

Crisis Home Energy Project How-to Guide



This guide offers more detailed information and advice for those who may be interested in adopting or adapting the initiative in their local area.

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Title	Crisis Home Energy Project
Organisation	NHS Greater Glasgow and Clyde
Category	Emerging Practice
Poverty Impact	Mitigation
Introduction to the Project	
<p>The Home Energy Crisis Response Service provides a crisis support service across the NHS board area to mitigate the impact of fuel poverty for acute care and mental health patients. The service is funded by NHS Greater Glasgow and Clyde with the aim of improving the flow of patients being discharged from a hospital setting back into the community. By removing the obstacle of fuel poverty means that patients can return home with the assurance that they will have a warm home and the means to cook a warm meal. Energy advocates (specialist benefit and energy advisors) are also provided to help individuals post discharge with targeted advice on how to cut their energy costs and access any help and/or funding they may be entitled to.</p>	

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Initial Idea

Who had the initial idea?
Gillian Harvey
How did the idea for the project come about?
Acute secondary care service user and staff feedback identified gaps in current services related to prevention re-admission strategies. The limitations in current services consisted of the support being in-kind support with no dedicated funding, and the delivery being restricted to the patients of the Queen Elizabeth University Hospital, which the Home Energy Crisis project addresses.
Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans? <i>If so, please add details to the box below.</i>
Yes. An unidentified report and current data trends of increased demand for the patient services providing emergency support with fuel, food and money, as well as information related to both local and national population health data.
Who was involved in developing the initial idea of the project?
NHSGGC Support and Information Services (SIS) staff. Acute secondary care staff and service users
Were those with lived experience of poverty involved in developing the initial idea of the project?
Not formally. (Service users had informal conversations/feedback with acute secondary care NHS and SIS staff.).
What funding was used, if any, to support the development of the initial idea of the project?
NHSGGC Endowment Fund

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What in-kind resources were needed when developing the initial idea of the project?	
Facilities	Inhouse existing facilities.
Equipment	Inhouse existing structure.
Local Knowledge	Energy sector benefit, grant, and supplier knowledge.
Food and Drink	N/A
What, if any, barriers did you have to overcome when developing the initial idea of the project?	
Finding a cost-effective sustainable model for the board..	
What, if anything, was helpful when developing the initial idea of the project?	
Existing NHS Infrastructure and physical capacity.	
What was the timeline between the initial idea and the start of the project?	
Not reported although typically a project can take on average three years from initial idea to roll out..	
Who made the decision to introduce the project?	
Gillian Harvey.	

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Early Development of the Project

Did you run a pilot project or carry out a feasibility study?

No.

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Accessing the Service and Engaging with Service Users

Is there a referral process? If yes, how does the referral process work (self-referral, referred by other agencies, identified from an existing database)

Yes. Staff referral to Support and Information Services where ongoing long-term help is organised through online referral to money advice centre 'Money Matters' using Money Matters Energy portal. Money Matters outreach service is an additional referral portal.

How are potential clients made aware of the project?

Through social media, organisational websites, SIS onsite hubs, word of mouth, and patient information leaflets.

How do you keep in touch with service users? Do your service users have a preferred method of contact?

Further contact is at the discretion of service users.

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Working with People with Lived Experience of Poverty

Are those with lived experience of poverty involved in delivering the project? *If so, please describe below.*

Not reported.

Are people with lived experience of poverty involved in managing the project or project governance? *If so, please describe below.*

Not reported

Are people with lived experience of poverty involved in any other aspect of the project? *If so, please describe below.*

Service user feedback and future quantification of service success through statistical measurement and impact analysis.

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Leadership, Governance and Partnership Working

Who is responsible for managing the project?
Gillian Harvey
Is this the only responsibility of the person managing the project? <i>If not please describe the manager's wider roles and responsibilities.</i>
No. Wider Public Health remits involve sitting on various public health steering groups, attending conferences, planning, overseeing various NHSGGC projects, liaising with third party partner agencies, sitting on NHSGGC Health Board, and securing project funding and promotion.
Is there a Project Steering Group? <i>If yes, who is involved in this and how does it work.</i>
Yes. The Crisis Home Energy Steering Group..

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Links to Wider Policies, Strategies and Statutory Requirements

Is the project part of a wider anti-poverty strategy? <i>If so, please give details.</i>
No
Is the project part of any other strategy? <i>If so, please give details.</i>
No
Is the project delivering a service that is a statutory commitment. <i>If so, please give details.</i>
No

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Funding

Who funds the project? <i>Please give details.</i>
NHSGGC Endowment Fund.
How much does the project cost?
Not reported (primary stages of project make this hard to determine).
Is future funding based on pre-agreed outcomes or outputs being delivered?
Yes. As the project is publicly funded it is subject to scrutiny from the NHSGGC SIS board that require regular reporting. The Endowments Committee receives regular reports of the project as well to ensure the project is in line with the targets set out in the funding bid.

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Staffing and Resources

Which partners are involved in delivering the project (local authorities, organisations, community groups, etc.)?	
NHS staff	
Which paid staff are involved in delivering the project?	
Yes. Core SIS team of 10 full-time staff, and a bank team of 15 part-time staff involved in day-to-day delivery, monitoring of project, and onward referral to Money Matters.	
Are volunteers involved in delivering the project? <i>Please describe their role and their contribution.</i>	
No volunteers are involved.	
What in-kind resources do you need to deliver your project?	
Facilities	Existing NHS office and hub space.
Equipment	Existing Office and IT equipment including Money Matters IT referral system.
Local Knowledge	Subject specific knowledgeable of NHS and external partner agency NHS acute staff issues. NHS staff with lived experiences of poverty. Money Matters subject specific knowledge.
Food and Drink	N.A.
For each of the in-kind resources listed above, who provides it?	
Facilities	NHSGGC.
Equipment	NHSGGC and Money Matters referral database.
Local Knowledge	NHSGGC staff and antipoverty partner agencies inclusive of Money Advice and CAB.
Food and Drink	N.A.

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Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project? *Please describe below.*

No. However, contract for required services was outsourced to Money Matters for project delivery.

Was additional staff training required to deliver your project? *If so, please describe.*

Yes. SIS Staff had to undertake training in Money Matters IT referral system.

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Monitoring and Evaluation

What information, if any, do you collect about your project?	
Number of users	Yes.
Profile of users	Yes.
Experience of users	Yes.
Anything else	Demographics.
How often is data collected? Who collects the data?	
At point of service access/enquiry.	
Do you have baseline data on what things were like before the start of the project or before users started the project? <i>Please describe the type of baseline data that you have.</i>	
No.	
Do you produce an annual report? <i>Please provide details of what this includes.</i>	
Yes	
In what ways, if at all, do you use the data that you collect to adapt the service that you provide?	
Not reported.	
Have you employed an external organisation to formally evaluate your project? <i>If yes, please provide details.</i>	
No.	
Do you intend to employ an external organisation to evaluate the service that you provide in the future? <i>If yes, please provide details.</i>	
Not currently planned.	



Tackling Poverty Locally Online Directory

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Funded by



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Reach and Impact

What difference has the project made?
Yet to be analysed due to early stages of the project
To what extent have the aims of the project been achieved?
Yet to be analysed
How, if at all, has the demand for the service provided changed since it started?
Too early in project delivery to determine, however a 10-fold increase in the uptake is expected in the winter.
If yes, has the project had the capacity to meet these changing conditions and demand
Unknown at current stage of project delivery.
Has the project had any unexpected or unintended outcomes? <i>If so, whether positive or negative, please describe.</i>
Yet to be determined
In your opinion, is the project having an impact on tackling child poverty? If so, please describe in what ways.
Yes. This project impacts positively on those experiencing energy/fuel poverty by dealing with the immediate cause, and by providing long-term solutions at an individual level.

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Learning from Experience

What is working well?
Yet to be confirmed..
What, if anything, is working less well?
Yet to be confirmed.
What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?
Yet to be confirmed.
What plans do you have to develop or expand the project in the future?
Expand it out with NHSGGC by provision of a sustainable good practice model which other NHS boards may utilise..
How easily do you think your project could be replicated in another setting?
Replicable if funding is prioritised for it and existing infrastructures have the capacity to cope with potential demand.

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