

Creating Healthy Places in the North East: the Role of Fire and Rescue Services and Fuel Poverty Partnerships

7 March 2017: 9.30am-1.00pm (followed by lunch), Durham University, St Mary's College, Kenworthy Hall, DH1 3LR

Action points from break-out sessions/ table discussions

1. Prevention: Safe and Wellbeing Visits
 - Attendees identified that there is a time period between a household being identified as requiring assistance with their heating systems (through whatever scheme) and the work actually being completed. If the person is demonstrating 'risk taking behaviour' (using inappropriate portable heaters, etc.) then that leaves the person still at risk, but known to agencies, until the situation is remedied. Should there not be provision for a safe system to be used until the work is complete so that the risky behaviour is nullified? Cleveland Fire Brigade loan heaters to households, for example.
 - Any system to identify and assist households living with fuel poverty should be subject to constant review – a culture of continuous improvement. If this is not the case, then they run a risk of inadvertently becoming 'not fit for purpose'.

2. Increase public and staff awareness of fuel poverty /cold weather awareness training
 - Education for householders would be very useful showing the health advantages of moving away from solid fuel to gas central heating. This could include an explanation of issues, such as disruption while fitting the heating and solid fuel allowances.
 - For Heathy Homes, it was considered that having an Energy Champion embedded into the health provider services, such as the Clinical Commissioning Group, is a huge advantage and opportunity and has been achieved by the joint working between Durham County Council and the DDES Clinical Commissioning Group.

3. Energy efficient improvement schemes/ reducing energy costs (incl. support with switching energy suppliers)
 - Flexibility of engaging with people is important. Snail mail and face to face contact may be important for building trust.
 - Time frame from interventions, when do you see benefits? How do you decide and what benefits should you measure?

4. Get Warm Soon, survey of Health and Wellbeing Boards action on cold related ill health and County Durham's response to NICE guidance
 - Successful cross-sector partnerships need to be able to speak in terms familiar to other sectors, in order to bring partners on board (e.g. housing targets compared to clinical outcomes).
 - The success of partnerships often depends on engaged individuals who are committed to an issue, rather than being seen across the board. Approaches therefore need to be adaptable, flexible and innovative.

5. Benefit and income maximisation (welfare advice and Registered Social Landlord's money management projects)
 - Helping people access services / schemes and funding that already exist, but they may not be aware of. In both our project, but also Sam's work at CAB highlighted that people facing quite complex difficulties often benefit a lot from accessing services that are available, but they don't have the time to deal with or the knowledge of. An informed advisor, who can help link them to these existing benefits, acts almost as a system navigator to produce significant impacts.
 - Branding – linked to trust and face-to-face advice: I think the main presentations covered this as well, but we also talked about the importance of having a trusted brand to encourage people to access advice services (like the fire service, CAB and Derwentside Homes). This links in to the ability of the advisors to then develop trust with the clients, which in itself was facilitated by face-to-face services. It seemed to make a cycle of reciprocal benefits for the services and the clients.

6. Targeted fuel poverty work in primary care
 - We need to think creatively and look at how we can pool the resources we have together to make a difference.
 - We need to take time to understand each other's agenda as we often use a 'different language'.