

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

03 November 2015

Report of the Director of Public Health

**AFFORDABLE WARMTH PILOT PROJECT
– PROPOSED EXTENSION**

1. Purpose of the Report:

The report seeks approval to extend the affordable warmth pilot by four months to December 2016.

2. Information and Analysis:

Background

At the meeting of Cabinet on 3 December 2013, approval was given for the investment of £376,000 over two years to 15/16 from the public health budget to the Local Authority Energy Partnership (LAEP) to reduce fuel poverty and excess winter deaths in Derbyshire. The investment is to pilot a unique method of targeting people who are the most vulnerable to fuel poverty, poor health and preventable death in winter. Public health and the LAEP signed a service level agreement in August 2014, which stated that the project would be operational from September 2014 to September 2016. The pilot is being evaluated and Cabinet will receive a final evaluation report indicating the outcomes achieved from this investment after its two years of operation.

The pilot began on 1 September 2014 when a project manager was appointed to develop and implement the pilot. Whilst the project budget allowed for a further 4 full time project officers to be employed to deliver the project on the ground, only 2.5 staff were recruited in November 2014 and a further 0.5 in Sept 2015 to avoid over capacity during the early stages of the project. This accounts for the underspend.

Progress to date

The project aims to identify and target householders with specific long term health conditions which are made worse by living in a cold home. Those most at risk are likely to be on low income and be in fuel poverty.

Clients are recruited with a letter of invitation from their GP which increases trust in the service and enhances response rates. Those clients who subsequently contact the project receive a tailored service

from project officers over a number of half day home visits. In the home, officers carry out an energy efficiency assessment, review income and affordable warmth issues with the client and assess their health and wellbeing needs. Staff then organise and follow up any necessary works such as installation of new heating systems or boilers, insulation or draft proofing. Benefit checks, fuel tariff switching and other income maximisation options are also pursued where appropriate and clients are reminded to take up flu jabs and other recommended health interventions. Privately rented properties contain the most vulnerable householders and present their own unique difficulties and solutions, often involving lengthy negotiation with landlords.

Essential project development steps included:

- Establishing information and data sharing project protocols with district councils and Clinical Commissioning Groups
- Securing access to Energy Company Obligation (ECO) funding to subsidise and deliver domestic heating and insulation improvements
- Setting up reliable referral routes to health and welfare services
- Identifying and encouraging GP practices to participate.
- Creating an effective methodology to identify and target patients

Two GP practices engaged with the pilot phase of the project in January 2015, letters were sent to patients in February and the first home visits commenced in March 2015.

External funding attracted by the LAEP

All measures are installed at no cost to the client due to a combination of external 'capital' funding secured by the LAEP.

- Department of Energy and Climate Change DECC award of £101k for installation of heating and other improvements
- National Grid award for £40k for installation of heating improvements
- £162k award approved 12 October 2015 for an application to National Energy Action 'Warm and Healthy Home Fund'.

Combining the above, the project has secured a total of £303,000 in external funding to date.

National interest shown in the project

The project has attracted the following interest at a national level:

- Featured as best practice by Public Health England in delivering the National Institute of Health and Care Excellence recommendations on reducing excess winter deaths
- Featured as a case study in the 2015 UK Fuel Poverty Strategy published by the Department of Energy and Climate Change (DECC)
- Invited to display project results at the Kings Fund Public Health and Housing congress 2015.

- Featuring as a case study in the 2015 Cold Weather Plan for England

Results

Between March and September 2015 the project has provided a tailored, high quality service to **115** householders suffering between them from **144** long term conditions and living in **83** households.

Capital investment in households to date (external funding)

Energy Measures	Number	Average	Total
New boiler and radiators (Home Heating Cost Reduction Obligation/DDC Corporate Property contractors)	23	£2,500	£57,500
Heating controls (stat and clock)	20	£300	£6,000
Loft/CW insulation	1	£200	£200
Draught proof	6	£150	3900
Temp heating/dehumidifiers	3		
Boiler service/repair	9	£100	£900
			£65,500

Household income generated

Income maximisation and health issues	Numbers of householders	Additional income to householders
Welfare rights (reoccurring annual income)	6	22,000
Tariff switch	27	2,000
Fuel debt relief	6	1,500
Warm Homes Discount	6	840
Water meters	3	180
Trips and Falls service	14	1,820
Priority service register & Safer homes	12	Free
		28,340

The service is receiving glowing reviews from its clients, who are being interviewed as part of the evaluation process.

The project is generating a 2:1 return on investment through the external funding and income maximisation it achieves, while providing a service free of charge to some of our most vulnerable households.

Planning ahead

Extrapolating interim results to a full year of operation at full staffing levels, including the recruitment of the remaining project officer, the following outcomes would be expected:

- 300 households will receive a service

- 900 visits carried out (average of 3 per household)
- 420 householders (individuals) will benefit from the service (covering 600 health conditions)
- 75 households will receive capital home improvement works worth approx. £2500 (total = £187,500)
- A further 75 households will receive home improvements worth approx. £400 (total = £30,000).
- 18 households (6%) will receive additional income worth on average £3,666 from a welfare benefits check (total = £66,000)
- A further 90 (30%) households will gain on average £250 between fuel switching/fuel debt relief/Warm Homes Discount /water meters/Trips and Falls service (total= £22,500)
- Annual salary costs (and mileage) for the assessment team and the Programme Manager = £155,000
- **Capital investment and income maximisation should together generate £306,000 p.a. or a return on investment of 2:1 for the Council.**

Extending the pilot period

The two year contract for the pilot started on 1 September 2014 and is due to end on 31 August 2016. Developing the pilot took longer than expected due to recruitment processes and developing the software to integrate computer data from three different sources. The pilot actually became operational in January 2015 when letters began to go out from the GP surgeries. The delay has incurred an underspend of £167,000. To allow the pilot two full years of operation it is required to run up to the end of December 2016. The underspend will cover this extension when a final evaluation report will be produced and any subsequent revenue underspend due to staff changes or other circumstances will be reviewed to establish how much longer the project could be extended.

3. Legal considerations:

The LAEP is an unincorporated association whose membership includes all of the district and borough councils in Derbyshire. The Director of Legal Services prepared a joint working agreement to be entered into between the County Council and those councils for this purpose and the agreement ensures that the any personnel specifically employed in the delivery of this project through the LAEP will be the responsibility of the LAEP.

4. Financial considerations:

The budget for the two year pilot is £188,000 a year and is met from the public health ring fenced budget. The predicted underspend is £167,000. Approval is sought to use this to extend the pilot to 31 December 2016.

5. Other considerations:

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

6. Key Decision:

No

7. Call-in:

Is it required that call-in be waived for any decision on this report?
No

8. Background Papers:

Cabinet report, 3 December 2013

9. Officer's Recommendations:

- a) To approve the extension of the affordable warmth pilot project to December 2016 using the project underspend
- b) To receive a full evaluation report indicating the outcomes achieved from this investment by January 2017.

Elaine Michel
Director of Public Health