1 Background

Beat the Cold began as an informal working party at Stoke-on-Trent CVS in the mid 1980's, in response to concerns about hypothermia and about the welfare of older people during the winter. In 1995, the CVS employed a co-ordinator to develop the campaign. As the work developed, the emphasis moved from assisting voluntary and statutory agencies to increasing work with individual clients. The project was allowed to develop a distinct identity. In 1999, six members of the Advisory Committee formed an independent charity.

Currently, the agency has six members of staff – four full time and two part time. Four advisers spend much of their time in outreach work and in the homes of clients; one adviser is also the Operations Manager and is office-based; and there is a Chief Officer. The agency has a number of associates who are trained and experienced. They help us to respond to short-term fluctuations in demand, such as when the peak of WHHP activity coincided with peak winter activity and a collective fuel-switching project.

The aims of the charity are to reduce the incidence of cold-related illness and fuel poverty and to encourage sustainability in Staffordshire, Stoke-on-Trent and surrounding areas.

2 Partnership

The agency has always depended on working in partnership to achieve an impact in the communities that it serves. Building up a group of services that complement each other and offer a reliable service across an area is becoming more difficult. Fragmented projects may deliver targets for the funder or purchaser, but they do not provide a base, or core.

2.1 Developing a service

It may be worth distinguishing agencies or groups:

- with a geographical base, well connected and well regarded, such as Residents' Associations and some faith communities;
- with a service user base, such as Home Start, North Staffs Users Group;
- that offer primarily peer support, such as the Stroke Association or the Alzheimer's Society;
- with relevant services such as Home Improvement Agencies, agencies offering housing support;
- and agencies able to carry out specialised work and to access specialised funding, such as Warm Zones cic.

In practice, I would expect to see Age UK (local), CAB, the HIA, peer support groups, local authority (all tiers and various service areas), social landlords, a contractor panel involved. The local voluntary infrastructure organisations would be a good introduction.

2.2 Formal partnerships

Marches Energy Agency and Beat the Cold recognised complementary experience and skills and combined to tender for energy advice contracts. MEA hold three contracts – Lichfield, Tamworth and Stafford – with BtC as a delivery partner. For the Big Lottery, Reaching Communities, BtC is the lead agency for a project to work with the service users of Changes Health & Wellbeing and has a formal SLA with that agency.

BtC has a contract with the Aspire Housing – part of the Aspire Group – to offer an energy advice service to customers of the social landlord, and with Staffordshire Housing Association to offer a similar, smaller service. As well as the close working with the individual purchasers, BtC, Aspire and SHA work together where sharing resources and expertise is of mutual benefit.

Closer to the grass roots, it is possible to work formally with community groups such as Residents Associations and Local Action Partnerships. Three Residents Associations in Stoke

applied separately for funding from Eon to work with us on energy awareness within their communities. At this level, the group must see the benefits to its members and to its own development.

2.3 Informal partnerships

Mutual support between agencies can often achieve at least as much as contractual relationships. This support, when it makes delivering core activity simpler and has obvious benefits for service users (or members), will motivate agencies to work in partnership. There is more about moving this on to an 'agency' model below.

2.4 Some implications of governance and representation

Recent simple analysis by a local infrastructure organisation gives an indication of practical complexity. 449 charities registered in Staffordshire and Stoke-on-Trent; 1,350 voluntary organisations with paid staff; 1,800 community groups run entirely by volunteers. 2,500 VCS groups have an income of less than £10k a year, but a combined annual income of over £132m. The sector employs over 15,000 paid staff and 2,000 volunteers.

Each voluntary agency is independent, with its own governance arrangements in accordance with Charity Commission requirements. My experience is that senior officers in statutory agencies can get frustrated that there is no central point, from which they can hear the voluntary sector view and to which they can turn when they want something done quickly.

Agencies will vary as to user involvement – from user-led and partly staffed to the newer cic's with directors.

When planning and managing partnerships, it is important to understand how representation is working. For example, is the Chief Exec at a meeting selected to be there and reporting back to the wider sector? Because of the independent governance, it may be very difficult to find someone who can make commitments, but, at least, there will be the flat management structure of most voluntary agencies and their undoubted ability to respond quickly.

3 Engaging with the NHS

3.1 Commissioning

The following is based on engagement with a senior commissioner and with several CCG's.

Evidence-based commissioning of comparatively small services is difficult, particularly if a potential provider is suggesting a case for 'invest to save'. One of the recurring and intransigent issues for the community and voluntary sector is the capture of the evidence that illustrates any savings argument is robust; that outcomes can be attributed to interventions; and that the interventions have resulted in a 'positive' change in demand for NHS services. This is a challenge faced by all NHS providers, particularly where outcomes are associated with things subsequently not happening, such as admissions.

CCG's in Stoke and Staffordshire are replacing many of their small, third sector contracts with a grants scheme. Each CCG uses the same format, but specifies that proposals must meet their separate priorities. We are waiting to hear whether 'Emergency Warmth' will be accepted in Stoke, but we have been awarded a grant for working with GP practices in another CCG.

Nationally, the cost to the NHS of excess winter illness and death needs to filter down to commissioning priorities at CCG and local authority Public Health level.

3.2 Example – Emergency Warmth

Two local PCT's and then Stoke CCG funded our crisis service 'Emergency Warmth'. Within the contract, the evidence base refers both to the JSNA and to the Health & Wellbeing Board Priority Outcome Indicators.

'Beneficiaries of this service must be vulnerable to the effects of the cold and/or have an existing condition that is exacerbated by the cold, this includes, but is not limited to, the following patient groups:

- Patients with respiratory conditions
- Patients with co-morbidities
- Elderly patients (aged over 65)
- Households with infants (aged under 5)
- Patients requiring discharge, or patients that have been recently discharged from hospital'

Example summaries from 2012-13 final report:

> *Aged 90, lives alone; CHD, dementia; no heating*
> *Home Improvement Agency arranged boiler repair; BtC loan heaters*
>
> *Aged 79, lives alone; poor mobility*
> *Attempt to restore heating and hot water; negotiate with Warm Front to expedite grant work; liaise with Social Services*
>
> *Young couple with floating housing support*
> *Loan heaters; refer Housing Standards to force landlord to repair heating*

This project also demonstrates a blurring of roles between partner and contractor. We have a full contractual relationship with a heating company, but the Managing Director (and his staff) offers a much better service than we could afford. His engineers often go out the same day that we make a referral and the company allocates staff who know how to treat vulnerable customers.

3.3 Engagement with service providers

Following a paper to the Emergency Care Network Board, the University Hospital of North Staffordshire arrange a 'Listening into Action' event to explore how the sector could better engage. Senior staff from Social Care, Health, the hospital and invited voluntary agencies took part. As a result of that event, the hospital arranged a day for staff from the wards to meet agency staff. Perhaps the most valuable briefing was with the Discharge Facilitators around homeless people and around home conditions.

SSoTP Trust, that provides most of the community health and social care in Staffordshire, has always been helpful at community level, with senior management support.

4 Becoming sustainable

Our advisers increasingly take out a tablet PC, so that the client can see how they are looking for the best fuel company and tariff. They negotiate, wherever possible, on speakerphone, so that the client can hear what is being said. With Aspire, we are about to try a 'telephone triage' model and select for home visits only those customers who cannot manage with only information and encouragement. To date, our experience is that visits planned to last only 20 minutes often become full advice and support visits.

4.1 Volunteers

When volunteers are comfortable, they can increase the effectiveness of the agency. Over winter 2012-13, the volunteer helpers at the Live at Home lunch clubs in Lichfield 'vouched' for the BtC staff coming to talk and helped us to find vulnerable households that would benefit from face-to-face advice in the home. The Staffordshire Community Foundation supported similar groups across the County to offer additional places and additional sessions. In Stoke, over 1,000 people benefitted from this work.

Volunteers require agreements (similar to simplified contracts, but avoiding a formal contractual relationship), training, supervision, social support and more. Such activity requires medium to long term commitment and the allocation of a realistic budget. 8 to 10 volunteers at SHA were

recruited and trained, initially by NEA then by BtC, in both 'technical' skills and 'people' skills. They then enjoyed taking part in a Roadshow around five schemes and areas, with the confidence to go into residents' homes to give advice.

One model of volunteering is to recruit and train generic volunteers who are willing to engage in a variety of roles within the organisation. Another model seeks volunteers who are enthusiastic about certain themes, such as sustainability.

5 Scheme models

5.1 Desirable content

- Using heating systems and other appliances economically
- Finding the best deal for gas and electricity
- Applying for the Warm Home Discount – worth £135 a year
- Priority Service Register at the fuel companies
- Negotiating with fuel companies, especially where there are errors with bills or meters
- Support to cope with fuel debt
- Home Energy Advice and Support Visits for vulnerable households
- Referral and signposting to partner agencies
- Small and large public events – partners welcome to join us
- Training / briefing
- A referral network for partners around ECO

5.2 Implications of changes to ECO

Recent changes to the implementation of the Energy Company Obligation and the proposals within the Consultation Document (The Future of the Energy Company Obligation, DECC) have significantly altered the likely availability of measures. The witness from DECC will be able to give the accurate picture of how Green Deal and ECO will fit into the provision of affordable warmth.

For eligible households with a central heating system, on the gas main, it has been possible to find a fully funded repair or replacement for the boiler. Ancillary work might have incurred a cost, but the bulk of the cost of the boiler repair or replacement did not fall on the household.

This looks set to change. As an indication the price per unit at auction has fallen from 22p – 24p a year ago to 7p. The obligated parties may be able to meet their targets by offering a reduced service. It was this Affordable Warmth obligation (HHCRO) that helped Emergency Warmth to function on a small budget.

The Consultation Document proposes positive changes to HHCRO from April 2015 – bringing storage heaters and more off-gas properties within the scope of the scheme, and safeguarding those least able to afford a contribution to the cost. In the near and medium future, however, the outlook for households needing a new boiler is grave.

BtC had been negotiating with potential partners to offer a scheme that funded all or part of the cost of advice and 'soft' support from payments for finding eligible households for HHCRO, CERO and CSCO.

We would also have offered part of this funding stream to partner agencies with the expertise and reach to help us find eligible households. This is now 'on hold' at best. Encouragingly, our experience is that agencies may be willing to work with us for the good of their clients, undertaking any additional work at their own expense in some cases.