

Scottish Fuel Poverty Conference

Fuel Poverty and the Road to Recovery

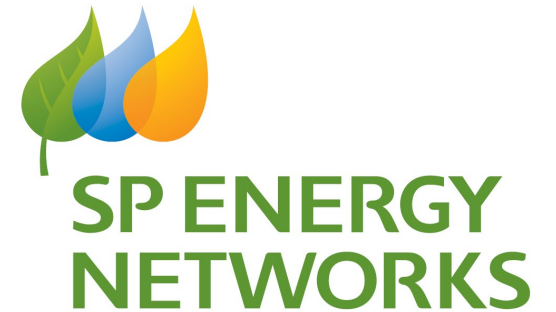
Wednesday 17 March 2021
14:00 – 16:00

Session 2

**Vulnerability: how do we protect
people in need?**



Supported by:





The Vulnerability Commitment

A set of principles and commitments from energy suppliers to support customers in vulnerable circumstances in addition to existing industry regulations.

The energy sector is committed to continually improving service for all customers, particularly those in the most need.

[#VulnerabilityCommitment](#)

2018

- Independent expert Commission is convened
- Chaired by Lord Whitty alongside 5 experts
- Call for evidence and hearings across GB

2019

- Publication of the Commission's final report
- Recommended a new code of conduct to improve consistency and standards
- Further research into effective voluntary codes

2020

- Initial development of a code with suppliers
- Consultation – stakeholders, vulnerable households
- 14 suppliers commit to joining finalised code from a go-live date of 1 January 2021



The Commission for Customers
in Vulnerable Circumstances
Final Report 2019





ecotricity



green.[®]

octopus



**SO
ENERGY**



UW Utility
Warehouse

Vision

To harness the commitment of energy suppliers of all different sizes to continuously improve the support provided the vulnerable households.

How can this be delivered?

- Principles & 14 Commitments
- 3 themes of Accessibility, Collaboration & Innovation
- Finalised based on feedback from the Commission, stakeholders and customers







**Improving
supplier-
customer
communications**

**Creating
supplier-third
sector
partnership
opportunities**

**Sharing
examples of
good practice in
the sector**

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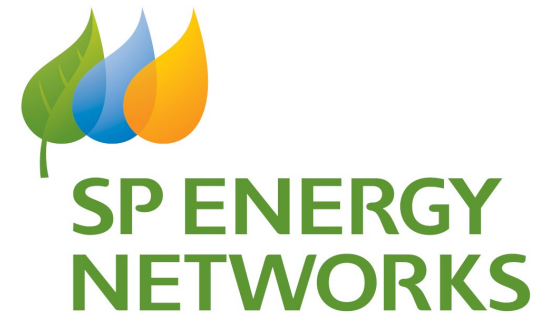
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Vulnerability: how do we protect people in need?

Energy Action Scotland conference 17 March 2021



- By Kate Morrison
- Strategic Lead for Fair Markets

Citizens Advice Scotland

Scotland's Citizens Advice network empowers people in every corner of Scotland through our local bureaux and national services by providing free, confidential and independent advice.

We use people's real life experiences to influence policy and drive positive change. We are on the side of people who need help, and we change lives for the better.



Scope

Theme for this session:

- Are the needs of people in vulnerable situations changing?
- Are those in vulnerable situations being reached?

This will include:

- Overview of advice trends and issues
- Summary of CAS research



Vulnerability and COVID-19

A view from the Citizens Advice network in Scotland:

- Increase in clients who are self-employed, employed full-time, looking after home/family, and students
- Concerns about energy affordability – significant demand for advice on financial assistance and fuel poverty support
- Increase in % of energy advice relating to fuel debt
- Surge in demand for PPM advice
- EHU demand reached unprecedented levels
- Increase in safeguarding related calls



EHU case

Fuel debt:

The consumer was self-employed and unable to work due to the COVID-19 pandemic. He shared his home with someone who had health conditions.

He had been paying a regular direct debit to his electricity supplier but had struggled to pay for a few months even before the pandemic due to a reduced income. A balance of £2,000 had since been passed to a debt collection agency. He had concerns over the accuracy of the balance.



EHU case

Back-billing:

The consumer had type 2 diabetes and was not working due to the COVID-19 pandemic. She had received a back-bill for over £2,000 for electricity. After making a complaint she was told it was due to her not providing meter readings - she had presumed that taking readings was the supplier's responsibility.

It was found the account had been estimated since 2017, and a refund had also been provided in the past, which further confused the billing. Although she disputed the balance, she had tried to discuss payment options previously, but had been passed around different departments.



PSR research

In 2019, CAS published 'Making it Easy: Simpler registrations for consumers in vulnerable circumstances':

- Found no integrated approach across sectors in Scotland.
- Proposed a single registration process – a central signposting resource.
- Encouraged dialogue between Scottish Water and the electricity network operators.



What needs to happen?

How can we get better at identifying vulnerable clients across PSRs in Scotland?

How could future iterations of the PSR better serve the needs of consumers in vulnerable circumstances?

Could we broaden the 'vulnerability net' to include, for example a financial vulnerability or digital exclusion flag?

Can we move towards inclusive design or embedding Ethical Business Practices?



Thank you

kate.morrison@cas.org.uk

- By Kate Morrison
- Strategic Lead for Fair Markets



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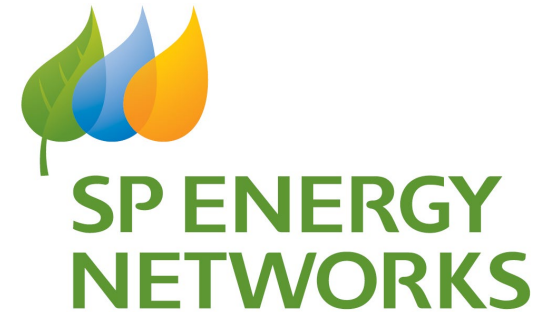
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Supported by:



Energy Action Scotland Conference

Dr Elizabeth Blakelock

**citizens
advice**



Case study



John was working two days per week as a decorator in a school, but had to stop work due to the COVID-19 crisis. He is awaiting hip replacements, but this has also been postponed indefinitely due to the crisis. His mobility has got worse and he has been struggling with mental health problems.

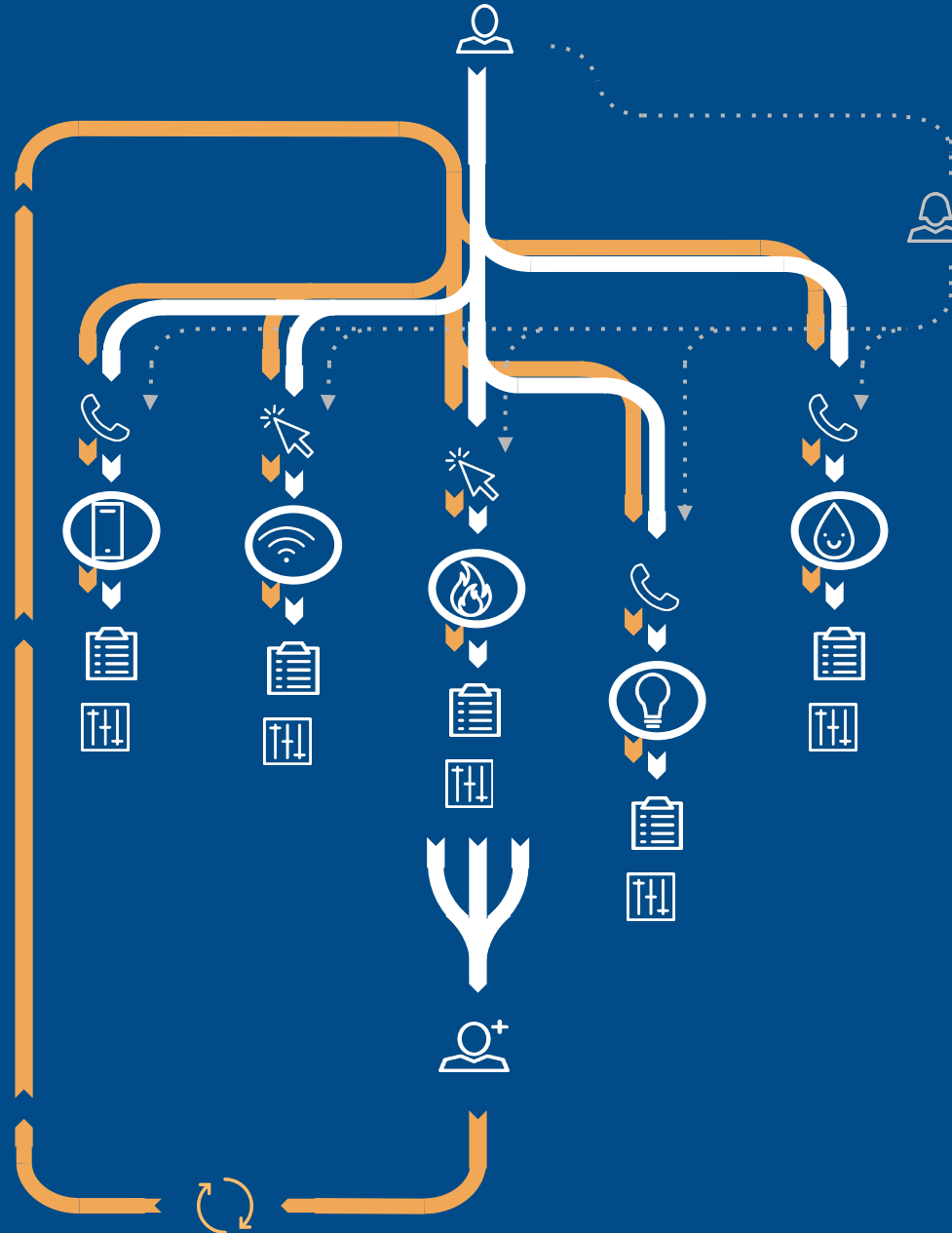
John successfully applied for Universal Credit but has a mortgage, unsecured personal loan and credit cards. He requested payment holidays on all of these services for three months. He also applied to his mortgage repayment protector policy, but if that's successful it may affect his Universal Credit payments. He has a negative budget and is unable to pay essential bills including his energy and water bills.



To help John, an adviser had to contact multiple creditors. John, helped by the adviser, had to go through an assessment for each creditor, to see if he met their criteria for support. In each case he was assessed against a different definition of vulnerability. And each provider offered a different type or level of support. This was a stressful experience, especially for someone like John, who is already facing challenging circumstances.

Customer journey

The current complex system



Consumer in vulnerable circumstances who needs support

Consumer may get help from an advisor to identify support and complete each stage of the application process

Consumer applies for support from each service provider

For each service provider the consumer:

- goes through application process for support
- give consent to data sharing

Consumer receives support from each service provider

If the consumer's circumstances change they repeat the process

How a future energy market should feel for consumers



- ✓ I can confidently engage in the energy market
- ✓ I can access different options and benefit from new technologies and services
- ✓ I am not penalised for being loyal to my supplier or provider - or locked-in to any product or service
- ✓ I can control and amend how my data is used and shared
- ✓ If something goes wrong I can quickly and easily get it put right - I don't have to navigate between companies
- ✓ I feel in control over my energy experience



Companies provide transparent, comparable and simple information about products and services



Advice and support to make the right decisions



Robust regulations for new business models that ensure consumers are not asked to pay the costs - or carry the risk - of a company failing



Products and services are inclusive by design



Protections are consistent across markets



Products and services are interoperable and data is easily portable



Independent advice and redress options

The future energy market is:

inclusive by design and recognises the essential nature of energy supply. It should facilitate and encourage innovation, be accessible by all and treat everybody fairly, regardless of their circumstances

This means it delivers:

- ① A seamless consumer journey
- ② Control for consumers and citizens
- ③ A fair way of paying for the energy system
- ④ High standards of regulation and governance

Good quality, independent advice. For everyone, for 80 years.

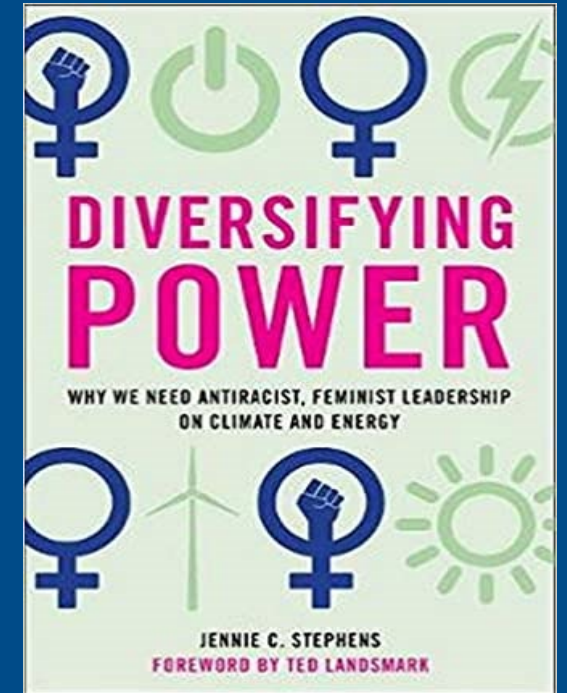
We give people the knowledge and confidence they need to find their way forward - whoever they are, and whatever their problem.

Our network of charities offers confidential advice online, over the phone, and in person, for free.

With the right evidence, we show companies and the government how they can make things better for people.

citizensadvice.org.uk

Citizens Advice is the operating name of The National Association of Citizens Advice Bureaux. Registered charity number 279057.



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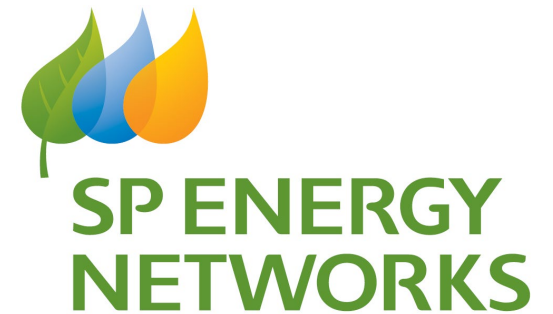
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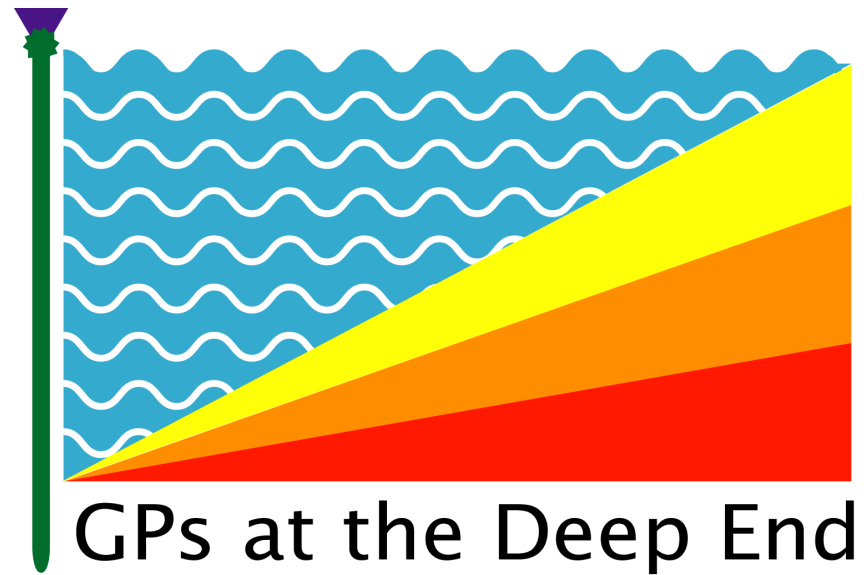


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Vulnerability at the Deep End

John Budd, GP Edinburgh Access Practice



The Conditions of the Working Classes in England

- *'How is it possible under such conditions, for the lower class to be healthy and long lived? What else can be expected than an excessive mortality, an unbroken series of epidemics, a progressive deterioration in the physique of the working population?'*

(Engels 1845)

HEALTH IS SOCIALLY PATTERNED

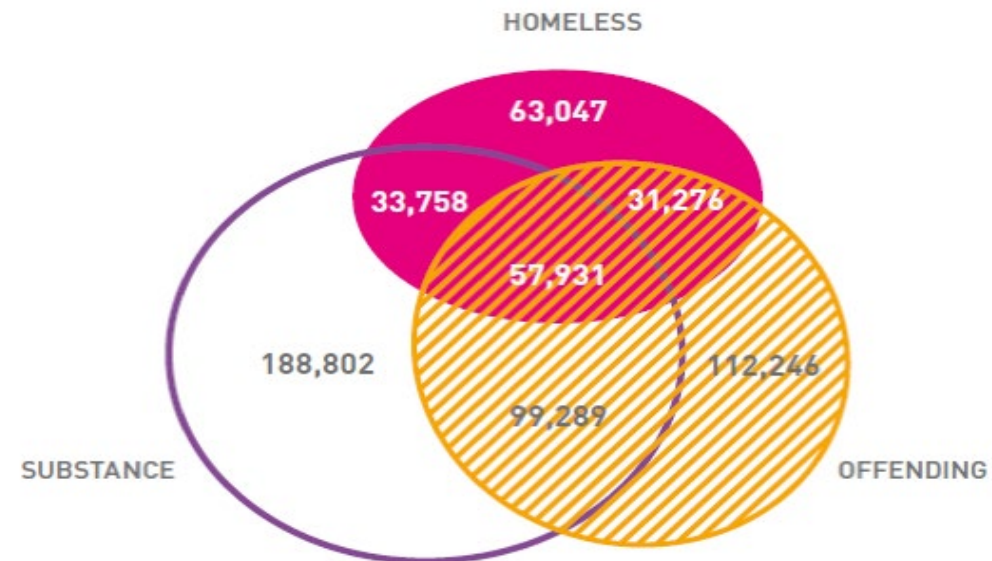
- Low birth weight
- Disease rates
- Healthy life expectancy
- Life expectancy
- Increasing mortality rates among 15-44 year olds –
inc. Scotland's drug related deaths epidemic



	HEALTHY LIFE EXPECTANCY years	YEARS IN POOR HEALTH years	TOTAL LIFE EXPECTANCY years
MEN			
RICHEST 10%	76	5	81
POOREST 10%	57	11	68
DIFFERENCE	19	6	13
WOMEN			
RICHEST 10%	78	6	84
POOREST 10%	61	15	76
DIFFERENCE	17	9	8

Who are the severely marginalised in our society?

- On the extreme margins of social disadvantage are adults involved in the homelessness, substance misuse and criminal justice systems, with poverty and mental ill health almost universal



Severe and multiple disadvantage

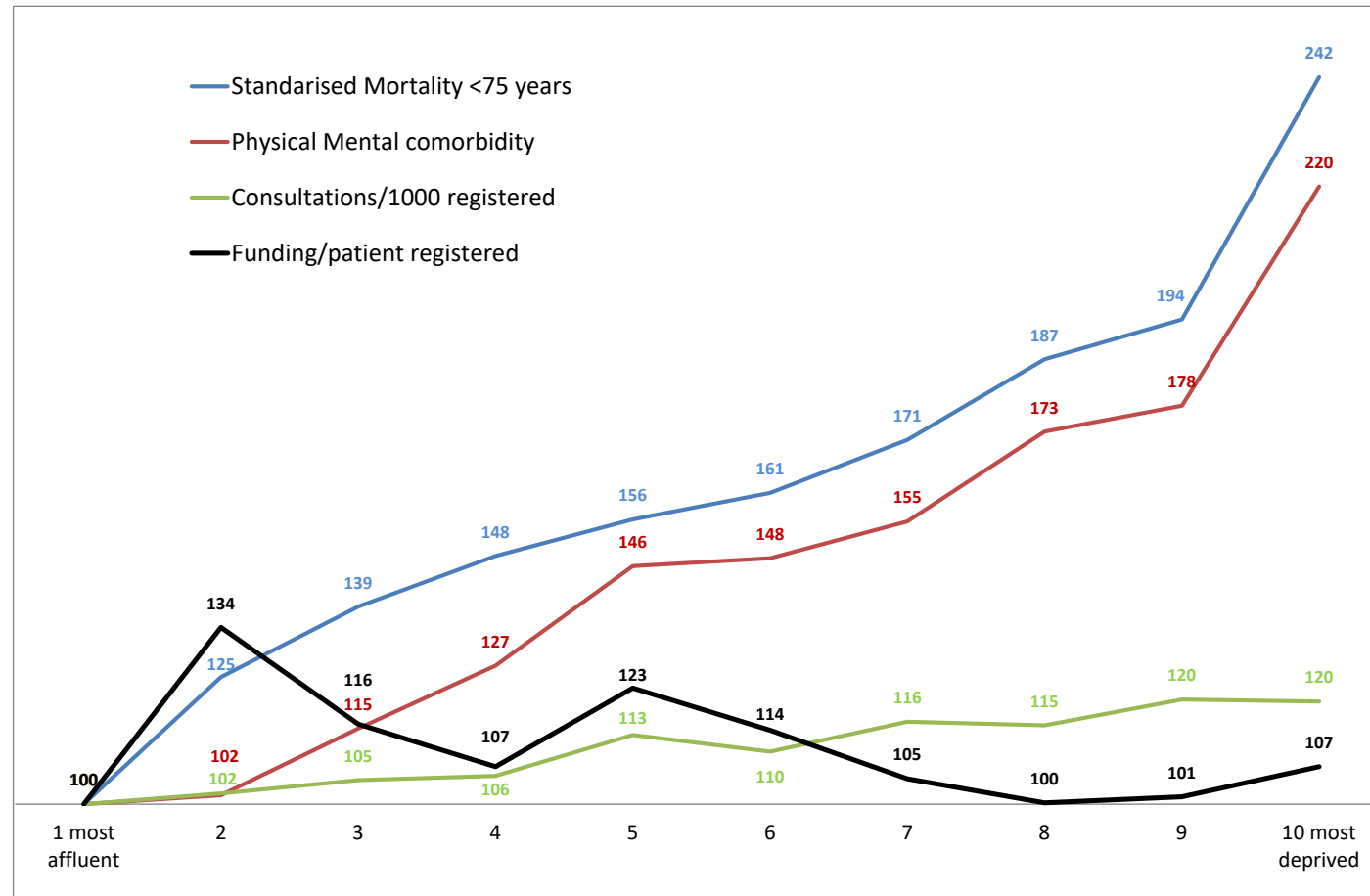
- Why is this disadvantaged group different?
- ‘Distinguishable from the other forms of social disadvantage because of the **degree of stigma and dislocation from societal norms** that these intersecting experiences represent... as they push people to the edge of the mainstream’

Hard Edges: Mapping severe and multiple disadvantage. Lankelly Chase Foundation. 2015. <http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/>

Poverty and ACEs

- ‘our analysis underlines the centrality of poverty, especially childhood poverty, to the generation of homelessness’
G Bramley and S Fitzpatrick (Housing studies, 2017)
- *“The mind is the gateway by which social determinants affect health”*
Michael Marmot (Polishing our Gems, 2017)

Figure 1 : % Differences from least deprived decile for mortality, comorbidity, consultations and funding



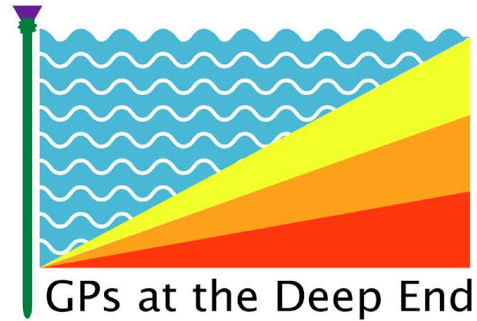
INVERSE CARE LAW

“The availability of good medical care tends to vary inversely with the need for it in the population served”.

Julian Tudor-Hart, The Lancet 1971

▪

The NHS at its best where it is needed most



**What can NHS Scotland do
to prevent and reduce
health inequalities?**

*Proposals from General
Practitioners at the Deep End*

March 2013

ADVOCACY

The social causes of illness are just as important as the physical ones.

The medical officer of health and the practitioners of a distressed area are the natural advocates of people.

They well know the factors that paralyse all their efforts.

They are not only scientists but also responsible citizens, and if they did not raise their voices, who else should?

Henry Sigerist, John Hopkins University

Doctors warn austerity is damaging patients' health

GPs in deprived areas see sharp rise in social issues

STEPHEN NAYSMITH
SOCIETY EDITOR

GPs working in the most deprived communities in Scotland have warned of increasing levels of mental and physical health problems among patients affected by austerity.

The Deep End group of GPs, representing 360 doctors in 100 practices, said job losses, welfare reform and cuts to social services were all affecting the health of their patients.

The 100 Deep End group of general practices that serves the most socio-economically deprived areas of the country was set up in 2009. It is backed financially by the Scottish Government.

In a new report, the group says austerity measures are causing increased distress and poverty among their patients, and an increased workload for family doctors.

The GPs add that the growing impact of benefit cuts mean much of their time is taken up with social issues rather than patients' underlying health problems.

In February, the group surveyed members to ask about their experiences of austerity. Doctors responded that patients were suffering deteriorating mental health, and also physical problems.

The report says: "GPs report less time to deal with physical problems, as these are no longer a priority for the patient."

Benefit changes were also a concern for many GPs, because they felt patients were wrongly being declared fit to work in medical tests on behalf of the

for work was particularly frustrating.

She said: "So many people who are clearly unfit for work are being assessed as capable of work after a cursory assessment."

"We see people with uncontrolled chronic conditions, who are physically quite disabled or have significant mental health problems. The system seems to maximise their distress."

"The majority appeal and the majority of them win."

The report draws attention to the impact of cuts in other public services, such as education, social work and addiction support. Dr Craig added: "The minimum pricing of alcohol is a great thing, but addiction services are falling by the wayside. Austerity measures also affect children, but social work only have the resources to get involved in the most disturbed and difficult situations."

Dr Graham Watt, professor of General Practice at Glasgow



So many people who are clearly unfit for work are being assessed as capable of work after a cursory assessment

University, helped compile the report. He said: "These GPs are absolutely on the front line. Many of them are frustrated that they can see all this happening but people don't know about it."

Aberdeen South MP Anne Begg chairs the work and pensions select committee at Westminster, and has written to



ON THE FRONTLINE: GPs Margaret Craig, left, and Petra Sambale are part of the Deep End group of GP practices. Picture: Colin Mearns

Cases of concern

Patients and doctors in the report are anonymous to protect confidentiality.

● A doctor saw a 40-year-old woman who had been sexually abused as a child and had struggled with alcoholism. "She was found to be capable

worry that her mental health will deteriorate. Her benefits were stopped. She was diagnosed with type 2 diabetes ... instead of working with her setting goals for her diabetes I wrote a letter for an appeal and referred her to the benefit

● Another reports seeing a former labourer in his early fifties who was out of work due to osteoarthritis. His disability allowance had been cut and he was unable to afford his mortgage. "This patient's mental health problems have escalated and he is being seen

psychologically cope with retraining."

● A third case reads simply: "Eastern European pregnant lady with no money or food. Living in squalor with approximately eight other adults. No money available or

Large city hospitals 'are hubs for MRSA'

HOSPITALS in large cities act as "breeding grounds" for the superbug MRSA, which then spreads to smaller regional hospitals and health centres, according to a new study.

Researchers from Edinburgh University found evidence that shows for the first time how the superbug spreads between different hospitals throughout the country.

The study involved looking at the genetic make-up of more than 80 variants of a major clone of MRSA found in hospitals.

Scientists were able to determine the entire genetic code of MRSA bacteria taken from infected patients.

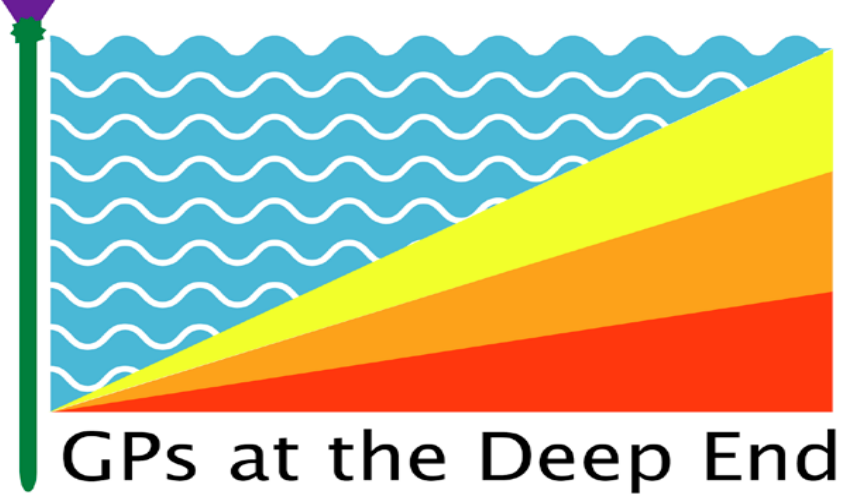
They then identified mutations in the bug that led to the emergence of new MRSA variants and traced their spread around the country.

Dr Ross Fitzgerald, of The Roslin Institute at Edinburgh University, who led the study, said: "We found that variants of MRSA circulating in regional hospitals probably originated in large city hospitals.

"The high levels of patient traffic in large hospitals means they act as a hub for transmission between patients, who may then be transferred or treated in regional hospitals."

E.ON to freeze its prices

ENERGY giant E.ON reassured its five million customers after it pledged to keep residential energy



GP experience of the impact of austerity on
patients and general practices in very deprived
areas

March 2012

*Report compiled on behalf of the Deep End Steering Group by
David Blane and Graham Watt, with thanks to the general
practitioners in the Deep End who contributed to the survey*

Main Findings, 1

- Detrimental effect on patient's mental health and medical and self care

'I observe this again and again that I cannot address medical issues as I have to deal with the patient's agenda first, which is getting money to feed and heat.'

- Destabilising effects on recovery from substance misuse
- Impact on vulnerable young adults, vulnerable families and children

'We have a working single mother who became homeless due to community violence, she has been in a cold damp flat sleeping on a mattress on the floor with her 11 month old child for nearly six months, housing has been unable to find her a suitable flat.'

- Increasing fuel poverty

'In my surgery I am hearing from patients who for 2–3 days a week cannot afford to heat their houses (many use metered cards which are more expensive than direct debit payments).'

- Sadness amongst GPs and other staff – 'therapeutic hopelessness'

'The last few months have been among the most depressing, disturbing times in my many years as a GP.'

Main Findings, 2

- Detrimental effect of welfare reform programme on patient's health
- ESA process unmanageable for many vulnerable individuals
 - "Being in a cattle market" ... and "humiliating"...*
 - "like begging for money"*
- WCA fails many disadvantaged individuals
 - "For obvious reasons the patients in X [deprived area of Glasgow] call Corunna House [where the Work Capability Assessments are done] "Lourdes" because all the sick come out cured!"*
- Increasingly punitive system
 - "They put me on the scrap heap when I was young and forgot about me for years. Now that I am old, they kick me like an old car thinking that this will get me to work again"*
- Disruptive effect of 'Bedroom Tax' on families and communities
 - "If my mother is forced to move, who will pick up the children from school when I am at work?"*
- GPs unable to cope with additional work load – increased reports + appeals letters, but also the ill health generating effects of the programme itself

Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices (2017)

- **It was found that every £1 invested would generate around £39 of social and economic benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of such benefits derived ranges from £27 to £50.**
- **£ 800k per year for EAP patients**

How to identify those who might be vulnerable – a role for GPs?

- Potential at risk groups include single parent families, those with disabilities, substance related problems, mental illness and those with multiple long term conditions.
- Do you have any money or debt worries?
- Do you have concerns about losing your accommodation?
- Have you had to use a food bank?
- Do you struggle to heat your home?
- NEED FOR COLLABORATION WITH COMMUNITY PARTNERS

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