

# How local authorities are responding to the NICE (2016) quality standards regarding a single-point-of-contact approach to tackling fuel poverty - A case study of *Portsmouth City Council*



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## Research Summary

**Local authorities have the potential to be key drivers in tackling fuel poverty across the UK and many local authorities are utilising a multi-agency approach to achieve this. The NICE 2016 quality standards aim to combine health and housing sectors under this approach to achieve a single-point-of-contact referral service to tackle fuel poverty and the associated health issues, however achieving this ambitious target is challenging. The aim of the research is to identify and understand the challenges of maintaining a multi-agency approach and to identify recommendations to help achieve this approach to tackling fuel poverty.**

### Introduction

Despite the 2001 Fuel Poverty Strategy aiming to ensure no vulnerable households are in fuel poverty by 2010, there has been a marked increase in the number of those in fuel poverty since 2005 (DECC, 2014, p.13). The Centre for Sustainable Energy reported that rising energy prices is causing low income households difficulty in paying their fuel bills, with around 60% having to cut back on heating. This is exacerbated by poor housing quality standards and is leading to significant energy wastage and the development of recurring cold-related health issues (NICE, 2016, p.6).

To begin tackling the issue of rising fuel poverty, many local authorities have established schemes in which they utilise a multi-agency approach to reduce the number of residents whom are at risk of fuel poverty. The association of fuel poverty with health issues, such as excess winter deaths and respiratory illnesses, is a key factor in encouraging other organisations to get involved in the multi-agency approach. Offering help to those in fuel poverty will not only improve the residents' wellbeing but their health will also improve as a result. This has led to some local authorities across the UK beginning to utilise frontline services such as GP practices,

Advice Centres & Citizens Advice Bureau as part of a multi-agency approach.

In 2016, the NICE guidelines were released and aimed primarily at the role of local authorities in tackling fuel poverty. These guidelines were introduced to reduce excess winter deaths and to drive local authorities and Public Health to cooperate on introducing effective fuel poverty strategies.

Many local authorities are beginning to put in place measures to meet these NICE 2016 guidelines, particularly quality standard 3 concerning a "single-point-of-contact health and housing referral service" (NICE, 2016, p.13).

There appear to be several issues surrounding this guidance, in particular a lack of ownership of the guidelines and standards published, which is concerning for its successful implementation. Some local authorities are looking to their Health and Wellbeing Boards to provide financial and strategic assistance to enable them to meet these standards. However, sources contacted by the author suggest that the establishment of a new form of relationship between housing and health requires the support from the health sector, partnerships with frontline

organisations and financial backing from both the housing and health sectors combined.

### **Research Aims**

The research aims to identify the challenges of the current approach of identifying those at risk of fuel poverty through the frontline services and recommend improvements that can be made to help move towards achieving the NICE quality standard of a “single-point-of-contact housing and health referral service” (NICE, 2016, p.21).

The research will consider:

- 1) The work of *Portsmouth City Council* as a case study, to establish their current multi-agency approach and identify the challenges faced when moving forward in creating a single-point-of-contact approach to tackling fuel poverty within the city.
- 2) The work of other local authorities and organisations that already have an established single-point-of-contact referral service.
- 3) Improvements which could be made to improve the multi-agency approach and the integration of the housing and health sectors towards establishing an effective fuel poverty referral service.

### **Methods**

A triangulation based method was utilised; involving both qualitative and quantitative research. Both allowed for diverse viewpoints but for primary qualitative research to be enriched using quantitative research. Mixed-method research is used in order to gain a real world understanding and facilitate a deeper and broader understanding of the research (Olsen, 2004, p.23).

Qualitative data was collected using semi-structured interviews of frontline staff, both within the local authority and within other organisations in the city.

This was enhanced by semi-structured interviews of other organisations, schemes and charities; to offer a broader viewpoint on the research questions.

A variety of quantitative data collection methods was considered in order to analyse the effectiveness of the frontline staff training workshops that occur as part of Portsmouth City Council’s multi-agency work. Quantitative questionnaires were used as an extension into the qualitative research and were sent to all attendees of previous fuel poverty workshops. This received 22 responses in total, across a 1-month period. A quantitative method was arrived at to obtain data which explored the effectiveness of the current fuel poverty work and reach an understanding of how these workshops can be developed. This quantitative approach allowed the findings of the qualitative analysis to be refined and tested to form more robust results.

Word repetition was calculated within each interview transcript to establish associated linkages between the respondents. By extracting keywords, key challenge themes were obtained (objective 1) and quotes extracted were used to establish recommendations and supporting evidence for the key challenges (objective 3). Although the results could have been synthesised into bullet points, the aim was to establish key challenges from each organisation, so extracting keywords and supporting quotes allowed the findings to be put into context within the local authority and allows for richer supporting evidence of the themes.

Data analysis involved manual coding of the interview transcripts to extract key ideas, themes and recurring keywords. These key themes were then established and researched in more detail through supporting literature and the experiences of the exemplary schemes.

## Results

There were several key themes identified:

Challenges of the multi-agency approach identified	
Key Themes from interviews with respondents	
Master Theme	Sub-Theme
<b>Combining Housing &amp; Health</b>	Coordinating sector agendas
	Lack of ownership
	Combining strategic priorities
	Clinical Commissioning Group (CCG) involvement
<b>Resident Engagement</b>	Communication
	Lack of energy understanding
	Time intensive
	Behaviour Change
<b>Funding</b>	Sporadic funding
	Intervention costs
<b>Collaborative Working</b>	Active organisation involvement
	Lack of top level support
	Silo mentality

<b>Single-point-of contact service</b>	Resource intensive
	Expectation management
	Strain on infrastructure
	Evaluation issues
	Priority group focus
<b>Link to NHS</b>	Lack of GP involvement
	Respiratory illnesses
	Hospital Discharges

Key Responses from respondents in relation to the themes found above were as follows:

### Combining Housing & Health:

It was suggested by 30% of respondents that there appears to be a lack of commitment and support from government at a national level for the coordination of housing, health, carbon reduction and energy efficiency agendas towards tackling fuel poverty.

- “Although many CCG groups mention fuel poverty, it is not truly representative of the number of fuel poverty schemes that have actual CCG involvement” (Respondent 5 – *National Energy Action*).
- From speaking to all respondents, there appears to be a lack of ownership of fuel poverty from both the health and housing sectors, as many still believe it is solely an environmental and housing issue.

### Resident Engagement:

- “Communication of schemes is difficult, if there is a lack of communication from residents, many will be ‘lost through the net’” (Respondent 5 – *National Energy Action*)

- “Lack of confidence, pride and trust are all emotional barriers to residents seeking help” (Respondent 6 – *SHINE*).
- Respondents 1-7 all suggested that behaviour change is required, as energy efficiency improvements alone will not improve long term energy issues.
- “Engaging with residents is a very time intensive process, you have to take time to help people to understand energy and usually there is more than one issue or debt” (Respondent 1 – *Citizens Advice Bureau*)

#### **Funding:**

Many of the respondents suggested Forming new partnerships with neighbouring organisations could increase funding opportunities.

- Funding is always sporadic and unreliable, with respondent 2 (*Portsmouth City Council*) stating “funding is always very disparate and from a variety of sources”
- Many of the respondents cited difficulties in introducing new services or schemes due to a lack of guaranteed funding, this is also seen within the analysis of the exemplary schemes.
- Many of the respondents agreed with the author that energy efficiency measures are very costly and sourcing full funding for measures is complicated and sometimes requires multiple funding sources to be sought.

#### **Collaborative Working:**

- “Partnership working can lead to delays in helping residents, as time constraints can impact on the referral process” (Respondent 4 – *Advice Portsmouth*)
- “The current lack of ownership of fuel poverty within local authorities is making it difficult to push fuel poverty forwards” (Respondent 1 – *Citizens Advice Bureau*)
- Responses and experiences of the respondents suggest that despite improvements to work ‘smarter’, local authorities are still at risk of working in ‘silos. Improving this could increase

shared working and reduce the unnecessary strain on services and teams.

#### **Single-point-of-contact-referral service:**

- Expectation management was a key issue raised by Respondent 6 (*SHINE*), who went on to explain that “no guarantee of interventions can undermine the confidence of scheme referrers and could reduce engagement from partner organisations”.
- Many of the respondents suggested the targeting of prioritised residential groups, such as the elderly/vulnerable through community organisations, will help ensure any scheme is helping those most in need.
- “A central point of contact would be required, they would need to have the resources and time to address potentially complex situations” (Respondent 2, *Portsmouth City Council*) and the respondent also suggested that “funding, resources and an improved scheme infrastructure would be required”.
- Analysis of the exemplary schemes involved both respondents 6 & 7, who both suggested that involving multiple organisations could lead to difficulties in tracking referrals, which in turn might lead to difficulties when evaluating the referral service at regular intervals.

#### **Link to NHS:**

The lack of GP referrals is a common issue with both referral services and multi-agency work. In both of the exemplary schemes engaging with GP practices was particularly difficult, due to the current NHS strains already felt by GPs.

- Upon analysing the literature, the main drivers of fuel poverty (high energy costs & inefficient homes) are shown to lead potentially to poor health as an outcome. Evidence of this relationship between fuel poverty and poor health is shown in the Governments’ UK Fuel Poverty Strategy (HM Government, 2001, p.7) stating “fuel poverty can damage people’s quality of life and health, as well as impose wider costs on the community... the likelihood of ill health is increased by cold

homes.....and increased illness adds to the pressures on health and social care services”.

- Although the link between fuel poverty and the impact on health services has been highlighted in this literature, currently few resources are available within the health sector to meet this demand.
- Sources contacted by the author suggested that fuel poverty can be linked to an increased risk of asthma, COPD and hospital re-admissions. All of which increase the strain on our overstretched health services.

### **Analysis of the Exemplary Fuel Poverty Schemes**

Throughout the UK there are a small number of local authorities who are already working to the NICE guidelines and quality standards; with some already having an established single-point-of-contact referral scheme. Both Islington Council and The Environment Centre were chosen due to their exemplary work of combining both housing and health under a current referral scheme. The approach used to assess these case studies involved analysing interviews undertaken with coordinators of the schemes, with some additional document analysis to provide context and background of the schemes. All of the above is discussed in the author’s final thesis.

### **Discussion**

These themes are researched in more detail in the author's final thesis (Shadwell, 2016. Unpublished); however, the current work of *Portsmouth City Council* shows good prospects for being able to facilitate this single-point-of-contact referral service in the future.

Overall, the challenges facing local authorities in seeking to tackle fuel poverty are numerous and the lack of sufficient national funding, supporting policy and resources combine to create difficulties for local authorities in trying to follow the NICE quality standards (Shadwell, 2016. Unpublished).

From initial results, respondents suggested challenges in the following areas: combining the housing and health sectors, sourcing adequate and sustainable

funding and working collaboratively with other organisations towards tackling fuel poverty together. With some of the recommendations identified below, a single-point-of-contact service is possible, however the findings of the research suggest top level support and a strong impact evidence base is required to obtain the sought-after health sector involvement.

There are several gaps in the existing body of knowledge surrounding a multi-agency approach to tackling fuel poverty that has been researched in this study. Although the NICE guidance has set aspirational targets for local authorities to work towards, the reality of responding to these standards and guidelines is challenging, especially with the lack of dedicated funding towards this work.

The author's literature review shows that there is currently a lack of research into how local authorities are responding to these NICE guidelines and quality standards. The research aims to gain an understanding of the challenges that local authorities are facing in their multi-agency approach to tackling fuel poverty, and the challenges faced as they respond to the ambitious NICE quality standard of implementing a single-point-of-contact referral service (Shadwell, 2016. Unpublished).

The research focuses on a small sample within a single authority so is not representative of national fuel poverty issues. However, identifying realistic delivery challenges and recommendations could help to bridge the housing and health divide, improve collaborative working and increase work with additional partner organisations. It will require dedicated funding, albeit from what are already limited funding pots, elimination of the ‘silo’ mentality and taking ownership of the effort to tackle fuel poverty. This will not only benefit existing fuel poverty work, but any future fuel poverty-related work based on any future policy developments.

Due to a current lack of evaluation of the NICE quality standards in practice, it is difficult to understand how well local authorities are working to these standards already. A lack of evaluation criteria and delivery objectives makes progress towards these standards difficult to ascertain, with many

local authorities currently setting their own scheme evaluation criteria.

Extending a single approach to fuel poverty to local authorities across the UK would be difficult, given that local authorities face many different challenges in each area based on resident density, tenure types and housing issues, to name a few. This makes it difficult to recommend actions towards a one-size-fits-all referral service which could be implemented nationally and is an area for further research.

The recommendations given in the associated thesis will research into some of the existing issues and offer recommendations for local authorities towards combining the housing and health sectors.

### **Conclusions**

Despite there being several challenges, a single-point-of-contact referral service is an achievable prospect, but only through increased linkages with the health sector, sufficient staff resources and utilisation of limited funding on targeted areas of housing. Focusing on priority groups and improving access to residents through multi-agency working is a necessity for reducing fuel poverty. If government targets are to be met, this approach to tackling fuel poverty must be seriously considered by local authorities across the UK.

Energy prices look set to rise and fuel poverty has not been given the national recognition and awareness that is required (Gosden, 2016). Therefore, local authorities should set clear strategies which are backed by top level figures in both the housing and health sectors. Ideally this would help to incorporate both public health and the local community organisations to tackle fuel poverty and excess winter deaths together. A referral service requires strong policy backing and funding support from the government and is a service which should be seriously considered as a future mandated approach to addressing fuel poverty for the foreseeable future.

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