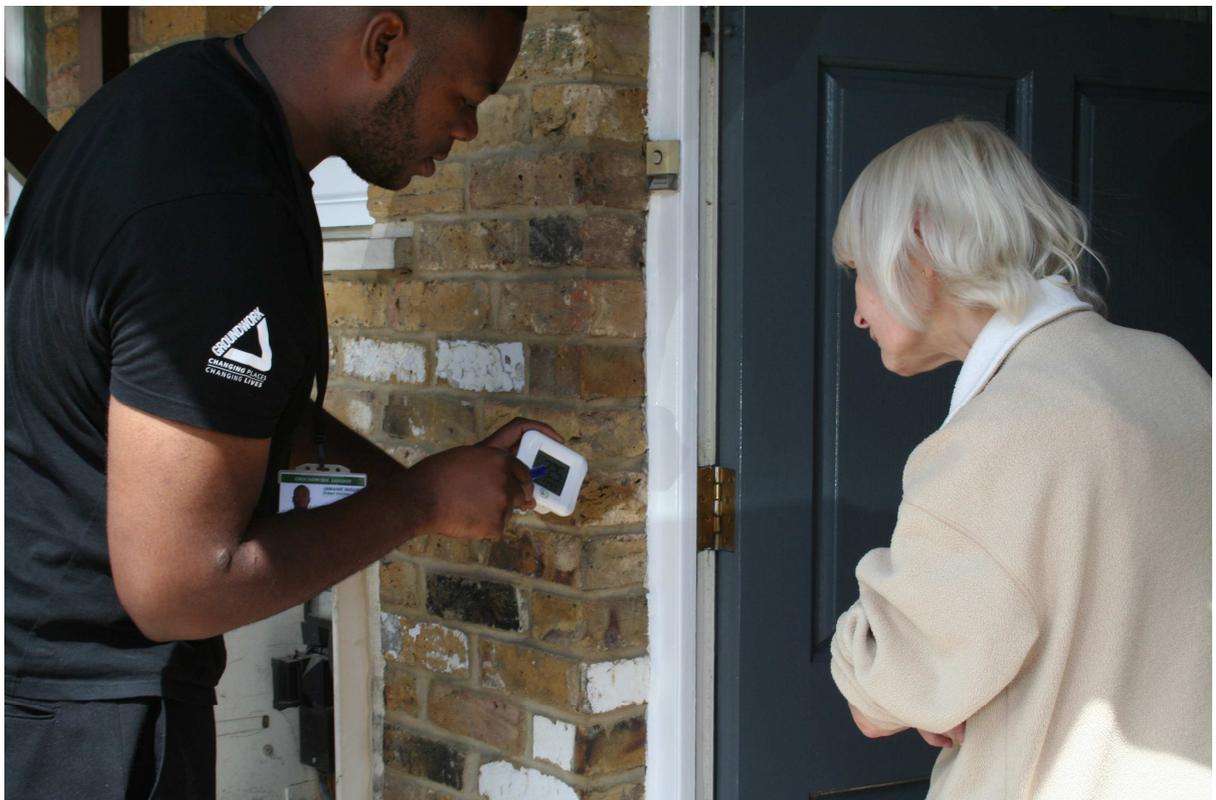


Lewisham Warm Homes Healthy People

End Project Report 2012/13

Lewisham Council
Sustainable Resources Group
May 2013



1) Introduction

- 1.1 Lewisham's Warm Homes Healthy People (WHHP) project was created as a result of the Department of Health's WHHP Fund 2012/13 and drew on previous work in the borough and good practice elsewhere. The project was led by the Council's Sustainable Resources Group and delivered in partnership with a range of public, private and community sector organisations.
- 1.2 The project provided help to residents vulnerable to the effects of living in cold housing, and sought to develop longer-term resilience to fuel poverty across the borough. To do this the project worked across four inter-related strands:
- **People**: a tailored package of support for residents identified as potentially at risk from the cold, including practical advice on keeping warm, income maximisation, a *winter warm* pack, warming foods, advice on switching to lower energy prices and access to volunteer and befriending services.
 - **Homes**: funding and installation of insulation; heating upgrades and repairs; draught proofing and emergency heating.
 - **Communities**: funding and support for community-led events raising awareness; and delivery of large parts of the programme by local voluntary and community sector organisations.
 - **Joining-up local services**: a multi-agency approach to referrals and delivery that included training for local frontline staff across social services, health and housing teams as well as for community and voluntary organisations.
- 1.3 The project ran from November 2012 to March 2013.
- 1.4 This report presents a summary of the project, its outcomes and lessons learned. A more detailed description of the methodology, deliverables, satisfaction survey and participating organisations is available on request.

2) Headline achievements

- A total of **408 referrals** received from 34 different organisations working with residents likely to be vulnerable to fuel poverty and cold weather
- A 'joined up' offer linking to **13 different support services**
- **100%** of residents receiving services from the project rated the experience as 'Excellent' or 'Very good'¹
- 319 vulnerable households received a **home energy visit and winter warm pack**
- 246 vulnerable households were added to the **Priority Services Register** providing additional safeguards on utilities contracts (such as priority reconnection during a power cut)
- 160 vulnerable households received benefits and welfare advice with an estimated **£97,000** a year additional income from benefits²

¹ Results from a telephone sample of 30 residents receiving the WHHP project

- 49 vulnerable households received a **fire safety check and smoke alarm**
- 21 households received a **help at home visit** from Age UK
- 19 vulnerable households received heating improvements and/or insulation, bringing in **£24,000 external funding**
- 13 people were registered for the local Age UK **befriending** scheme
- **600** people attended 14 events run by our community partners
- **2,500** residents received an information sheet on keeping warm
- Training for **160 front line professionals** on fuel poverty and health awareness
- **Winter resilience mapping** of community organisations offering support to vulnerable residents

3) Funding

- 3.1 Lewisham Council received £105,628 under the 2012/13 Department of Health's WHHP Fund. An underspend of £42,637 from the 2011/12 WHHP allocation was used to create a budget of £148,265 for the 12/13.
- 3.2 Lewisham Council officer time was not funded through the WHHP grant and the project had a dedicated officer project managing delivery through from September to March. Other funding accessed as part of the project included Carbon Emissions Reduction Target (CERT) funding for insulation works and DECC Local Authority Fund grant to pay for heating repairs and upgrades.

Activity	Funding 000's
Home visits	23,000
Winter warm packs	18,000
Measures installed in home visits	11,000
Income maximisation advice	20,000
Help at home services	1,000
Befriending project staff	8,000
Thermotext cold alarms	15,000
Access costs/clearances for insulation works	1,000
'Change Agent' graduate placement	15,000
Database	2,000
Training for frontline workers	4,000
Other	3,000
Contingency	27,000
TOTAL WHHP GRANT FUNDING	148,000
CERT funded loft and cavity wall insulation work	5,000
DECC LA grant funded heating repairs and upgrades	19,000
TOTAL ALL EXPENDITURE	172,000

Table 1: Lewisham WHHP Expenditure 2012/13

² Pre-welfare form calculation of benefits

4) Summary of the Lewisham WHHP offer

4.1 Residents were referred into the project through a variety of local public sector and community and voluntary sector partners. Each resident was then contacted by phone and matched to the different elements of the service. This included:

- A home energy visit.
- Income maximisation service.
- *Help at home* and befriending services for elderly residents.
- Insulation and heating services.
- Utility companies priority services register offering additional safeguards for vulnerable people.
- The Lewisham Handyperson scheme.
- Fire safety checks.

4.2 In addition, residents were given advice about other relevant services and organisations including: Disability Facilities Grant, Lewisham Disability Coalition, Taxicard, meals on wheels, health checks and eye tests.

4.3 Home energy visits lasted on average 90 minutes and included:

- A *winter warm* pack including slippers, blanket, thermal flask, microwavable hot water bottle, gloves, hand warmer and room thermometer.
- Practical advice on heating controls, energy efficiency, supplier switching.
- Installation of draught proofing, energy monitor, cold alarm, hot water tank jackets, chimney balloons and emergency heating.

4.4 Alongside these direct services to residents the project also funded:

- 14 community events on fuel poverty and keeping warm in winter, attended by over 600 people.
- Fuel poverty training for 160 public sector and third sector staff delivering services to vulnerable residents.
- A 6-month graduate placement to undertake mapping of winter resilience activity and develop proposals for future action. A detailed report that identifies current support services in extreme cold weather and presents recommendations for future action has been produced as part of this work.

5) Partners

5.1 The project was set up and run by the Sustainable Resources Group within Lewisham Council but delivered in partnership with a wide range of organisations from across the public, private and community sectors.

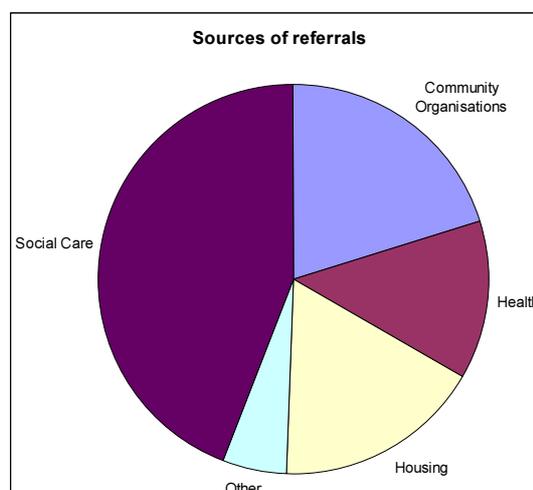
5.2 Our principle partners involved in the project include:

Age UK Lewisham and Southwark	End Loneliness Campaign and befriending service as well as ' <i>Help at Home</i> ' service sending volunteers to isolated and housebound residents to support them during periods of extreme cold weather.
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CAG Consultants	Training sessions for frontline workers in public, community and voluntary organisations.
Groundwork London	Delivery of home energy visits providing advice, draught proofing, cold alarms, <i>winter warm</i> pack, and emergency heating (where required).
Lewisham Advice Providers Consortium (LAPC)	Income maximisation services; Co-ordination of community outreach events. LAPC includes Lewisham CAB; Carers Lewisham; 170 Community Advice; Evelyn 190; Lewisham Refugee Migrant Network; Lewisham Multi Lingual Advice; Age UK Lewisham; Lewisham Disability Coalition.
Lewisham Council services	Emergency Planning; Linkline; Handyperson; Private Sector Housing Grants; Social Services
Lewisham Healthcare NHS Trust	Stop smoking service, health checks, flu vaccination, local falls clinic
Lewisham Homes	Referring clients and staff training.
Lewisham Multi Lingual Advice Service (LMLAS)	Advice and support to residents for whom English is not their first language to help them get cheaper energy through switching.
London Fire Brigade	Fire safety checks and smoke alarms.
Osborne Energy	Free loft and cavity wall insulation and heating repairs / boiler replacements.
Phoenix Community Housing	Referring clients and staff training.
Public Health Lewisham	Project development and evaluation.
Thames Water	Adding qualifying residents to the register of vulnerable customers offering safeguards for utilities contracts (such as priority reconnection if cut off for any reason).
UK Power Networks	Adding qualifying residents to the register of vulnerable customers offering safeguards for utilities contracts (such as priority reconnection during a power cut).

Table 2: Lewisham WHHP partners

- 45% of referrals into the project came from social care professionals;
- 13% from the health sector;
- 20% from local community organisations; and
- 17% from housing providers.



A break down of the figures by individual organisation is given at the end of the report.

6) Lessons learned

Grant funding

- 6.1 The flexibility of the DoH WHHP funding and the absence of conditions and restrictions on the grant has been highly beneficial. It created the freedom to decide how best to use the funding locally, and minimised time spent on administration which has undoubtedly led to a better project.
- 6.2 The stop-start nature of one-off grant funding created challenges in relation to the referral process. It takes time to communicate your offer and to generate referrals and to then get the balance right between fully using the grant without over-committing. It was frustrating to discourage referrals towards the end of March when it was still cold to prevent unbudgeted commitments in the next financial year.

Preparation

- 6.3 Early planning in the summer meant the project was ready to go from an early stage and when the WHHP Fund was announced in September we could submit a funding bid in partnership with locally-based community organisations.
- 6.4 Another advantage of early preparation meant there was time to set up systems and literature for the beginning of the project, so that once funding was confirmed we were able to receive referrals right away.
- 6.5 The use of a bespoke project database made a big difference to administering the project. It enabled the project team to store a large amount of client information securely and in an organised fashion, and it facilitated a relatively complex onward referral system. Trying to do something similar with a standard excel spreadsheet would have taken a lot more officer time.

Partnerships

- 6.6 A multi-agency approach was central to the methodology of the project. Although time consuming to establish and maintain, the benefits included:
 - Reduced administration and easier access to the project through eliminating requirements for qualifying criteria using instead the professional judgement of partners as the test of who received services
 - Increased awareness and capacity in staff delivering activity related to fuel poverty leading to a more joined up approach to the needs of vulnerable residents
 - Faster and extended reach into key target groups, particularly the elderly and residents with long-term health problems
- 6.7 Using small charities and community organisations as service providers has helped build capacity, knowledge and awareness across the local voluntary and

community sector. There are however risks where delivery is reliant on a single individual.

Generating and managing referrals

- 6.8 The rate of referrals into the scheme was inconsistent. High numbers were observed during periods of colder weather and following events and training courses with front line staff. This inconsistency could be managed more effectively by establishing a year round service, with ongoing marketing and promotion of the project.
- 6.9 There were a lower number of referrals from health professionals than expected, which may be partly due to ongoing changes across the local health sector. It was difficult to establish lines of communication with staff in the local NHS Trust, for example NHS staff experienced problems accessing the referral form on the Council website, as, despite numerous attempts to fix the problem, Lewisham website links did not work on NHS computers. Health staff were also less likely to spend time at a desk receiving emails which meant that engaging health professionals at the level required for this project was challenging.
- 6.10 Telephone assessments carried out before the home visit were very time consuming, some calls lasting over ½ hour. The aim of the telephone assessment was to inform the client that they had been referred to WHHP and assess the services they needed. In future, it may be better to tailor the referral form so that the referrer specifies exactly which services their client needs and/or build this into the home visit.

Communications and marketing

- 6.11 Not having qualifying criteria was a significant benefit in terms of minimising administrative time and encouraging referrals. However, as eligibility relied on referrals we did not publicise the programme directly to residents. This may have meant some people who would have benefited did not access the service.
- 6.12 Emails and circulars are good at generating interest, but often the message fails to infiltrate down to the target audience – which in this case was front line staff in partner organisations. Face to face interaction was more effective at generating referrals than emails were.

Service delivery

- 6.13 Home visits were the most popular aspect of the project with recipients and the *winter warm* pack proved to be the most popular element of the home visit. Blankets were identified most frequently as the most valued element of the pack.
- 6.14 Despite consent being required for a referral there was a higher than expected drop out rate. This was mainly due to difficulties contacting clients (language

barrier, hearing problems, client in hospital etc) but in some cases clients did not want to accept help or did not trust a free service was really free. This is why 408 referrals translated into 319 home visits (a drop off rate of 22%).

- 6.15 There was lower than expected uptake of the Age UK *help at home* support. Most of the older WHHP clients who lived alone were offered free help at home, but the majority declined. Many were worried about letting a stranger into their home.
- 6.16 Age UK found it difficult to find an adequate supply of suitable volunteers for the befriending service, and there were more referrals than volunteers. There does appear to be an unmet need for this service, or similar, locally.
- 6.17 Residents were less interested in taking up the offer of a cold alarm than expected. The alarm, which sends an automated message to a predefined set of numbers was seen by some as being a possible burden on others.
- 6.18 The energy switching element of the home visit only provided advice and many people needed far greater support to actually switch to a better tariff than could have been offered in the visit. The project attempted to start a dedicated switching service for residents whose first language was not english although this could not be started in the time available. It is recommended that future projects of this type direct more resource to this area.

7) Next steps

- 7.1 Lewisham's WHHP project achieved its targets in 2012/13 and made a positive difference to the lives of those directly benefiting. Measuring the extent to which this achieved health outcomes was outside the scope of the project, but there are a wealth of studies and literature that make the connection between action on fuel poverty, improved health and benefits for health services³.
- 7.2 Lewisham is seeking to put in place an holistic approach to services to vulnerable adults bringing together delivery of frontline services on adult social care and public health. The multi-agency approach adopted within Lewisham's WHHP project fits well with this and we will look to integrate future delivery as part of this coordinated service delivery.
- 7.3 Based on the lessons learned during the 12/13 WHHP project we recommend maintaining the project's focus on '*People; Homes; Communities; and Joined-up Services*' through the following activity in 13/14:

³ See for example citations in a February 2013 report to Lewisham's Health and Wellbeing Board on 'Fuel Poverty and Excess Winter Deaths'
<http://www.lewishamstrategicpartnership.org.uk/docs/060113%20SHWB%20Fuel%20Poverty%20and%20Excess%20Winter%20Deaths%20for%20Jane%20Miller.doc>

- A home energy advice service with a focus on fuel switching and heating controls
- A quick-responding temporary emergency heating offer
- Ongoing training for front line staff in health, social care, housing and other relevant services
- Befriending services and development of wider community resilience

- 7.4 It is also recommended that the project seek to extend the reach of those benefiting and in particular
- Target low income families
 - Reach more people with a wider set of long-term health problems
 - Connect to financial inclusion work within social housing and benefit services

7.5 **Critical to establishing this offer is finding a way to resource it on a more stable basis that can be achieved through one-off grant funding. This is an urgent priority if we are going to be able to design and commence an offer from September 2013.**

7.6 Securing ongoing funding will allow a baseline of activity to be created that can be used to secure wider investment for example from the new ECO energy company obligation to fund insulation and heating improvements.

7.7 It will also allow any future one-off grants - such as the DoH WHHP, if this is repeated - to extend the coverage and reach of the programme.

7.8 A similar scale project running from Sept 13 to March 5 addressing the issues above and benefitting 400-500 residents each year would cost around £150,000 a year.

Resource	Cost
Project management and coordination	£50,000
Home visits and advice services (energy, income, grants and debt)	£80,000
Emergency heating	£5,000
Befriending and winter resilience	£9,000
Events and training	£6,000
Total	£150,000

Table 3: Estimated costs of future activity

- 7.9 This represents a cost of approximately £300-£370 per resident benefiting, each of whom would typically receive:
- Immediate help to stay warm and reduce the risk of ill-health associated with living in cold housing
 - Increased home energy efficiency through draught proofing, insulation and heating improvements
 - A wider support network and resilience for individuals particularly those who may be isolated

8) Breakdown of referrals by organisation

Category	By Organisation	Referrals	Total
Community Organisations	Age UK	14	82
	Lewisham Refugee & Migrant Network (LRMN)	14	
	Family Budget Project	12	
	Carers Lewisham	10	
	Lewisham Advice Providers Consortium (LAPC)	16	
	Deptford Action Group for the Elderly (DAGE)	4	
	Groundwork	7	
	Lewisham CAB	1	
	170 Community Project	1	
	British Red Cross	1	
	Action for Refugees in Lewisham	1	
	Lewisham Targeted Family Support	1	
Health	Community Nursing	31	53
	SLAM NHS Trust	15	
	GP	7	
Housing	Hexagon Housing Association	18	70
	Thames Reach	4	
	L&Q	5	
	Lewisham Homes	4	
	One Housing Group	3	
	Phoenix Community Housing	5	
	LBL Private Sector Housing	30	
	Viridian Housing	1	
Other	Sustainable Resources Group	9	21
	Lewisham Probation	1	
	London Fire Brigade	1	
	LINC	2	
	Self	8	
Social Care	Cassel Centre	3	179
	Equinox Care	1	
	LBL Sheltered Housing	96	
	LBL Adult Social Care	77	
	Care Watch	1	
	London Care PLC	1	

9) Lewisham Warm Homes Healthy People Case studies

Mrs. A, 54, had an accident last year which left her with chronic pain and subsequently became unemployed. She is living on her own and identifies herself as disabled. She was referred to WHHP by her social worker because she was finding it difficult to pay for her energy bills and felt unable to manage her home. Mrs A had a home energy advice visit from our partner Groundwork who installed a cold alarm, draught-proofing and gave her a *keep warm* pack. They also showed her how to use her central heating controls, and set the timer based on her daily needs. She had a home visit from a local advice agency who carried out a full income maximisation assessment, which identified that she qualified for Attendance Allowance, and helped her with the application. She was also referred for befriending services from Age UK who are in the process of matching her up with a volunteer who will check in on her from time to time. She also received Age UK help at home visits to help with domestic tasks.

B & C are a young couple with a 3 month old baby who are struggling financially, and in arrears with their phone and other utility bills. At the time of the referral (December) their heating was not working. They were provided with a temporary electric heater to tide them over until the landlord fixed the heating. They also had a full benefit check but were advised that they are receiving all the benefits they are entitled to. Despite this they were struggling to meet all their commitments (debt repayments) and felt they couldn't afford to turn on their heating when it was fixed. The financial adviser supported them with negotiating affordable repayments on the arrears for their telephone bill and helped them appeal against PPI payments on their sofa. This assistance led to a reduction in their outgoings giving them greater confidence that they could afford to heat their home.

Mr. E, 70, suffers from chronic respiratory problems and is on a concentrated oxygen supply at home. He was referred by his community matron in early January and he has since been added to the gas, water & electricity suppliers' Priority Services Register so that his electricity supply will not be cut off, or if it is cut in an emergency, the utility companies will arrange an emergency supply for him. He was referred to the Lewisham Handyperson service as he wanted help moving furniture in his house. He received a home energy visit and *keep warm* pack. We also recommended he get a free home eye check as he hadn't had his eyes tested in over a year.

Mr and Mrs F both have health problems. Mr F has dementia, diabetes and heart disease. Mrs F has arthritis and dementia. They are looked after by their daughter who reported suffering health problems herself. An adviser from the Lewisham Advice Providers Consortium identified various benefits they could apply for, and they helped them complete a Community Care Grant application (CCG), a Taxi Card application and an Attendance Allowance application. The CCG application was successful and they were awarded nearly £1,000. They were also given advice about caring options and were signposted to other agencies for help.

10) Feedback and testimonials

The following is a selection of feedback from clients benefiting from the project

"I couldn't fault it. It was brilliant. It is comforting and good to know that there are people out there to provide this help. The energy advisor was very useful and a lovely young man. I have been following all the advice so I hope the next bill is lower." - **Client A, comments on the home energy visit**

"Shows somebody cares what happens to you" - **Client B, received a home energy visit, Age UK services, fire safety check and a welfare benefit check**

"Very helpful service and have been able to get £130.00 off my electric bill." - **Client C, who received a home energy visit**

"Great service was unsure benefit checks exist. Also wonderful to know that I could get a cheaper tariff from the same supplier." - **Client D, who received a home energy visit and a benefit check**

"Warm homes discount is great, so unfortunate I only knew it existed from the Green Doctor service. Better late than never. Very good advice. Have no other questions feel you have covered all of them. The electric monitor is a very great product, I did not know kettle used so much energy!" - **Client E, received a home energy visit**

"Pleased with service, hopefully the house will be warmer after having cavity walls insulated." - **Client F, received a home energy visit from Groundwork and insulation from Osborne Energy**

The following is a selection of feedback from partners involved in the project

"This was a fantastic service and very helpful, partly because it was so broad in the criteria and also because it was such a unique referral pathway. I really hope it can be run again next winter." – **GP, Lee Health Centre, Nightingale Surgery**

"I hope you will be able to provide this service again. It was very useful for our tenants with private landlords." – **Environmental Health Assistant, Lewisham Council**

'I found referring to Warm Homes very easy and any queries I had were always answered efficiently over the telephone if need be. I was initially surprised how quickly clients were contacted and were provided with advise/equipment that had a direct impact on their well being.' – **Community Occupational Therapist, Prevention and Response team, Lewisham Council**

"WHHP has enabled us to get the End Loneliness Campaign off the ground, and make a real difference to older people's lives." – **End Loneliness Coordinator, Age UK Lewisham & Southwark**

"She [Client X] has a variety of issues and often feels like she is trying to do everything herself and could not be more thankful for the support *Warm Homes Healthy People* gave to her. This program along with a couple of other support centres has made her feel like a weight has been lifted from her shoulders." - **Improving Access to Psychological Therapies (IAPT) Employment Worker, South London and Maudsley NHS Foundation Trust**