could be engaged in a future initiative.

The quality of delivery to clients varied, depending on the skill set of the advisors. A minimum level of service could be defined across all four areas of advice which any and all advisors could be trained to deliver at a first meeting with a client.

To provide welfare benefits and fall prevention checks required a longer period of time than was available for this project; to check on eligibility, gather information from clients, provide the advice and support for them to make the changes.

The project would have benefitted from one or two high level champions from the health and housing sectors to endorse the project and engage more delivery partners especially practice nurses and managers.

The utilisation of a central coordinating agency through which all referrals were logged and reported on worked well.

There was a degree of confusion amongst clients as to how Stay Warm Stay Well was different to other home improvement, benefit check, health check and energy efficiency initiatives that had been operating in the city over recent years. There were raised expectation of Stay Warm Stay Well from clients who were already aware of these other initiatives and what they had/had not offered.

The Factor Four approach could work well if all advisors were trained up to give a basic level of advice on all four elements: energy efficiency, benefits check, health advice and fuel bill payments. At present Birmingham does not have a single agency able to provide all of these advice services.

Being able to provide *practical assistance* to install easy to fix energy efficiency measures (such as draught proofing), to *educate* clients (e.g. about how to adjust their heating controls), *negotiate* with utility companies and *complete* a welfare benefits check, whilst in the home, offered the most holistic and satisfactory service to clients, in the eyes of the partners.

However, recall of the advice given by this largely vulnerable group of clients was poor, as was overall take up of that advice. An ability for follow up visits and checks to be made on what of all the advice given has been taken up would therefore have

been helpful in reinforcing key messages with clients and ensuring that any barriers they had experienced to taking up the advice could be addressed and overcome.

There is a need to repeat this initiative and on a regular basis given that this project may have helped only around 1,000 of the more than 40,000 people who may be suffering from cold homes and fuel poverty in Birmingham.

Recommendations

Strategic recommendations:

- S1. Provide sufficient time at the planning stage to get firm agreements and protocols in place for accessing the at risk registers.
- S2. Provide sufficient time at the planning stage to build relationships with potential partners, streamline the number of delivery partners and allow them enough time to build and train up their capacity.
- S3. Start the programme in September and run to February.
- S4. Design a new programme and its associated activities to be preventative and support people to alleviate fuel debt.
- S5. Fund the installation of low tech measures (draught excluders around doors and windows, letter box covers and foil panels behind the radiators). This would extend the ability to quality assure the visits and advisors would need to receive training to install these measures. Advice is helpful but practical assistance is more valuable and especially for people who cannot do this for themselves.
- S6. Allow a contribution to cover the costs incurred by delivery partners for administering their element of the programme.
- S7. Explore and develop the integration of health and bill payment advisors into the team.
- S8. Appoint champions from health and housing to promote initiatives and build engagement of more delivery partners.

Operational recommendations:

- O1. Use of Stay Warm Stay Well logos and badges for use on correspondence, delivery partners' clothing and ID
- O2. Repeat the marketing throughout the period.
- O3. Resolve whether or not delivery partners can or cannot make their own appointments.
- O4. Forms used need to be rationalised to avoid collecting information in duplicate.
- O5. Utilise online reporting methods using ipads/netbooks/smart phones whilst with the householder to submit completed forms and receive updates from the referral agency.
- O6. Introduce a follow up and feedback loop; to allow partners to know what has happened to the clients they have visited, whether the referrals made to other organisations have been followed up ie an online universal monitoring form.
- O7. Develop a fully integrated password protected client database for any advisor to be able to log into to check on progress against visits and referrals.