



Department  
of Energy &  
Climate Change

# Catalogue of health-related fuel poverty schemes

Prepared by National Energy Action for the  
Department of Energy and Climate Change

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# Catalogue of health-related fuel poverty schemes

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## Introduction and methodology

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There is growing awareness and evidence of the negative impact cold homes can have on householders' health and wellbeing. With this in mind, the Department of Energy and Climate Change (DECC) commissioned National Energy Action (NEA) to carry out an online survey to catalogue local schemes that are targeting individuals with health problems for energy efficiency measures and other fuel poverty interventions. The aim of the survey was to collate information on health-related fuel poverty schemes to better understand levels of activity in this area and highlight challenges to implementation, as well as successful approaches.

The survey was launched online at the beginning of January 2015 and closed in early February. It was advertised directly to stakeholders and through their networks; targeting in particular fuel poverty service providers in the local government and third sectors.

The survey recorded 110 responses (including four late responses). This number was reduced to 75 unique schemes following the exclusion of duplicate responses for a single scheme, spoiled and incomplete responses and responses on schemes with no discernible health-related component (for example, no methods identified for targeting either health professionals or households with health problems).

Following closure of the survey, a short-list of schemes was identified for follow-up interviews. Schemes targeted for interviews were those that displayed one or more of the following characteristics: well-developed links with the health sector; access to health funding, including from Public Health and Clinical Commissioning Groups (CCGs); and a focus on targeting households with health problems in scheme eligibility criteria and referral methods. Once selected, 21 schemes were contacted and 19 responded agreeing to interviews. Interviews were semi-structured lasting for around 30 minutes and took place by telephone. Findings from these interviews are presented as case studies at Annex A. The aim of these case studies is to capture in more detail than the survey the range of models being implemented to support households with health problems access fuel poverty interventions. In addition, the case studies highlight challenges faced and lessons learned from implementation.

## About this catalogue

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This catalogue presents the information collected from the survey responses and interviews about the 75 schemes. Each scheme is recorded as a separate catalogue entry (numbered in alphabetical order by scheme name). Each entry provides information on the scheme organised into nine categories:

- Overview (headline information about the scheme such as the lead organisation responsible for delivery)
- Services provided (what energy efficiency and other fuel poverty measures the scheme provides to households)
- Household profile (types of households the scheme targets, including details of any specific health conditions targeted)
- Health sector involvement (types of health bodies and/or healthcare professionals involved in helping to implement the scheme and the nature of their involvement)
- Health referrals (details of any specific system the scheme has to identify and target households with health problems)
- Other partners (types of organisations other than health bodies involved in helping to implement the scheme and the nature of their involvement)
- Funding (funding sources for the scheme, including if the scheme has secured any Energy Company Obligation (ECO) and/or Green Deal funding)
- Data sharing (whether data is shared to help implement the scheme and any difficulties faced in this area)
- Challenges and success (challenges to implementing the scheme along with key successes)
- Evaluation (whether the scheme has been evaluated and, if so, outcomes measured and reported against).

It should be noted response fields for the majority of survey questions were restricted so information on schemes is largely provided at a category, not named, level of detail. For example, a health partner may be recorded as a CCG but the name of that CCG will (for the most part) not be identified. Information on schemes is also based on respondents' answers to the survey questions; we have not attempted to verify the accuracy of those answers. Finally, to help navigate the catalogue, a glossary of key terms is provided at Annex B.



## Affordable Warmth (Cardiff - WALES)

<b>Lead organisation:</b> Care and Repair Cardiff	<b>Scheme start date:</b> Jan-11
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: older person

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> <li>• Referral - energy supplier</li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Installing measures
• Service provider - fire and rescue	• Commissioning services

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

  

• Funding source	• Funding contribution
• <b>Local authority – other</b>	• Principal funder
• <b>Central government (<i>Big Lottery Fund</i>)</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: local authority provided details of households registered on the bin assist scheme.

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: high volume of referrals.

Key successes of scheme: supporting vulnerable households to have works carried out, apply for benefits and clear fuel debt – wouldn't happen without scheme's intervention and support. The home-visit model works well for a vulnerable client group requiring intensive support.

### Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Household savings: benefits claimed, trust fund grants secured

## Affordable Warmth (Flintshire - WALES)

**Lead organisation:** Flintshire Care and Repair

**Scheme start date:** Jul-13

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: seek grants / supply reputable contractors for energy efficiency measures; support clients who want to proceed privately with energy efficiency works; emergency heating provision - temporary oil-filled radiators; refer households to partner organisations, local authorities and healthcare staff for services household may be eligible for.

### Household profile

Types of households scheme targets are: health condition / disability, older person

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Charity / Not-for-profit organisation	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: partner organisations, local authorities and healthcare staff refer through to scheme and provide data (with household consent) which may be useful. Scheme also refers households to partner organisations, local authorities and healthcare staff for services the household may be eligible for (with household consent).

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: supporting older/disabled households to stay warm, safe and independent in their own homes.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

Property: condition (including presence of mould or damp)

## Affordable Warmth Access Referral Mechanism (AWARM, Manchester)

**Lead organisation:** Greater Manchester Energy Advice (Partnership - lead Manchester City Council)

**Scheme start date:** Piloted in phases from Oct 2008

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: referral to the fire service for fire safety checks.

Details: latest aspect of scheme involves working from health practices.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Data sharing and/or matching

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

## Other partners

• Organisation type	• Nature of their involvement
• Service provider - local council	• Identifying/referring/contacting target households
• Service provider - social housing provider	• Installing measures
• Service provider - fire and rescue	• Installing measures
• Third sector - charity / not-for-profit organisation	• Installing measures

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Local authority - public health	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: in the process of finalising a data agreement (including healthcare data) - has been extremely time-consuming. Taken four months to get to the stage where about to start sharing data – has involved online training, secure GCSX account, meetings, emails and help from other departments within Manchester City Council.

Data sharing difficulties: time-consuming and difficult to understand data protection issues which respondent personally considers to be subject to personal interpretation and unnecessarily and overly complicated.

## Challenges and successes

Challenges to implementing scheme: only just about to start the latest aspect of the AWARM scheme which will involve working in various health practices. Anticipate that finding a private room where am able to speak to patients may be difficult.

Key successes of scheme: enabling vulnerable clients to access a wider range of services than might otherwise have done without the single-point-of-contact intervention and referral from trusted source.

## Evaluation

Evaluated scheme? No

## Affordable Warmth Access Referral Mechanism (AWARM, Wigan)

**Lead organisation:** Wigan Borough Care and Repair

**Scheme start date:** Jan-15

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: fire and home safety checks; home repairs and improvements; health referrals (e.g. for alcohol, dementia, falls prevention, smoking, weight management).

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease

Long-term illnesses

Dementia: Alzheimer's disease

Respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Data sharing and/or matching
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health England	• Other

### Health referrals

• Method used to	• Method used to	• No. healthcare	• Method used by
------------------	------------------	------------------	------------------

<i>identify</i> households with health problems	<i>contact</i> households with health problems	professionals making referrals to the scheme	healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - health body Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> <li>• In-home visit / face-to-face contact</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Email form</li> <li>• Website</li> </ul>

## Other partners

Organisation type	Nature of their involvement
• <b>For-profit company - energy supplier</b>	• Contributing funding
• <b>For-profit company - installer</b>	• Installing measures
• <b>Service provider - local council (<i>Wigan Council</i>)</b>	• Assistance with delivery to households
• <b>Service provider - fire and rescue</b>	• Assistance with delivery to households
• <b>Third sector - charity / not-for-profit organisation</b>	• Assistance with delivery to households

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
•	•	• ✓	•

Funding source	Funding contribution
• <b>Health and/or social care body - Clinical Commissioning Group</b>	• Principal funder
• <b>For-profit company - energy company</b>	• Contributor funder
• <b>Local authority - housing</b>	• Contributor funder
• <b>Local authority - public health</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: benefits data (council tax reduction); GP data (risk registers); CCG data (risk stratification); housing data (tenure / type); and local authority data (deprivation)

Data sharing difficulties: lengthy and time-consuming process to provide sufficient information on data protection procedures to satisfy data sharing protocols.

## Challenges and successes

Challenges to implementing scheme: engaging GPs and other health professionals and convincing them to make time for the scheme and follow-up on requests.



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Key successes of scheme: convincing CCG through an invest-to-save business case to provide £200,000 to bring 2,000 people out of fuel poverty over two years.

### **Evaluation**

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Affordable Warmth Assistance (North Lincolnshire)

**Lead organisation:** North Lincolnshire Council

**Scheme start date:** Apr-10

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Geographic - leafleting</li> <li>• Referral - scheme provider</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> </ul>

- Referral - energy supplier

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Installing measures
• For-profit company - installer	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - Community Interest Company	• Identifying/referring/contacting target households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder
• Local authority - housing	• Principal funder
• Local authority - public health	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: Council Tax Department shared data on households in receipt of benefits; utility companies shared data on properties which have received energy efficiency measures

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: obtaining local government funding to match ECO funding and thereby ensuring scheme covers the full cost of energy efficiency measures.

### Evaluation

Evaluated scheme? No

## Affordable Warmth for Disabled Households (Coventry)

**Lead organisation:** Coventry City Council

**Scheme start date:** Nov-13

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	•	•

### Household profile

Types of households scheme targets are: health condition / disability

Details: scheme targets disabled householders that have previously been assessed by an Occupational Therapist and have received a Disabled Facilities Grant.

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Referral - local authority</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Central government	• Principal funder
• For-profit company - energy company	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: a data sharing agreement is used to enable name, address and contact details of householders to be transferred between the Adaptations Team and the Sustainability and Low Carbon Team within Coventry City Council.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: 1. Procurement of contractors has been a major delaying factor. 2. Changes to ECO - £223k of ECO funding secured was in jeopardy for some months following changes to the ECO scheme.

Key successes of scheme: positive impacts on disabled fuel poor in Coventry, in particular the provision of energy efficiency measures to over 80 disabled households. Impact on housing where follow-up surveys show homes no longer cold/damp. Impact on health where follow-up surveys show improved client health and wellbeing. Also evidence of reduced GP visits and hospital admissions, although with the number of households lifted out of fuel poverty.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed

Local area: impact on GP visits, impact on hospital admissions

Property: condition (including presence of mould or damp)

Details: follow-up survey work recently commenced, full results not available at Jan 2015.

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Beat the Cold (multiple schemes)

<b>Lead organisation:</b> Beat the Cold	<b>Scheme start date:</b> 1999
<b>Geographic scope:</b> Regional	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: negotiation with energy suppliers and support for peer volunteers.

### Household profile

Types of households scheme targets are: health condition / disability, low income / in receipt of benefits

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other	Dementia: Alzheimer's disease, other	Long-term illnesses
Cancer	Disability: limited mobility, other	Mental health conditions
Circulatory disease: cardiovascular disease, heart disease, stroke, other	Injury (including accidental falls)	Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD)

Details: people with mental health issues are targeted through Changes Health & Wellbeing Service.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Commissioning services
• Public Health - local authority	•
• Other - <i>patient participation groups</i>	•

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company – energy company ( <i>Western Power Distribution Affordable Warmth Campaign</i> )	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - social housing provider ( <i>Aspire Housing</i> )	• Commissioning services
• Third sector - charity / not-for-profit organisation (NB: work with <i>Marches Energy Agency on various schemes</i> )	• Assistance with delivery to households
• Third sector - volunteer group	• Identifying/referring/contacting target households
• Volunteers	• Assistance with delivery to households
• Service provider - local council ( <i>Warm Homes Healthy People Stoke; Staffordshire County Council Resilient Communities; Warmer Homes Stafford</i> )	• Commissioning services
• Third sector - Community Interest Company ( <i>Warm Zones on Western Power Distribution Affordable Warmth Campaign</i> )	• Assistance with delivery to households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Lead organisation ( <i>Beat the Cold</i> )	• Contributor funder
• Charity / Not-for-profit organisation	• Contributor funder
• For-profit company - energy company	• Contributor funder
• For-profit company - other	• Contributor funder
• Health and/or social care body - Clinical Commissioning Group	• Contributor funder
• Local authority - housing	• Contributor funder
• Local authority - public health	• Contributor funder
• Social housing provider	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: referrers into schemes are asked to identify health and disadvantage factors. Beat the Cold is a member of two Advice Services Transition Fund (ASTF) schemes that are implementing common referral platforms.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: short-term funding such that unable to offer consistent service. Assembling a service from quite small component parts also makes consistency difficult. Difficulty in publicising scheme across a county or even city area.

Key successes of scheme: emergency heating provision providing a rapid response to restoring heating and hot water to vulnerable households where their health is at risk. Improvement in health and wellbeing reported by clients. Face-to-face support in the home.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

Details: different evaluation is carried out for different schemes.



## Better Homes Barnsley

**Lead organisation:** Barnsley Metropolitan Borough Council (with Keepmoat)

**Scheme start date:** Mobilisation Dec 2014, full launch March 2015

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: low income / in receipt of benefits, housing tenure

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: private tenure only.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional – other (midwives)	• Other

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• For-profit company - other	• Assistance with delivery to households
• Service provider - local council	• Data sharing and/or matching
• Service provider - social housing provider	• Data sharing and/or matching
• Service provider - fire and rescue	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• <b>For-profit company - energy company</b>	• Contributor funder
• <b>Central government</b>	• Contributor funder
• <b>Local authority - housing</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: EPC data; 2010 Private Sector Stock condition survey; ECO-based mapping data; addresses of target households.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: drop in ECO funding rates; lack of gap funding for vulnerable households to make up difference required under ECO HHCRO; continuing consumer mistrust of Green Deal mechanism stemming from poor initial launch.

Key successes of scheme: accurately targeting vulnerable households; provision of a targeted offer for vulnerable households along with a general offer for able-to-pay households; strong partnership with the private sector.

## Evaluation

Evaluated scheme? No

## Better Housing, Better Health (NEF)

**Lead organisation:** National Energy Foundation

**Scheme start date:**

**Geographic scope:** Regional

**Locality:** Mostly rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: in-use demonstration of existing products/services or those installed through the scheme.

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• <b>Clinical Commissioning Group (CCG)</b>	• Data sharing and/or matching
• <b>Public Health - local authority (<i>Public Health Oxfordshire</i>)</b>	•

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - health body</b></li> <li>• <b>Referral - scheme provider</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> </ul>	<ul style="list-style-type: none"> <li>• 20-29</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Other
• For-profit company - installer	• Other
• Third sector - charity / not-for-profit organisation	• Other
• Third sector - volunteer group	• Other

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	• ✓	•	•

• Funding source	• Funding contribution
• Lead organisation ( <i>National Energy Foundation</i> )	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Data sharing difficulties: yes but no details provided

## Challenges and successes

Challenges to implementing scheme: Yes but none identified

Key successes of scheme: None identified

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel)

Local area: impact on hospital admissions

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Boiler on Prescription (Gentoo)

<b>Lead organisation:</b> Gentoo	<b>Scheme start date:</b> Mar-13
<b>Geographic scope:</b> Regional	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> Fewer than 100 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	•	•

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Identifying/referring/contacting target households

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - healthcare professional	• Mail-out - healthcare professional to household	• Fewer than 10	• Electronic software system (portal)

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

<ul style="list-style-type: none"><li>• Funding source</li></ul>	<ul style="list-style-type: none"><li>• Funding contribution</li></ul>
<ul style="list-style-type: none"><li>• Health and/or social care body - Clinical Commissioning Group</li></ul>	<ul style="list-style-type: none"><li>• Contributor funder</li></ul>

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Data sharing difficulties: patient confidentiality makes it hard for another NHS organisation to contact identified patients. Patient has to sign approval form and then return it to the medical practice before their details can be released.

## Challenges and successes

Challenges to implementing scheme: scepticism from patients; private landlords not approving works; GP practices proving difficult to access.

Key successes of scheme: demonstrating success in a way appropriate / convincing to NHS.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household savings: energy (£ and kWh), energy debt

Society cost savings: health sector (*NHS*)

## Boiler on Prescription (Surrey)

**Lead organisation:** Surrey Downs Clinical Commissioning Group (with Thamesway Group)

**Scheme start date:** Autumn 2014

**Geographic scope:** Regional

**Locality:** Part urban / part rural

**Estimated annual target reach:** No target

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	•	•	•

### Household profile

Types of households scheme targets are: health condition / disability, older person

Health conditions scheme targets are: respiratory disease: chronic obstructive pulmonary disease (COPD)

Details: it is anticipated that the scheme will focus primarily on prescribing heating measures to patients suffering from COPD. However patients with another serious illness or disability may also benefit from the initiative.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Contributing funding

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - healthcare professional	• Telephone - helpline for household to ring	• Fewer than 10	• Electronic software system (portal)
• Referral - health			• Helpline / Telephone

body

- Email form (*secure email is used, i.e. Egress*)

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• <b>Health and/or social care body - Clinical Commissioning Group</b>	• Principal funder
• <b>Lead organisation (<i>Thameswey Group</i>)</b>	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

### Challenges and successes

Challenges to implementing scheme: scheme is running in only one CCG area to date. Challenge to getting health professionals on board - not sure word has got through (training offered but not taken up).

Key successes of scheme: receiving more referrals in winter when weather colder; working with a high quality installer who is quick - already saved one customer suffering from hypothermia.

### Evaluation

Evaluated scheme? No



## Bolton Healthy Heating

<b>Lead organisation:</b> Bolton Council	<b>Scheme start date:</b> 2008
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> No target	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: households eligible are those with any health condition affected by living in a cold and/or damp home.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• NHS Foundation Trust	• Other

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - healthcare	• Mail-out - healthcare professional	• Unsure	• Paper form • Email form

<ul style="list-style-type: none"> <li>• <b>professional Referral - local authority</b></li> </ul>	<ul style="list-style-type: none"> <li>• to household</li> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Helpline / Telephone</li> </ul>
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### Other partners

<ul style="list-style-type: none"> <li>• <b>Organisation type</b></li> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nature of their involvement</b></li> <li>• Assistance with delivery to households</li> </ul>
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### Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
•	•	• ✓	•

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> <li>• <b>Lead organisation (<i>Bolton Council</i>)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> <li>• Principal funder</li> </ul>
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### Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: didn't overcome barriers - developed scheme where no data sharing required.

### Challenges and successes

Challenges to implementing scheme: lack of engagement from health professionals.

Key successes of scheme: benefit to individual clients; duplicating scheme across the sub-region.

### Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## CHiL (Cosy Homes in Lancashire)

**Lead organisation:** Blackburn with Darwen Borough Council

**Scheme start date:** Nov-14

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	•	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Health and/or social care body - Clinical Commissioning Group	• Principal funder
• Local authority - public health	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: health professionals unwilling to share patient data.

### **Challenges and successes**

Challenges to implementing scheme: despite repeated messages about the benefits that can be gained referral levels remain low.

Key successes of scheme: accessing hospital wards to capture vulnerable residents prior to discharge.

### **Evaluation**

Evaluated scheme? No

## Creating A New Pendleton

<b>Lead organisation:</b> Salford City Council	<b>Scheme start date:</b> Sep-13
<b>Geographic scope:</b> Smaller than local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	• ✓	•

Details: major housing LED regeneration scheme that includes actions to enable reductions in fuel poverty and child poverty.

### Household profile

Types of households scheme targets are: don't target specific types of households

Health conditions scheme targets are:

Dementia: Alzheimer's disease

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• Service provider - social housing provider	• Installing measures
• Other ( <i>University of Salford</i> )	•

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

<b>Funding source</b>	<b>Funding contribution</b>
• <b>Lead organisation (<i>Salford City Council</i>)</b>	• Contributor funder
• <b>Local authority - housing</b>	• Contributor funder
• <b>Social housing provider</b>	• Contributor funder
• <b>Central government</b>	• Contributor funder

### **Data sharing**

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: gate-keeping issues.

### **Challenges and successes**

Challenges to implementing scheme: lack of integration between funding streams.

Key successes of scheme: number of households brought out of fuel poverty / did not fall into fuel poverty, along with impact on child poverty.

### **Evaluation**

Evaluated scheme? No

## Cymdogion Cynnes - Warm Neighbour (Ceredigion - WALES)

<b>Lead organisation:</b> Ceredigion County Council	<b>Scheme start date:</b> Oct-13
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly rural
<b>Estimated annual target reach:</b> No target	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Details: the Partnership Guidance Document includes intervention information from a variety of local and national schemes as well as signposting and general information.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Other
• Health and Wellbeing Board (HWB)	• Other
• Other – Public Health Wales	• Other - ensuring staff are aware of what help is available and attendance at partnership quarterly meetings

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• Service provider - local council	• Other
• Service provider - social housing provider	• Other
• Service provider - fire and rescue	• Other
• Third sector - charity / not-for-profit	• Other

**organisation**

Details: organisations from a variety of backgrounds attend quarterly meetings.

**Funding**

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

No funding provided for scheme

**Data sharing**

Data sharing to identify, target and/or refer households? Have not tried to share data

**Challenges and successes**

Challenges to implementing scheme: funding for advertising / updating scheme information on which various other organisations / schemes targeting vulnerable households refer to and utilise.

Key successes of scheme: joint working between organisations; integrating all relevant local and national information into one comprehensive source.

**Evaluation**

Survey section not completed



## Derbyshire Healthy Home Project

**Lead organisation:** Nottinghamshire and Derbyshire Local Authorities' Energy Partnership (LAEP)

**Scheme start date:** Jan-15

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: Public Health interventions linked to health issues made worse by living in a cold home.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits, housing tenure

Health conditions scheme targets are:

Arthritis: rheumatoid arthritis

Injury (including accidental falls)

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

Diabetes

Details: private tenure only. Other health conditions targeted include atrial fibrillation, heart failure, hypertension, peripheral arterial disease and osteoporosis.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households Data sharing and/or matching
• Clinical Commissioning Group (CCG)	• Data sharing and/or matching
• Public Health - local authority ( <i>Derbyshire Public Health</i> )	• Commissioning services

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral

<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - healthcare professional to household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Self-referral (<i>GP practice writes to target patients inviting them to contact the scheme for assistance</i>)</li> </ul>
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## Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy supplier</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures (<i>works carried out under ECO HHCRO/CERO</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - installer</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures (<i>works carried out under ECO HHCRO/CERO</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - local council</b></li> </ul>	<ul style="list-style-type: none"> <li>• Data sharing and/or matching / Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
<ul style="list-style-type: none"> <li>• ✓</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Funding source	Funding contribution
<ul style="list-style-type: none"> <li>• <b>Local authority - public health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority – other</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: housing benefit, council tax support and housing data shared between each district/borough council and LAEP and the GP practices. Health/benefits data merged by the GP practice so a combined shorter list is used to identify target households (thus health data not actually shared with this scheme).

Data sharing difficulties: no access to DWP HHCRO eligible benefits data, e.g. Pension Credit/Child Tax Credit etc. Overcame this issue by choosing an effective proxy in the form of housing benefit and council tax support. In addition Data Controllers at the eight district councils are split on interpretation of the data sharing protocol agreement: four have agreed to provide data down to address level while four have agreed to provide data down to postcode level. There have also been difficulties and significant delays in convincing CCGs that affordable warmth interventions can be seen as a medical intervention. Eventually a Privacy Impact Assessment (PIA) and risk assessment were agreed to allow the use of patient information by GP practices for this purpose.

## Challenges and successes

Challenges to implementing scheme: no stability regarding ECO HHCRO funding; engaging GP practices; procurement of energy companies and/or contractors to fund and/or undertake works; quality of housing energy efficiency data.

## Catalogue of health-related fuel poverty schemes

Key successes of scheme: securing significant staff funding from Derbyshire Public Health. Achieving data sharing agreements with benefits departments and CCGs. The latter has enabled effective and efficient targeting of people with long-term health conditions while also ensuring that those most in need are identified and that expectations are not raised by contacting ineligible households.

### **Evaluation**

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Dudley Winter Warmth Support Service

**Lead organisation:** Dudley Metropolitan Borough Council

**Scheme start date:** Dec-11

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: crisis measures including emergency heating provision (offering a loan service for people who have heating breakdowns).

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: all health conditions targeted except cancer.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - A&E	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• NHS walk-in centre (WIC)	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Data sharing and/or matching
• NHS Foundation Trust	• Identifying/referring/contacting target households

<ul style="list-style-type: none"> <li>• <b>NHS England</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Department of Health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>

## Health referrals

Method used to <i>identify</i> households with health problems	Method used to <i>contact</i> households with health problems	No. healthcare professionals making referrals to the scheme	Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - <b>healthcare professional</b></li> <li>• Referral - <b>health body</b></li> <li>• Referral - <b>health scheme provider</b></li> <li>• Referral - <b>local authority</b></li> <li>• Referral - <b>housing association</b></li> <li>• Referral - <b>third sector agency/advice worker</b></li> <li>• Referral - <b>energy supplier</b></li> <li>• Other - <i>resources at hospitals, GP practices, Children's Centres etc. Training social and health care professionals to generate referrals</i></li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic software system (portal)</li> <li>• Helpline / Telephone</li> </ul>

Details: for the referral itself the scheme doesn't use referral forms as feel this overcomplicates and lengthens the referral process. Scheme just takes household name, number and address and will contact them to find out the information required as feel scheme is best placed to ask relevant questions and decide upon the best course of action.

## Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy supplier</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - other</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - ambulance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - police</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - fire and rescue</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - volunteer group</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Volunteers</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
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## Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
•	•	• ✓	•

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Lead organisation (<i>Dudley Metropolitan Borough Council</i>)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority - housing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Charity / Not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority - public health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: household (with their consent) name and contact details for referral, in addition to any case notes or history where applicable. In some healthcare cases also note down particular medical conditions. Also CCG data on excess winter deaths, cold weather planning and winter surveillance.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: lack of consistency around funding, complexity of central government funding and short timescales on funding available. Also difficulties attributing positive impacts on households directly to the support services provided under the scheme.

Key successes of scheme: partners scheme works with – both the referral network and for onwards signposting. The key to this success is using one paid FTE staff member to promote the scheme at meetings, events and train frontline staff. Also key is consistent and large-scale local authority funding to enable future planning and broaden scope.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

## Energy Action for Health (Doncaster)

<b>Lead organisation:</b> Doncaster Metropolitan Borough Council	<b>Scheme start date:</b> 1998
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> Fewer than 100 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional – other ( <i>occupational therapists, mental health services, Macmillan Cancer Support staff</i> )	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Referral - healthcare professional</li> <li>• Referral - scheme provider</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Email form</li> <li>• Website</li> <li>• Helpline / Telephone</li> </ul>

## Other partners

• Organisation type	• Nature of their involvement
• Service provider - local council	• Identifying/referring/contacting target households
• Service provider - fire and rescue	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - Community Interest Company	• Identifying/referring/contacting target households
• Third sector - volunteer group	• Identifying/referring/contacting target households
• Third sector - other	• Identifying/referring/contacting target households
• Volunteers	• Identifying/referring/contacting target households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

  

• Funding source	• Funding contribution
• Lead organisation ( <i>Doncaster Metropolitan Borough Council</i> )	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: household name, address, date of birth, property tenure, benefits claimed and health concerns.

Data sharing difficulties: data security (resolved through using secure email); reluctance to share data (resolved through fully explaining the need to share data and how the client may be affected if information is not shared, i.e. lack of help/grant).

## Challenges and successes

Challenges to implementing scheme: some health professionals are reluctant to refer and do not see the link between health and living in a cold home.

Key successes of scheme: Trust and relationship building is the key to working with many community and voluntary groups. Awareness sessions, including in health sector, are held to stimulate referrals and highlight the scheme. Many health professionals then spread the word to other colleagues who then also use the scheme.

## Evaluation

Evaluated scheme? No



## Energy Advice Project (Speakeasy)

**Lead organisation:** Speakeasy Advice Centre

**Scheme start date:** Jul-11

**Geographic scope:** National

**Locality:** Mostly urban

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	• ✓	• ✓	•

Other services: Energy Trust Fund applications.

### Household profile

Types of households scheme targets are: don't target specific types of households

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• Third sector - charity / not-for-profit organisation	• Contributing funding

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Charity / Not-for-profit organisation	• Principal funder

### **Data sharing**

Data sharing to identify, target and/or refer households? Have not tried to share data

### **Challenges and successes**

Challenges to implementing scheme: None identified

Key successes of scheme: households provided with energy efficiency advice, fuel debt managed and cleared through grant applications. Key reason for this success is the high level of training provided to Fuel Debt Advisers and the positive work environment of the Speakeasy Advice Centre.

### **Evaluation**

Evaluated scheme? Yes

Outcomes measured and reported against:

Household savings: energy debt, trust fund grants secured

## Energy Audits (St Vincent's Housing)

<b>Lead organisation:</b> St Vincent's Housing	<b>Scheme start date:</b> 2011
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> Fewer than 100 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Details: scheme carries out energy audits for households and subsequently advises on / installs energy efficiency measures.

### Household profile

Types of households scheme targets are: housing tenure

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: St Vincent's Housing clients only.

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - housing association</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green	• Neither
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Deal	
•	• ✓
•	•
•	•
Funding source	Funding contribution
• <b>Lead organisation (<i>St Vincent's Housing</i>)</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

### Challenges and successes

Challenges to implementing scheme: accessing funding.

Key successes of scheme: benefits to clients (warmer homes, cheaper energy costs, improved health and wellbeing).

### Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt

Local area: impact on fuel poverty levels

Property: condition (including presence of mould or damp)

Societal cost savings: carbon

## Enfield Winter Warmers

<b>Lead organisation:</b> HEET(?) (with Enfield Citizens Advice Bureau)	<b>Scheme start date:</b> Jan-15
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> Fewer than 100 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	•	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person

Health conditions scheme targets are: disability: limited mobility, other; long-term illnesses

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - third sector agency/advice worker	• Telephone - scheme provider calls household	• Fewer than 10	• Email form • Helpline / Telephone

### Other partners

• Organisation type	• Nature of their involvement
• Service provider - local council	• Contributing funding

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Health and/or social care body - other	• Principal funder

### **Data sharing**

Data sharing to identify, target and/or refer households? Yes

Details: household contact details shared with scheme with their consent.

Data sharing difficulties: None identified

### **Challenges and successes**

Challenges to implementing scheme: access to funding – limited to pilot only (Jan-Mar 2015).

Key successes of scheme: installing measures for vulnerable households in-person - not simply delivering them to the household to leave gathering dust because the household lacks the skills/ability/energy to install them.

### **Evaluation**

Evaluated scheme? No

## Fighting Fuel Poverty in Brent

<b>Lead organisation:</b> Energy Solutions	<b>Scheme start date:</b> 25 years+
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> 500-999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	• ✓	• ✓	•

Other services: Energy Trust Fund applications; fuel debt advocacy services; financial capability training and personal budgeting.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital – other ( <i>integrated care organisation - referrals around discharge from hospitals</i> )	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
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• ✓	•	•	•
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• Funding source	• Funding contribution
• Charity / Not-for-profit organisation	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: general apathy from GPs and CCG regarding data sharing.

## Challenges and successes

Challenges to implementing scheme: lack of coordinated services within the local authority and the CCG; lack of leadership within the local community and voluntary sector.

Key successes of scheme: built a strong referral network with local CAB, Age UK and other third sector partners and specialist self-help groups, e.g. Breatheasy COPD group.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured



## Financial Health and Wellbeing Service (Northampton and County)

<b>Lead organisation:</b> Community Law Service (Northampton and County)	<b>Scheme start date:</b> Dec-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

Details: scheme is a partnership with GP practices and health professionals. It provides a holistic approach to fuel poverty including specialist debt advice (all debts), benefits advice/income maximisation, housing advice (homelessness prevention) and Energy Trust Fund applications.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: mental health conditions

Details: scheme targeted primarily at people with mental health problems but also includes people with physical ill health or a disability.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional – other ( <i>community mental health teams</i> )	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Other – <i>wellbeing services</i>	• Identifying/referring/contacting target households

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - health body Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - scheme provider calls household</li> <li>• Other (<i>healthcare professionals can book an appointment for patient to be seen by scheme at their surgery/venue</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• 20-29</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> <li>• Website</li> <li>• Paper form</li> <li>• In person</li> <li>•</li> </ul>

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• Service provider - local council	• Contributing funding
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

  

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

### Challenges and successes

Challenges to implementing scheme: NB: scheme only started December 2014. But key to date (at Jan 2015) is engaging health professionals and ensuring they make referrals. Started to get some through and activity encouraging so far but remains to be seen how this will pick up.

Key successes of scheme: scheme started December 2014 so too early to say (at Jan 2015) but feedback from health professionals indicates they will refer if they can see it is going to ease their workload.

### Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Fuel poverty support/referral services (Wrexham - WALES)

<b>Lead organisation:</b> Wrexham Care and Repair	<b>Scheme start date:</b> 1990
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> Unsure	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

Details: Wrexham Care and Repair doesn't run a specific scheme but provide general services to fuel poor households. This includes help to access grants, maximise income, tariff advice, some draught proofing etc. Organisation also refers to NEST, Heat Through Warmth, ECO and Warm Home Discount.

### Household profile

Types of households scheme targets are: health condition / disability, older person

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital – other ( <i>occupational therapists and social workers</i> )	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• Service provider - police	• Identifying/referring/contacting target

	households
<ul style="list-style-type: none"> <li>• <b>Service provider - fire and rescue</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - other</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>

## Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
•	•	•	• ✓

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Charity / Not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: difficulty raising funds.

Key successes of scheme: hard work of staff.

## Evaluation

Evaluated scheme? No

## GoWarm (Community Energy Solutions)

<b>Lead organisation:</b> Go Warm	<b>Scheme start date:</b> Jan-12
<b>Geographic scope:</b> Regional	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	•	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Commissioning services
• Healthcare professional - other	• Commissioning services
• Clinical Commissioning Group (CCG)	• Commissioning services
• Public Health England	• Commissioning services

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Geographic - leafleting</li> <li>• Geographic - door-knocking</li> <li>• Referral - healthcare professional</li> <li>• Referral - local authority</li> <li>• Referral - housing association</li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> </ul>	<ul style="list-style-type: none"> <li>• 10-19</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Website</li> </ul>

- Referral - third sector agency/advice worker
- Referral - energy supplier

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Contributing funding

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder
• Lead organisation ( <i>Go Warm</i> )	• Contributor funder
• Health and/or social care body - Clinical Commissioning Group	• Contributor funder
• Local authority - public health	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: local authority data on housing stock and areas of deprivation.

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: uncertainty over funding levels to enable scheme to provide all measures free of charge.

Key successes of scheme: area-based approach which has seen 98% uptake of measures over the past 2 years, with external wall insulation installed in 3,500 properties and heating systems / replacement boilers fitted in more than 900 properties. In addition more than £2.5 million secured in unclaimed benefits. These successes are due to excellent partnership working between GoWarm, the local authority, Public Health etc.

### Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel),

impact on pre-existing health condition, personal satisfaction (including with

property, physical health and general wellbeing)

## Catalogue of health-related fuel poverty schemes

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

Local area: impact on fuel poverty levels, impact on GP visits, impact on hospital admissions

Property: condition (including presence of mould or damp)

Societal cost savings: health sector, carbon

## GP Surgery Advice (Coventry)

<b>Lead organisation:</b> Coventry City Council	<b>Scheme start date:</b> Sep-14
<b>Geographic scope:</b> Smaller than local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> Unsure	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	• ✓	•	•

Details: energy advice sessions are run by the local authority fuel poverty team at GP surgeries. Scheme originally targeted flu jab clinics as a good opportunity to engage with vulnerable patients who can benefit from affordable warmth advice and information. However because those clinics are mainly held on Saturdays scheme switched to attending regular weekday surgeries.

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)

Details: initially scheme targets any patient attending GP surgery. However those surgeries where scheme now has an established working relationship with the next stage is to go back to provide advice to patients specifically attending clinics for COPD and asthma.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• <b>Healthcare professional - GP</b>	• Other ( <i>energy advice surgeries held at GP practices</i> )
• <b>Public Health - local authority</b>	• Commissioning services

Details: at outset of scheme 78 GP surgeries identified and contacted from NHS Choices website. Initial contact made by e-mail sent from the Director of Public Health, and followed up by phone calls. Generated positive responses from 18 surgeries.

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the	• Method used by healthcare professional to make



	scheme	the referral
<ul style="list-style-type: none"> <li>• <b>Other (local authority fuel poverty team hold energy advice sessions in situ at GP practices)</b></li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> </ul>	<ul style="list-style-type: none"> <li>• 10-19</li> <li>• Self-referral (patient)</li> </ul>

### Other partners

No other organisations identified

### Funding

ECO	Green Deal	ECO and Green Deal	Neither
•	•	•	• ✓

Funding source	Funding contribution
• <b>Local authority - public health</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Unsure

### Challenges and successes

Challenges to implementing scheme: flu-jab clinics held on Saturdays when local authority fuel poverty team not available; overcame by holding energy advice sessions at regular weekday GP surgeries.

Key successes of scheme: information not provided.

### Evaluation

Evaluated scheme? No

Details: for the first six GP surgeries that have been attended, advice and information was given in the following categories:

Advice	Number of patients	Percentage of patients
Insulation	1	1%
Boiler	4	4.4%
Fuel Bills	9	9.7%
Switching energy supplier	16	16.5%
General*	20	21.9%
Warm Home Discount	36	39.6%
Other	6	6.6%

\*refers mainly to behavioural aspects and issues such as condensation caused by washing drying & cooking, dressing for the weather, draughts etc.

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Hard to Treat Insulation Grant (Lewes)

<b>Lead organisation:</b> Lewes District Council	<b>Scheme start date:</b> Jan-13
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> Fewer than 100 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	•	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Geographic - door-knocking</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> </ul>

### Other partners

• Organisation type	• Nature of their involvement
• <b>For-profit company - energy supplier</b>	<ul style="list-style-type: none"> <li>• Contributing funding</li> <li>• Installing measures / Identifying target households</li> </ul>
• <b>For-profit company - installer</b>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
• <b>For-profit company - other</b>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>
• <b>Third sector - charity / not-for-profit organisation</b>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>
• <b>Third sector - Community Interest Company</b>	<ul style="list-style-type: none"> <li>• Installing measures</li> </ul>
• <b>Third sector - volunteer group</b>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target</li> </ul>

households
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## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• <b>Lead organisation (<i>Lewes District Council</i>)</b>	• Principal funder
• <b>Charity / Not-for-profit organisation</b>	• Contributor funder
• <b>For-profit company - energy company</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: client's own description of their illness (with their consent).

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: household/family member scepticism about grants; mistrust of installers.

Key successes of scheme: number of (particularly park home) properties scheme has insulated over past two years.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh)  
Property: condition (including presence of mould or damp)

## Health Through Warmth (East Riding)

**Lead organisation:** East Riding of Yorkshire Council (with npower) **Scheme start date:** 2003

**Geographic scope:** Local authority area

**Locality:** Mostly rural

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme targets health conditions that are exacerbated by living in a cold home.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Other
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Other
• Public Health - local authority ( <i>health trainers</i> )	• Identifying/referring/contacting target households

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - healthcare professional	• Telephone - scheme provider calls household	• More than 40	• Electronic software system (portal) • Paper form

<ul style="list-style-type: none"> <li>• Referral - health body Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> <li>• Other (<i>training key community workers</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> </ul>
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Details: scheme has trialled GP and pharmacy referrals. Referrals are made to the local authority who then contacts the householder by phone etc.

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier ( <i>npower</i> )	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Assistance with delivery to households
• Service provider - fire and rescue	• Assistance with delivery to households / Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - Community Interest Company	• Identifying/referring/contacting target households
• Third sector - volunteer group	• Identifying/referring/contacting target households
• Third sector - other	• Identifying/referring/contacting target households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder
• Lead organisation ( <i>East Riding of Yorkshire Council</i> )	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: health data shared between the NHS and local authority.

Data sharing difficulties: issues with data received even after fixing consents/system.

## Challenges and successes

Challenges to implementing scheme: ongoing training of staff and motivation to understand how scheme can be holistic; funding for measures.

Key successes of scheme: continuity of service delivery/offer; partnership working; honesty as to what support is available.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: benefits claimed, trust fund grants secured

Details: npower evaluated scheme as a whole and produced reports on different areas (including East Riding).

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Health Through Warmth (npower)

<b>Lead organisation:</b> npower	<b>Scheme start date:</b> Dec-00
<b>Geographic scope:</b> National	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	•	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits, housing tenure

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other	Diabetes	Neurological condition: multiple sclerosis, Parkinson's disease
Cancer	Disability: limited mobility, other	Respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)
Circulatory disease: cardiovascular disease, heart disease, stroke, other	Injury (including accidental falls)	
Dementia: Alzheimer's disease, other	Long-term illnesses	
	Mental health conditions	

Details: homeowners only.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Identifying/referring/contacting target households
• NHS England	• Contributing funding
• Department of Health	• Contributing funding

Details: receive referrals from some NHS and healthcare professionals and partners access funding from local health boards.

## Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - scheme provider</li> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> <li>• Referral - energy supplier</li> <li>• Other (<i>events, press, training key community workers</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Website</li> <li>• Fax</li> </ul>

## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Assistance with delivery to households
• Service provider - fire and rescue	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Assistance with delivery to households
• Third sector - Community Interest Company	• Assistance with delivery to households
• Third sector - other	• Identifying/referring/contacting target households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• Lead organisation ( <i>npower</i> )	• Principal funder
• Charity / Not-for-profit organisation	• Contributor funder
• Community Interest Company	• Contributor funder
• For-profit company - energy company	• Contributor funder
• Health and/or social care body - other	• Contributor funder
• Local authority - housing	• Contributor funder



## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: GP data on certain illnesses such as COPD and cardio lists. GPs always write out to patients, not the scheme provider.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: engaging health workers to refer into scheme - have trained thousands but 70% never refer. However have found that once someone refers and obtains results for their clients they do refer again. Lack of funding for essential measures.

Key successes of scheme: unique npower Crisis Fund that provides energy efficiency measures for households who would otherwise fall through gaps of government and other support schemes. Accessing charity and other funding to help funds go further. Partnership working to maximise support for vulnerable clients. Scheme longevity (15 years). Relaxed eligibility (no age restrictions, do not have to be an npower customer).

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), benefits claimed, trust fund grants secured

## Health Through Warmth (Warm Zones)

<b>Lead organisation:</b> Warm Zones CIC	<b>Scheme start date:</b> Apr-04
<b>Geographic scope:</b> Regional	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other	Diabetes	Mental health conditions
Cancer	Disability: limited mobility, other	Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other
Circulatory disease: cardiovascular disease, heart disease, stroke, other	Injury (including accidental falls)	
	Long-term illnesses	

Details: scheme targets households with any health condition exacerbated by living in a cold / damp home.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - practice nurse	• Other ( <i>help validate relevant health concerns for grant eligibility</i> )

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Geographic - leafleting</li> <li>• Geographic - door-knocking</li> <li>• Referral - healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

- professional provider**
- Referral - scheme provider
  - Referral - local authority
  - Referral - third sector agency/advice worker
  - Referral - energy supplier

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Contributing funding
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Lead organisation ( <i>Warm Zones CIC</i> )	• Contributor funder
• Charity / Not-for-profit organisation	• Contributor funder
• For-profit company - energy company	• Contributor funder
• Local authority - housing	• Contributor funder
• Local authority - public health	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Data sharing difficulties: given complex / uncertain nature and application of data protection laws / good practice it is often easier for organisations to just say no rather than try and work to find practical solutions that will more effectively benefit potential clients.

## Challenges and successes

Challenges to implementing scheme: raising awareness of the scheme and encouraging uptake amongst households. For a number of reasons the general level of cynicism and apathy of many potential clients continues to grow.

Key successes of scheme: delivery of significant number of cost-effective heating measures as part of an integrated package. Attracting matched funding. Quality of installations and customer service via working with a smaller number of trusted local installer partners.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), benefits claimed

Local area: impact on fuel poverty levels

Societal cost savings: health sector, carbon

Details: evaluation by scheme manager as part of ongoing monitoring of delivery and customer satisfaction.

## Healthy and Warm (Amber Valley)

**Lead organisation:** Amber Valley Borough Council

**Scheme start date:** Nov-13

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Details: scheme sits within the Derbyshire Healthy Home Project. While that project is about systematically identifying clients this scheme is about establishing a network with utilities/ third sector/health/social care to identify more reactively clients that would benefit from fuel poverty services and ensure referrals are made. That is, trying to achieve a sustainable hub to catch those most in need and find solutions collectively.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme leaves it to the CCG and GP practices to identify households and will not often know the detail of their health conditions.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Commissioning services

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the	• Method used by healthcare professional to make

	scheme	the referral
<ul style="list-style-type: none"> <li>Referral - healthcare professional</li> <li>Referral - health body Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>In-home visit / face-to-face contact</li> <li>Telephone - helpline for household to ring</li> </ul>	<ul style="list-style-type: none"> <li>10-19</li> </ul>
		<ul style="list-style-type: none"> <li>Email form</li> <li>Helpline / Telephone</li> </ul>

## Other partners

Organisation type	Nature of their involvement
For-profit company - energy supplier	Installing measures
For-profit company - installer	Installing measures
Service provider - local council	Assistance with delivery to households
Service provider - social housing provider	Assistance with delivery to households
Service provider - police	Identifying/referring/contacting target households
Service provider - fire and rescue	Identifying/referring/contacting target households
Third sector - charity / not-for-profit organisation	Identifying/referring/contacting target households

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
• ✓	•	•	•

Funding source	Funding contribution
Lead organisation ( <i>Amber Valley Borough Council</i> )	Contributor funder
Charity / Not-for-profit organisation	Contributor funder
For-profit company - energy company	Contributor funder
Local authority - housing	Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: some data is used as a proxy to focus on a geographical area. Individual data is not shared (GPs seek consent from their patient) although we inform the GPs/practices of an outcome where appropriate. Scheme holds information on ECO eligible households and has worked with E.ON to run targeted mail-outs.

Data sharing difficulties: working with the CCG to overcome issues and increase referral rates for housing/energy advice.

## Challenges and successes

Challenges to implementing scheme: while have been successful in increasing referral rates still only accessing a small proportion of client base that could benefit from energy measures/advice. The health sector is very task-focussed – scheme seeking to change working practices to widen out the viewpoint of the health worker and make ‘every contact

count' concept not only apply to health interventions. There is a gap between need and availability and with limited resources a risk of unmet expectations. In particular, there is a concern about working families / older people that 'miss out' under ECO being left in desperate situations, particularly in the private rented sector.

Key successes of scheme: case studies of residents who benefitted from energy efficiency measures via referral from a GP practice. In addition, since 2012, housing (within the local authority) input into the CCG has enabled affordable warmth to become more embedded within CCG thinking. The CCG agreed to a joint affordable warmth strategy – a fantastic position as a second tier council. However need amongst fuel poor households continues to grow and while the prospect for CCG funding is positive this is unlikely to match the funding that AVBC (?) could previously distribute.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Details: mainly utilised case studies / qualitative experience for evaluation purposes. Also conducted some post-installation analysis which showed positive results.

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Healthy Heat (Bradford)

<b>Lead organisation:</b> Bradford Metropolitan District Council	<b>Scheme start date:</b> Feb-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> Fewer than 100 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	•	•

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other

Cancer

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Diabetes

Disability: limited mobility

Mental health conditions

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures



• <b>Service provider - local council</b>	• Contributing funding
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## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• <b>Lead organisation (<i>Bradford Metropolitan District Council</i>)</b>	• Principal funder
• <b>For-profit company - energy company</b>	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: obtaining 'buy-in' from the health sector to make referrals.

Key successes of scheme: strong relationships and commitment across partners / contractors.

## Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Healthy Homes (Dorset)

<b>Lead organisation:</b> Dorset County Council	<b>Scheme start date:</b> Approved Oct-14, delivery not yet started at Jan-15
<b>Geographic scope:</b> Regional	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	• ✓	• ✓

Other services: referral/sign-posting to the Department of Health's "9 effective interventions to reduce seasonal mortality". These are: 1. Assessment for affordable warmth interventions, including energy efficiency measures; 2. Review benefits entitlement/uptake; 3. Flu vaccination; 4. Annual medication review; 5. Annual medicines utilisation review; 6. Personal health interventions plan including smoking, healthy eating advice etc.; 7. Programme to prevent falls; 9. Appropriate assistive technologies, e.g. alarm pendants; 9. Personal crisis contingency plan (e.g. buddy scheme where no friends/ family).

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

Details: scheme seeks targets long-term health conditions (respiratory and cardiovascular), households living in fuel poverty, vulnerable families, households living in poverty, elderly with limited mobility and people at risk of hospital admissions/readmissions.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Public Health England	• Other

## Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - health body Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> <li>• Mail-out - scheme provider to household</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure</li> </ul>	<ul style="list-style-type: none"> <li>• TBC (<i>not yet decided how health professionals will make referrals to scheme but unlikely to be a portal based on feedback from another council</i>)</li> </ul>

## Other partners

• Organisation type	• Nature of their involvement
• <b>For-profit company - energy supplier</b>	• Contributing funding
• <b>For-profit company - installer</b>	• Installing measures
• <b>Service provider - local council</b>	• Commissioning services
• <b>Service provider - fire and rescue</b>	• Assistance with delivery to households
• <b>Third sector - charity / not-for-profit organisation</b>	• Assistance with delivery to households

Details: delivery organisations not yet confirmed.

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• <b>Local authority - public health</b>	• Principal funder
• <b>For-profit company - energy company</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Haven't yet started but plan to

Details: local authority data (council tax benefits, assisted bin collection); MOSAIC data sets (local Public Health and other agencies - data sharing with CCG/GPs notoriously difficult but will try).

Data sharing difficulties: Dorset Data Sharing Protocol has been in force for years but anecdotal evidence suggests no data has ever been shared under the protocol. However under the impression a new protocol being developed.

## Challenges and successes

Challenges to implementing scheme: 1. Mission creep leading to more complex scheme design even though experience / common sense dictates simple schemes are more likely to succeed. 2. Energy efficiency / affordable warmth / environmental health functions within the local authority learning the language and discipline of Public Health. 3. Intellectually rewarding exercises in data analysis / targeting taking priority over improving vulnerable residents' homes. 4. Evaluation. In previous schemes (e.g. under Warm Homes Healthy People) design and delivery was 'quick and dirty' with limited evaluation. For improved evaluation have to compromise regarding the speed of delivery and dollars spent on delivery versus those spent on data analysis / evaluation / reporting. Where generally £1 spent on delivery can obtain £1 to £20 of energy supplier matched funding £1 spent on evaluation receives little to no matched funding.

Key successes of scheme: Scheme yet to be implemented.

### **Evaluation**

Evaluated scheme? No

## HEAT (Health & Energy Affordability Team, Darlington)

**Lead organisation:** Age UK Darlington

**Scheme start date:** Apr-08

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Geographic - leafleting</li> <li>• Referral - healthcare professional</li> <li>• Referral - health body Referral - scheme provider</li> <li>• Referral - local authority</li> <li>• Referral - housing association</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> <li>• Website</li> </ul>

## Other partners

No other organisations identified

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• <b>Charity / Not-for-profit organisation</b>	• Principal funder
• <b>Local authority - public health</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: have a data sharing protocol in place that prohibits scheme from sharing information, other than statistics which are shared. This applies to the majority of organisations scheme deals with.

## Challenges and successes

Challenges to implementing scheme: lack of funding - this is the second year lead organisation has had to contribute funding to the scheme. Have to go out to tender for 2014/2015.

Key successes of scheme: meeting and exceeding outcomes targets. Reputation as the organisation to call on for older / vulnerable households.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed

Local area: impact on fuel poverty levels

Property: condition (including presence of mould or damp)

## Herts Healthy Homes (Hertfordshire)

**Lead organisation:** Hertfordshire County Council

**Scheme start date:** 2011

**Geographic scope:** Regional

**Locality:** Part urban / part rural

**Estimated annual target reach:** More than 5000 households

**Proportion of annual target reach estimated to be households with health problems:** 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Long-term illnesses

Respiratory disease: chronic obstructive pulmonary disease (COPD)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Commissioning services
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health - local authority	•

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• Service provider - local council ( <i>lead council Hertfordshire County Council but scheme operates across multiple councils, e.g. Watford Borough Council</i> )	• Identifying/referring/contacting target households

<ul style="list-style-type: none"> <li>• <b>Service provider - social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - fire and rescue</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - other</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures</li> </ul>

## Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
•	•	•	• ✓

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Lead organisation (<i>Hertfordshire County Council</i>)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Health and/or social care body - Clinical Commissioning Group</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority - public health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Data sharing difficulties: data sharing requests rejected.

## Challenges and successes

Challenges to implementing scheme: low referrals despite over 40 organisations supporting the scheme. Limited resources.

Key successes of scheme: running scheme for three years – supporting households that would have otherwise presented themselves to the GP or hospital. Engagement and cross-referral of partners to scheme with one agency (Herts Help) to act as single-point-of-contact to refer into.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**



## Home and Personalisation Intervention Scheme (HAPI, Wakefield)

<b>Lead organisation:</b> Wakefield Council	<b>Scheme start date:</b> Feb-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Other
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - scheme provider</li> <li>• Referral - local authority</li> <li>• Referral - third</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Helpline / Telephone</li> </ul>

sector agency/advice worker

### Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>For-profit company - installer</li> </ul>	<ul style="list-style-type: none"> <li>Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - local council</li> </ul>	<ul style="list-style-type: none"> <li>Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - charity / not-for-profit organisation</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>

### Funding

ECO	Green Deal	ECO and Green Deal	Neither
•	•	•	• ✓

Funding source	Funding contribution
<ul style="list-style-type: none"> <li>Lead organisation (<i>Wakefield Council</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>Local authority - housing</li> </ul>	<ul style="list-style-type: none"> <li>Principal funder</li> </ul>

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

### Challenges and successes

Challenges to implementing scheme: identifying enough eligible households.

Key successes of scheme: simple referral system; collaborative / partnership working.

### Evaluation

Evaluated scheme? No

## Home Energy Checks (Age Cymru - WALES)

<b>Lead organisation:</b> Age Cymru	<b>Scheme start date:</b> Nov-13
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: older person

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• Service provider - local council	• Identifying/referring/contacting target households
• Service provider - social housing provider	• Identifying/referring/contacting target households
• Service provider - police	• Identifying/referring/contacting target households
• Service provider - fire and rescue	• Contributing funding
• Other – <i>not-for-profit energy supplier</i>	•

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• <b>Charity / Not-for-profit organisation</b>	• Principal funder
• <b>For-profit company - energy company</b>	• Contributor funder
• <b>Other</b>	• Contributor funder
• <b>Other</b>	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: insulating properties; positive client feedback regarding the increased temperature of their house.

### Evaluation

Evaluated scheme? No

## Home Energy Visitor (Arun)

<b>Lead organisation:</b> Arun District Council	<b>Scheme start date:</b> Jul-12
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	• ✓

Other services: emergency heating provision; referrals to local telecare provider, wellbeing projects, prevention assessment teams and voluntary sector provision.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits, housing tenure

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme available to private tenure households only. The scheme is a preventative service so it works to prevent risk factors associated with cold-related health conditions rather than targeting households with those specific health conditions.

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - installer	• Installing measures
• Service provider - local council	• Commissioning services

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

Funding source	Funding contribution
Local authority - public health	Principal funder
Lead organisation ( <i>Arun District Council</i> )	Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: occasional landlord reluctance to agree to energy efficiency measures for tenants.

Key successes of scheme: the impact on households, including reduction in fuel bills, grant applications, building energy / financial literacy, behaviour-change, low-cost measures and improved health and wellbeing. The scheme is successful because part of a wider wellbeing programme that cross-refers between services. This wider programme aims to reduce risk factors for cardiovascular disease, diabetes and preventable cancers through behaviour / lifestyle change. Health professionals who are aware of the wider services are therefore happy to refer into the fuel poverty scheme.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), trust fund grants secured

Details: other evaluation measures have included hard measures installed, behaviour change made and maintained after three months, signposting and referrals to external agencies, training sessions for front-line staff in other departments / organisations, case studies

## Islington Council (multiple schemes)

**Lead organisation:** Islington London Borough Council

**Scheme start date:** 25 years+

**Geographic scope:** Local authority area

**Locality:** Exclusively urban

**Estimated annual target reach:** 1000-4999 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: advocacy on fuel issues.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: schemes open to all residents but target the most vulnerable households. Although some health conditions aren't actively targeted still willing/able to work with households with those conditions.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• NHS walk-in centre (WIC)	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Other
• NHS Foundation Trust	• Identifying/referring/contacting target households

<ul style="list-style-type: none"> <li>• <b>National Institute for Health and Care Excellence</b></li> </ul>	<ul style="list-style-type: none"> <li>• Other</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Department of Health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Other</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Public Health - local authority</b></li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## Health referrals

<ul style="list-style-type: none"> <li>• <b>Method used to identify households with health problems</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Method used to contact households with health problems</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>No. healthcare professionals making referrals to the scheme</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Method used by healthcare professional to make the referral</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - health body Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> <li>• <b>Referral - housing association</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> <li>• <b>Referral - energy supplier</b></li> <li>• <b>Other - geographic data matching</b></li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> <li>• Mail-out - healthcare professional to household</li> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> <li>• <i>(Outbound calling the norm but depends on scheme)</i></li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Email form</li> <li>• Helpline / Telephone</li> <li>• Website <i>(hosts the electronic form)</i></li> <li>• Electronic software system (portal)</li> </ul>

## Other partners

<ul style="list-style-type: none"> <li>• <b>Organisation type</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nature of their involvement</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy supplier</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - installer</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - local council</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - police</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - fire and rescue</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - volunteer group</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>

## Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• ✓</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Lead organisation (<i>Islington London Borough Council</i>)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority - housing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>



## **Data sharing**

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: have not overcome data sharing difficulties (did not specify what those were).

## **Challenges and successes**

Challenges to implementing scheme: gaining support and confidence of healthcare professionals to refer to / use schemes.

Key successes of scheme: political and instructional leadership that views fuel poverty and affordable warmth as important and is willing to push these issues.

## **Evaluation**

Evaluated scheme? No

## Keep Herefordshire Warm

**Lead organisation:** Marches Energy Agency

**Scheme start date:** Mar-14

**Geographic scope:** Local authority area

**Locality:** Mostly rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** Less than 20 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: don't target specific types of households

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Assistance with delivery to households
• Service provider - social housing provider	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Assistance with delivery to households
• Third sector - volunteer group	• Assistance with delivery to households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

  

• Funding source	• Funding contribution
• Local authority – housing	• Principal funder
• For-profit company - energy company	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: uncertainty regarding funding, in particular ECO. This results in the lack of a clear offer for householders and for voluntary and third sector partners to promote.

Key successes of scheme: partnership working with intermediary organisations to help identify those most in need. This is enabled by a pro-active local authority that supports the scheme and development of an Affordable Warmth Network to bring partners together and share knowledge and experience.

## Evaluation

Evaluated scheme? No

## Keeping Coventry Warm Winter Campaign

**Lead organisation:** Groundwork with Coventry City Council

**Scheme start date:** Jan-15

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** Unsure

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	•	•

Details: Groundwork has been commissioned by Coventry City Council to provide additional winter warmth capability. There are two strands to the scheme; affordable warmth advice and information, and heating and insulation measures.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits, housing stock condition, pregnant woman

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke

Mental health conditions

Disability: limited mobility, other

Respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)

Details: households eligible are those living within Coventry who fall into one or more of the following groups: 1. Aged 65+; OR 2. Families with children aged under 18; OR 3. Pregnant woman; OR 4. Diagnosis CHD, COPD, mental health, stroke or asthma; OR 5. Receipt disability-related benefit; OR 6. Living in F or G rated property. AND 1. Live in a household in Quintiles 1 and 2 in relation to deprivation; OR 2. Live in a household dependant on benefits.

The target for Groundwork is 75% of households to come from these groups; where 20% must be referred by a health, social care or early years professional.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional – other ( <i>social</i> )	• Identifying/referring/contacting target

<b>care and early years professionals)</b>	households
• <b>Public Health - local authority</b>	• Contributing funding

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• <b>Referral - healthcare professional</b>	• Unsure	• Unsure	• Unsure

Details: target for Groundwork is 20% of eligible households be referred by health, social care and early years professionals (unsure system to do so).

### Other partners

• Organisation type	• Nature of their involvement
• <b>Service provider - local council (<i>Coventry City Council</i>)</b>	• Commissioning services

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

  

• Funding source	• Funding contribution
• <b>Local authority - public health</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Unsure

### Challenges and successes

Challenges to implementing scheme: information not provided but scheme only commenced Jan 2015.

Key successes of scheme: information not provided but scheme only commenced Jan 2015.

### Evaluation

Evaluated scheme? No

## Keep Warm, Keep Well (Kent)

**Lead organisation:** Kent County Council

**Scheme start date:** Dec-13

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 1000-4999 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: warm clothes, blankets, salt, etc.

### Household profile

Types of households scheme targets are: health condition / disability, older person

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Disability: limited mobility, other

Long-term illnesses

Mental health conditions

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Contributing funding
• Other ( <i>social care professionals and multidisciplinary teams</i> )	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
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<ul style="list-style-type: none"> <li>• <b>Service provider - local council</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures / Also tries to find match funding</li> </ul>
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## Funding

<ul style="list-style-type: none"> <li>• ECO</li> </ul>	<ul style="list-style-type: none"> <li>• Green Deal</li> </ul>	<ul style="list-style-type: none"> <li>• ECO and Green Deal</li> </ul>	<ul style="list-style-type: none"> <li>• Neither</li> </ul>
<ul style="list-style-type: none"> <li>• ✓</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority - public health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Health and/or social care body - Clinical Commissioning Group</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: NHS numbers and Social Care numbers do not match; NHS reluctant to share data; risk stratification groups not yet consistent across a very large county

## Challenges and successes

Challenges to implementing scheme: inconsistent / changing ECO funding. In addition ECO funding targets deprivation but not necessarily health conditions.

Key successes of scheme: partnership working and joint commissioning.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Details: would like to be able to evaluate impact on GP visits and hospital admissions but data sharing barriers makes this impossible.

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Manchester CAB Energy Advice Service

**Lead organisation:** Manchester Citizens Advice Bureau

**Scheme start date:** Jul-11

**Geographic scope:** Local authority area

**Locality:** Exclusively urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	• ✓	• ✓	•

Details: service funded by British Gas Energy Trust to support fuel poor households clear debt and gain access to energy-related support, including ECO, Greater Manchester Energy Advice Service etc.

### Household profile

Types of households scheme targets are: don't target specific types of households

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - local authority</li> <li>• Referral - housing association</li> <li>• Referral - third sector agency/advice worker</li> <li>• Referral - energy supplier</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> </ul>	<ul style="list-style-type: none"> <li>• 30-39</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>



## Other partners

• Organisation type	• Nature of their involvement
• Energy Trust Fund	• Contributing funding

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Energy Trust Fund	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: focus on vulnerable households in need.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

Local area: impact on fuel poverty levels

## Newham Affordable Warmth Project

**Lead organisation:** Newham London Borough Council

**Scheme start date:** Warm Homes 1 Nov 2011 to Mar 2012; Warm Homes 2 Nov 2012 to Mar 2013

**Geographic scope:** Local authority area

**Locality:** Exclusively urban

**Estimated annual target reach:** Fewer than 100 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	• ✓	•

### Household profile

Types of households scheme targets are: low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Department of Health	• Contributing funding

NB: Tried to engage with GPs, practice nurses and pharmacies to be trained as part of our referral network but was unsuccessful.

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - healthcare professional	• Telephone - scheme provider calls household	• Fewer than 10	• Email form

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding

<ul style="list-style-type: none"> <li>• <b>Third sector - Community Interest Company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - volunteer group</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Volunteers</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>

## Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
•	•	•	• ✓

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Central government</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>For-profit company - energy company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: did not try to share data for this scheme due to resistance have encountered in the past around data sharing. Scheme uses LSOA data, fuel poverty statistics etc. to target low-income areas.

## Challenges and successes

Challenges to implementing scheme: access to funding (Warm Homes Healthy People funding ceased and scheme did not run in 13/14 or 14/15). For second year running local authority unable to offer anything to private sector emergencies not eligible for ECO or Green Deal. Engaging health professionals to make referrals. Over the two years of the scheme 71 frontline health workers (40% of total) were trained but only received 2 referrals (3% of total). Suspect mainly due to time pressure per patient contact, and also the fact that referrals not included in KPIs or any other method of staff appraisal.

Key successes of scheme: essential to fund coordinator to act as a central contact point for referrals into scheme from (trained) frontline workers/volunteers. Newsletters to keep Champions engaged post-training also key. Success in reaching incredibly vulnerable/hard-to-reach households which standard measures programmes, funded by DCLG Decent Homes funding, had failed to reach in the past (showing the need for funded outreach in these programmes as well as funding for measures); Funding for measures from within the scheme also ensured there was minimal drop-off due to a long lead-in time.

## Evaluation

Evaluated scheme? No (although case studies available as separate word document)

## Nottingham Energy Partnership (multiple schemes)

<b>Lead organisation:</b> Nottingham Energy Partnership	<b>Scheme start date:</b> GNHHS since early-mid 2000s Nottingham WZ since 2008 Broxtowe WZ since 2010 Aspley Super WZ since 2010 Wollaton Greener Housing since 2014
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Details: GNHHS is a referral service that trains frontline staff to generate referrals for energy efficiency measures and advice. Aspley Super Warm Zone is an area-based solid wall insulation scheme in East Midlands (948 installations). Nottingham Warm Zone and Broxtowe Warm Zone are area-based loft and cavity wall insulation schemes in East Midlands (10,000 installations).

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other	Diabetes	Neurological condition: multiple sclerosis, Parkinson's disease
Cancer	Disability: limited mobility, other	Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other
Circulatory disease: cardiovascular disease, heart disease, stroke, other	Influenza	
Dementia: Alzheimer's disease, other	Long-term illnesses	

Details: eligibility criteria aligns with ECO CSCO and CERO.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households

<ul style="list-style-type: none"> <li>Healthcare professional - district nurse</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Healthcare professional - other</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Hospital - other</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Health and Wellbeing Board (HWB)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning services</li> </ul>

## Health referrals

Method used to identify households with health problems	Method used to contact households with health problems	No. healthcare professionals making referrals to the scheme	Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>Data sharing and/or matching</li> <li>Geographic - leafletting</li> <li>Referral - healthcare professional</li> <li>Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>In-home visit / face-to-face contact</li> <li>Mail-out - scheme provider to household</li> <li>Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>10-19</li> </ul>	<ul style="list-style-type: none"> <li>Website</li> <li>Helpline / Telephone</li> </ul>

## Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>For-profit company - energy supplier</li> </ul>	<ul style="list-style-type: none"> <li>Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>For-profit company - installer</li> </ul>	<ul style="list-style-type: none"> <li>Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - local council (<i>Nottingham City Council and Nottinghamshire County Council</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - social housing provider</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - charity / not-for-profit organisation</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - Community Interest Company</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning services</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - volunteer group</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - fire and rescue</li> </ul>	<ul style="list-style-type: none"> <li>Other</li> </ul>

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
<ul style="list-style-type: none"> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

  

Funding source	Funding contribution
<ul style="list-style-type: none"> <li>Lead organisation (<i>Nottingham Energy Partnership</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>For-profit company - energy company</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>Local authority - housing</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>

- |  |                      |
|--|----------------------|
| • <b>Local authority - public health</b> | • Contributor funder |
|--|----------------------|

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: local authority data including benefits data, housing stock/condition data, LSOA data and housing tenure data.

Data sharing difficulties: establishing protocols with the health sector to share data. GPs not very willing to share data or to try and devise solutions.

## Challenges and successes

Challenges to implementing scheme: constant restructuring in the health sector is a barrier to progressing joined-up working.

Key successes of scheme: dedicated/like-minded/quality staff; partnership working; commitment to fuel poverty and not losing sight of vulnerable households; scheme longevity – 14 years running GNHHS funded by public health.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition

Household savings: energy (£ and kWh)

Property: condition (including presence of mould or damp)

## npower Fuel Management Programme

**Lead organisation:** Macmillan Cancer Support

**Scheme start date:** 2007

**Geographic scope:** National

**Locality:** Part urban / part rural

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	•	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: cancer

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Catalogue of health-related fuel poverty schemes

Data sharing difficulties: None identified

### **Challenges and successes**

Challenges to implementing scheme: None identified

Key successes of scheme: savings of around £2 million for cancer patients since 2010; fuel security.

### **Evaluation**

Evaluated scheme? No



## Preventing Illness by Tackling Cold Homes (PITCH, CSE)

<b>Lead organisation:</b> Centre for Sustainable Energy	<b>Scheme start date:</b> May-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> No target	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Other
• National Institute for Health and Care Excellence	• Other

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Helpline / Telephone</li> </ul>

## Other partners

No other organisations identified

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Social housing provider	• Principal funder
• Energy Trust Fund	• Contributor funder
• European	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: unable to access health data in order to match to fuel poverty and energy data.

## Challenges and successes

Challenges to implementing scheme: health sector with no time to make referrals; GP practices difficult to engage with (busy, no common contact point); constant changes to health sector and dealing with multiple decision-making bodies – which is responsible for what; preventative medicine approach still not prevalent in the sector.

Key successes of scheme: implementing the new NICE guidance on cold homes in a sustainable way across Bristol.

## Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Relish (Residents 4 Low Impact Sustainable Homes)

**Lead organisation:** Worthing Homes

**Scheme start date:** Jan-07

**Geographic scope:** Regional

**Locality:** Mostly urban

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits, housing tenure

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: primarily vulnerable tenants of Worthing Homes properties are targeted. However referrals are also accepted.

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• <b>Service provider - social housing provider (housing officers)</b>	• Identifying/referring/contacting target households
• <b>Third sector - charity / not-for-profit organisation (financial inclusion officers, Money Saving Advice)</b>	• Identifying/referring/contacting target households
• <b>Third sector - volunteer group</b>	• Identifying/referring/contacting target households

Details: scheme works through Money Saving Advice to promote healthy heating to prevent escalation of existing health conditions.

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

  

• Funding source	• Funding contribution
• Lead organisation ( <i>Worthing Homes</i> )	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: access to funding for hard-to-treat energy efficiency measures and for properties not in LSOAs.

Key successes of scheme: demonstrating benefits of energy efficiency and behaviour change to lifestyle and finances of households. Mainstreaming 'Relish approach' into all housing works, e.g. additional draught proofing whilst on site for another job.

## Evaluation

Evaluated scheme? No

## Repairs on Prescription (Sandwell)

**Lead organisation:** Sandwell Metropolitan Borough Council

**Scheme start date:** 2001

**Geographic scope:** Local authority area

**Locality:** Exclusively urban

**Estimated annual target reach:** Fewer than 100 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	•	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other

Dementia: Alzheimer's disease, other

Neurological condition: multiple sclerosis, Parkinson's disease, other

Cancer

Disability: limited mobility, other

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Long-term illnesses

Mental health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Lead organisation ( <i>Sandwell Metropolitan Borough Council</i> )	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: data protection can be an issue owing to the transfer of personal information rather than pure property data.

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: long running programme (14 years plus) that continues to support vulnerable clients ASAP rather than requiring them to wait for the planned improvement programmes to arrive in their area.

### Evaluation

Evaluated scheme? No

## Royal Blackburn Hospital Pilot

**Lead organisation:** Blackburn with Darwen Borough Council

**Scheme start date:** Dec-14

**Geographic scope:** Regional

**Locality:** Part urban / part rural

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: referral to a wide range of other services including DASH (Decent And Safe Homes) who help prepare patients' homes for discharge / refer households onto partner agencies etc.

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other

Diabetes

Mental health conditions

Cancer

Disability: limited mobility, other

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Influenza

Injury (including accidental falls)

Dementia: Alzheimer's disease, other

Long-term illnesses

Details: scheme targets hospital patients on specific wards who may be suffering from COPD/respiratory illness/falls etc.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Hospital - other	• Identifying/referring/contacting target households

Details: local authority Public Health works closely with Adult Safeguarding Lead and also with Help Direct who cover the rest of East Lancashire. Visit hospital wards twice a week to identify patients to refer into scheme. Have made over 220 referrals since December 2014.

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Hospital visit</b></li> <li>• <b>Referral - healthcare professional (<i>Adult Safeguarding Lead</i>)</b></li> </ul>	<ul style="list-style-type: none"> <li>• In-home visit / face-to-face contact</li> <li>• Mail-out - scheme provider to household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> </ul>

Details: local council and Help Direct visit hospital wards twice weekly and ward managers identify target patients. Scheme then chats with patient on ward and also writes to patient who contacts them upon discharge where necessary. The Adult Safeguarding Lead also refers to the scheme.

### Other partners

• Organisation type	• Nature of their involvement
<ul style="list-style-type: none"> <li>• <b>Service provider - local council</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
<ul style="list-style-type: none"> <li>• ✓</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

• Funding source	• Funding contribution
<ul style="list-style-type: none"> <li>• <b>Lead organisation (<i>Blackburn with Darwen Borough Council</i>)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: health data is shared in order to access Public Health funding for energy efficiency measures. Benefits data is shared in order to access ECO funding. Patient signs referral form to enable data sharing.

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: support of Adult Safeguarding Lead and hospital ward managers. Reason for scheme success is that hospital staff don't have time to chat about environmental / home issues with patients and see the service as something which can help patients return home sooner to a safer environment.

### Evaluation

Evaluated scheme? No



## Save-It Campaign (Pennine Housing)

<b>Lead organisation:</b> Pennine Housing	<b>Scheme start date:</b> Nov-12
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 500-999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> Less than 20 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

No health sector involvement identified

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - local authority</li> <li>• Referral - housing association</li> <li>• Referral - third sector agency/advice worker</li> <li>• Referral - energy supplier</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

### Other partners

No other organisations identified

### Funding

• ECO	• Green Deal	• ECO and Green	• Neither
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Deal	
•	• ✓
• <b>Funding source</b>	• <b>Funding contribution</b>
• <b>Lead organisation (<i>Pennine Housing</i>)</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: using ready-made trusted intermediary in the form of housing provider staff; using data to target vulnerable / fuel poor households; assisting Broader Group tenants to claim Warm Home Discount; one-to-one in-home energy advice; installation of 'soft' measures, e.g. draught proofing and loft installation.

### Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household savings: energy (£ and kWh), energy debt, benefits claimed

Property: condition (including presence of mould or damp)

## Southampton Warmth For All Partnership (SWAP)

**Lead organisation:** the Environment Centre (tEC)      **Scheme start date:** Feb-12

**Geographic scope:** Local authority area      **Locality:** Exclusively urban

**Estimated annual target reach:** 100-499 households      **Proportion of annual target reach estimated to be households with health problems:** 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: referrals and signposting to local support services - both voluntary and statutory (welfare rights, adult social/children services, housing, befriending, handy-person service, home fire safety visits).

### Household profile

Types of households scheme targets are: older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme focus is on households at greater risk from cold homes as set out in the Cold Weather Plan for England.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Public Health - local authority	• Other
• Health and Wellbeing Board (HWB)	• Other

Details: SWAP is in the process of updating Southampton City Council's fuel poverty strategy and three-year action plan. Process is led by Environmental Health and Public Health in the local authority and endorsed by the HWB.

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Referral - healthcare professional	• In-home visit / face-to-face contact • Telephone -	• Fewer than 10	• Helpline / Telephone • Email form

<ul style="list-style-type: none"> <li>• <b>Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> </ul>	<ul style="list-style-type: none"> <li>• helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> </ul>
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Details: SWAP distributes an affordable warmth checklist annually to frontline staff in touch with vulnerable households. The checklist provides an aid for workers to identify households at risk re: health and cold homes and key contact details for client/worker to take action. A home visit service is available for households identified as needing 'hand-holding' support.

### Other partners

• Organisation type	• Nature of their involvement
• <b>Service provider - local council</b>	• Other
• <b>Service provider - fire and rescue</b>	• Assistance with delivery to households
• <b>Third sector - charity / not-for-profit organisation</b>	• Identifying/referring/contacting target households

Details: Environmental Health and Public Health departments of Southampton City Council support the SWAP programme through 1. Funding for energy efficiency measures (that fall outside ECO HHCRO), 2. Identifying households through data sharing, 3. Promoting local SWAP activities and the strategy to HWB, CCG and the council as a whole, 4. Supporting the third sector with letters of support (where appropriate) to secure funding for small-medium scale projects.

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• <b>Local authority – other</b>	• Principal funder
• <b>Charity / Not-for-profit organisation</b>	• Contributor funder
• <b>Local authority - housing</b>	• Contributor funder
• <b>Local authority - public health</b>	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: aggregated data on ten Southampton GP practices with high incidences of COPD, respiratory conditions and older people (% of patients) is shared by Southampton City Council Public Health with Southampton City Council Regulatory Services and the Environment Centre. This data is used to promote the scheme / services in the areas adjacent/surrounding the GP practices. In addition data on ECO CSCO, IMD and fuel poverty statistics is used / shared. Moving forward scheme is seeking to use recently purchased EPC data (through a Green Deal Communities project).

Data sharing difficulties: None identified

## **Challenges and successes**

Challenges to implementing scheme: lack of certainty regarding scheme activity due to resource constraints (no more subsidies for energy efficiency and noting initial Warm Homes Healthy People funding in 2011/12 helped establish a holistic scheme (advice and measures) using a partnership approach.

Key successes of scheme: multi-agency partnership working instigated by the Warm Homes Healthy People-funded 'STOP the Cold' project. Dedicated freephone advice line staffed by knowledgeable/passionate team. Core funding provided by local authority in addition to leveraging funds from other sources. Funding for crisis cases regarding heating and vulnerable households. Creation of a fuel poverty strategy and action plan for the city led by Southampton City Council and Public Health with support from the entire SWAP partnership.

## **Evaluation**

Evaluated scheme? Yes

Outcomes measured and reported against:

Household savings: energy debt, benefits claimed, trust fund grants secured

## St. Helens Citizens Advice Bureau British Gas Energy Trust Project

**Lead organisation:** St. Helens District Citizens Advice Bureau

**Scheme start date:** Jul-11

**Geographic scope:** National

**Locality:** Mostly urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• NHS walk-in centre (WIC)	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Identifying/referring/contacting target households
• Public Health England	• Identifying/referring/contacting target households
• Other – Macmillan Cancer Support	•

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• GP surgeries	•	•	•

## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Identifying/referring/contacting target households
• Service provider - local council	• Identifying/referring/contacting target households
• Service provider - social housing provider	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - volunteer group	• Identifying/referring/contacting target households

Details: work closely with numerous organisations that refer households to the bureau.

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Lead organisation ( <i>St. Helens District Citizens Advice Bureau</i> )	• Principal funder
• Charity / Not-for-profit organisation	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: data sharing on households occurs through referrals.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: collaborative working; quality of service offer; service innovation.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

## Catalogue of health-related fuel poverty schemes

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

Local area: impact on fuel poverty levels, impact on GP visits, impact on hospital admissions

Property: condition (including presence of mould or damp)

Societal cost savings: health sector



## Stay Safe and Warm (Cleveland)

<b>Lead organisation:</b> Cleveland Fire Brigade	<b>Scheme start date:</b> Oct-08
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	•	• ✓	•

Other services: short-to-medium term emergency interventions.

### Household profile

Types of households scheme targets are: don't target specific types of households

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health - local authority	•
• Other – <i>voluntary and community sector partners, e.g. Middlesbrough Environment City, Age UK, Alzheimer's Society.</i>	•

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Data sharing	• Telephone -	• 20-29	• Email form

<ul style="list-style-type: none"> <li>• <b>and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - health body</b></li> <li>• <b>Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> <li>• <b>Referral - housing association</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> </ul>	<p>scheme provider calls household</p>	<ul style="list-style-type: none"> <li>• Helpline / Telephone</li> </ul>
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Details: household visits are arranged by the scheme's Community Safety Advocates.

### Other partners

• Organisation type	• Nature of their involvement
• <b>Service provider - local council</b>	• Contributing funding
• <b>Service provider - social housing provider</b>	• Identifying/referring/contacting target households
• <b>Service provider - ambulance</b>	• Identifying/referring/contacting target households
• <b>Service provider - police</b>	• Identifying/referring/contacting target households
• <b>Service provider - fire and rescue</b>	• Identifying/referring/contacting target households
• <b>Third sector - charity / not-for-profit organisation</b>	• Identifying/referring/contacting target households
• <b>Third sector - volunteer group</b>	• Identifying/referring/contacting target households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• <b>Lead organisation (Cleveland Fire Brigade)</b>	• Principal funder
• <b>Health and/or social care body - Clinical Commissioning Group</b>	• Contributor funder
• <b>Local authority - public health</b>	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: household data is shared (name, address, onward referral, details of issues found).

Data sharing difficulties: access to DWP and NHS data which is not shared.

## **Challenges and successes**

Challenges to implementing scheme: maintaining funding for crisis measures.

Key successes of scheme: households removed from fuel poverty; aim to make contact with household within one hour of receiving a referral; prevention of non-elective hospital admissions; reduced number of risks people take in their home; partnership working; first class quality service provided by a trusted public body.

## **Evaluation**

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

## Stay Warm and Healthy Programme (Derby)

<b>Lead organisation:</b> Derby City Council	<b>Scheme start date:</b> 2012
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - A&E	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• NHS walk-in centre (WIC)	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Contributing funding
• NHS Foundation Trust	• Identifying/referring/contacting target households
• Public Health England	• Contributing funding

### Health referrals

• Method used to	• Method used to	• No. healthcare	• Method used by
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<i>identify</i> households with health problems	<i>contact</i> households with health problems	professionals making referrals to the scheme	healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - health body Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> <li>• <b>Geographic - leafleting</b></li> <li>• <b>Other - <i>direct mail to target clients identified via Healthy Housing Vulnerability Index, targeted talks to community groups, awareness-raising amongst front-line workers</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

### Other partners

• Organisation type	• Nature of their involvement
• <b>Service provider - local council</b>	• Commissioning services
• <b>Service provider - social housing provider</b>	• Identifying/referring/contacting target households
• <b>Service provider - ambulance</b>	• Identifying/referring/contacting target households
• <b>Service provider - police</b>	• Identifying/referring/contacting target households
• <b>Service provider - fire and rescue</b>	• Identifying/referring/contacting target households
• <b>Third sector - charity / not-for-profit organisation</b>	• Assistance with delivery to households
• <b>Third sector - volunteer group</b>	• Assistance with delivery to households
• <b>Volunteers</b>	• Assistance with delivery to households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• <b>Lead organisation (<i>Derby City Council</i>)</b>	• Contributor funder
• <b>Health and/or social care body - Clinical Commissioning Group</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: Healthy Housing Vulnerability Index (HHVI) has been developed with Public Health colleagues. It is a bespoke household vulnerability index that targets vulnerable households at neighbourhood and property address level. Indices (provided by Experian) take account of age, living alone, children under five, income, receipt of pension, financial stress. Also included is: proxy measures of loneliness and isolation (taken from British Household Panel Survey questions in relation to how much contact the person has with the outside world); likelihood of being in receipt of benefits (NOMIS); prevalence of long-term health conditions (if at time of census household identified as 'permanently sick'); households registered as long-term sick/disabled (BHPS). Data is then combined with local data relating to housing condition/risk/safety. Vulnerability ratings are then adjusted to create HHVI.

Data sharing difficulties: initial difficulties were overcome with the help of the Public Health Director. However the scheme could be improved through access to GP databases.

## Challenges and successes

Challenges to implementing scheme: access to funding and staffing resources.

Key successes of scheme: client feedback, e.g. 'I live alone, been ill and had to remain cold...If it wasn't for your help...I would be dead by now', '...you saved my life', '...it's given me...independence back', 'It's like the sun came out...a lovely feeling!'

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Household savings: benefits claimed  
Societal cost savings: health sector

## Swindon Safe and Warm

**Lead organisation:** Swindon Borough Council

**Scheme start date:** Sep-09

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 1000-4999 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	• ✓	• ✓	•

Other services: falls prevention advice and measures, fire safety measures and water saving measures.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other

Diabetes

Long-term illnesses

Circulatory disease: cardiovascular disease, heart disease, stroke, other

Disability: limited mobility, other

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

Injury (including accidental falls)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Data sharing and/or matching
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Data sharing and/or matching • Referral - healthcare professional	• Mail-out - healthcare professional to household • Mail-out - scheme provider to household	• Fewer than 10	• Helpline / Telephone

<ul style="list-style-type: none"> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>
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## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - installer	• Installing measures
• Service provider - fire and rescue	• Installing measures / Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Assistance with delivery to households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Lead organisation ( <i>Swindon Borough Council</i> )	• Principal funder
• Local authority - public health	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: benefits data is shared between local authority departments; patient data is filtered by GP practices and scheme information is sent out by practices on scheme's behalf; local authority uses housing stock data to target households along with insulation installer partners; local authority data may be shared with strategic partners such as the Fire Service to target measures.

Data sharing difficulties: The default of organisations (and even departments in the same organisation) is not to share data / a general reluctance to even consider sharing data for fear of falling foul of data protection rules. Scheme has overcome some of these issues through developing protocols/agreements/being clear on what the data will be used for.

## Challenges and successes

Challenges to implementing scheme: GP practices reluctance to help unless receive payment (even if scheme could reduce GP admissions); uncertainty around funding affecting engagement of health professionals because believe scheme may end shortly / abruptly.

Key successes of scheme: single-point-of-contact providing households with access to a range of services and benefits. Leveraging support of other organisations so scheme costs are small in proportion to total value of scheme. Partners going above and beyond regarding effort/ideas/support.

## Evaluation



Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Wakefield Fuel Poverty Fund

<b>Lead organisation:</b> Wakefield Council	<b>Scheme start date:</b> Feb-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Other
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional – other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Contributing funding

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - scheme provider</li> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Helpline / Telephone</li> </ul>

## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - installer	• Installing measures
• Service provider - local council	• Contributing funding
• Third sector - charity / not-for-profit organisation	• Assistance with delivery to households
• Volunteers	• Identifying/referring/contacting target households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Lead organisation ( <i>Wakefield Council</i> )	• Principal funder
• Local authority - housing	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: identifying sufficient numbers of eligible households.

Key successes of scheme: partnership working; assisting vulnerable households through simple referral systems.

## Evaluation

Evaluated scheme? No

## Warm and Healthy Bournemouth

<b>Lead organisation:</b> Bournemouth Borough Council	<b>Scheme start date:</b> Sep-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	•	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: long-term illnesses; respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health - local authority ( <i>Public Health Dorset</i> )	• Contributing funding ( <i>via Regeneration Partnerships</i> )

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Geographic - leafleting</li> <li>• Referral - healthcare professional</li> <li>• Referral - scheme provider</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Self-referral (<i>GP gives card to patient and advises intervention could help with health condition</i>)</li> <li>• <i>NB: referral methods vary as deemed appropriate.</i></li> </ul>

*GP has provided client details direct to scheme provider (with consent). However commonly GP advises client to self-refer via phone.*

## Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Assistance with delivery to households
• Service provider - local council	• Commissioning services
• Third sector - charity / not-for-profit organisation	• Assistance with delivery to households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder
• Health and/or social care body - Clinical Commissioning Group	• Principal funder
• Lead organisation ( <i>Bournemouth Borough Council</i> )	• Contributor funder
• Local authority - public health	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: want to share data to monitor scheme effectiveness but CCG requires permission of client for information to be passed from scheme provider to CCG to GP in order for patient numbers to be matched with scheme clients. This would enable individual health service use before and after the intervention to be logged and reported. The required patient permissions are very wordy and not likely to be signed by clients.

## Challenges and successes

Challenges to implementing scheme: fluctuating ECO funding complicating delivery.

Key successes of scheme: access to ECO funding to maximise measures delivered (due to skill/experience of local provider, Energy Advice Centre); obtaining funding from health/regeneration sources to top-up ECO grants (due to key health champions' commitment to warm homes); reaching clients with health conditions (due to GP involvement encouraging patients to self-refer); take-up of measures in deprived LSOAs (due to council direct mail in target areas/ECO eligible households); removal of physical barriers in properties (due to funding for facilitating works, e.g. loft clearing for older person households, repointing brickwork, scaffolding).

## Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Warm and Healthy Bristol

<b>Lead organisation:</b> Centre for Sustainable Energy	<b>Scheme start date:</b> Jan-15
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly urban
<b>Estimated annual target reach:</b> No target	<b>Proportion of annual target reach estimated to be households with health problems:</b> More than 80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: respiratory disease: asthma

Details: eligible households are those containing children with asthma.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Other
• National Institute for Health and Care Excellence	• Other

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - healthcare professional</li> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer than 10</li> </ul>	<ul style="list-style-type: none"> <li>• Helpline / Telephone</li> </ul>

## Other partners

No other organisations identified

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Social housing provider	• Principal funder
• Energy Trust Fund	• Contributor funder
• European	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: unable to access health data in order to match to fuel poverty and energy data.

## Challenges and successes

Challenges to implementing scheme: health sector with no time to make referrals; GP practices difficult to engage with (busy, no common contact point); constant changes to health sector and dealing with multiple decision-making bodies – which is responsible for what; preventative medicine approach still not prevalent in the sector.

Key successes of scheme: children with asthma and their families are proactively referred for support to ensure they are living in warm, healthy homes.

## Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**



## Warm and Healthy Homes Programme (Durham)

<b>Lead organisation:</b> Durham County Council	<b>Scheme start date:</b> May-14
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: fire safety checks.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme trains front-line health professionals who then make a decision if the physical/mental health of a client is being adversely affected by living in a cold, damp home.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Commissioning services
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - A&E	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Data sharing and/or matching
• Clinical Commissioning Group (CCG)	• Data sharing and/or matching
• NHS Foundation Trust	• Identifying/referring/contacting target households
• NHS England	• Other
• Public Health England	• Other
• National Institute for Health and Care Excellence	• Other

## Health referrals

Method used to <i>identify</i> households with health problems	Method used to <i>contact</i> households with health problems	No. healthcare professionals making referrals to the scheme	Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Geographic - leafleting</li> <li>• Referral - healthcare professional</li> <li>• Referral - health body Referral - scheme provider</li> <li>• Referral - local authority</li> <li>• Referral - third sector agency/advice worker</li> <li>• Referral - energy supplier</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> <li>• Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic software system (portal)</li> <li>• Paper form</li> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

## Other partners

Organisation type	Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Contributing funding
• Service provider - ambulance	• Identifying/referring/contacting target households
• Service provider - fire and rescue	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - Community Interest Company	• Identifying/referring/contacting target households
• Third sector - volunteer group	• Identifying/referring/contacting target households
• Volunteers	• Identifying/referring/contacting target households

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
• ✓	•	•	•

Funding source	Funding contribution
• Lead organisation ( <i>Durham County Council</i> )	• Principal funder
• Local authority - public health	• Principal funder
• For-profit company - energy company	• Contributor funder
• Local authority - housing	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: data shared includes benefits data, County-Wide Health Impact Assessment, Housing Stock Energy Database.

Data sharing difficulties: access to benefits data; access to CCG healthcare costs; specific MOUs were developed to help overcome these issues.

## Challenges and successes

Challenges to implementing scheme: lack of long-term ECO HHCRO funding.

Key successes of scheme: joint working with the Public Health and CCG teams; high-level corporate buy-in to the scheme resulting in sustained funding from Public Health.

## Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Warm and Safe Wiltshire

**Lead organisation:** Wiltshire Council with Wiltshire Fire & Rescue Service

**Scheme start date:** Dec-14

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** Unsure

**Proportion of annual target reach estimated to be households with health problems:** Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	•	• ✓	• ✓	•

Other services: fire safety checks; slips, trip and falls.

### Household profile

Types of households scheme targets are: don't target specific types of households

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: new scheme that is not actively targeting yet but will be aiming at vulnerable households including, but not limited to, older persons.

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• Service provider - fire and rescue	• Installing measures / Assistance with delivery to households

Details: Wiltshire Fire and Rescue service undertake the home visits and install small measures such as draught excluders in addition to smoke alarms. A member of staff is seconded over to the local authority to run the advice line.

### Funding

• ECO	• Green Deal	• ECO and Green	• Neither
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Deal	
•	• ✓
• <b>Funding source</b>	• <b>Funding contribution</b>
• <b>Local authority - public health</b>	• <b>Principal funder</b>

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: lack of funding for energy efficiency measures - housing department has no money for grants.

Key successes of scheme: too early to say.

### Evaluation

Evaluated scheme? No

## Warm and Well (Barts Health NHS)

<b>Lead organisation:</b> Global Action Plan	<b>Scheme start date:</b> Jan-15
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> 500-999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

Other services: tips to stay warm and well such as closing blinds and curtains, making a draught excluder etc.

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Assistance with delivery to households
• Healthcare professional - other	• Assistance with delivery to households
• NHS Foundation Trust	• Commissioning services

Details: energy advice is being delivered by clinicians in the community such as community nurses who visit patients in their homes.

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• In-home visit / face-to-face contact	• In-home visit / face-to-face contact	• More than 40	• Self-referral (patient)

Details: community nurses deliver energy packs to their patients in their homes. So by definition only those with health problems are targeted. Each pack contains advice, signposting to services and an opportunity to apply for a radiator reflector key.

### Other partners

No other organisations identified

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

  

• Funding source	• Funding contribution
• Local authority – other	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: engaging clinicians to deliver the energy packs and motivating patients to return postcards with valuable evaluation data.

Key successes of scheme: successful delivery of the energy packs; clinicians engaged and patients receiving energy advice. The latter happens when scheme can help clinicians understand the importance of patients staying warm and well and how this relates to reduced hospital admissions.

## Evaluation

Evaluated scheme? No

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Warm and Well (Norfolk)

<b>Lead organisation:</b> Norfolk County Council	<b>Scheme start date:</b> 2012
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> Unsure	<b>Proportion of annual target reach estimated to be households with health problems:</b> Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: advice on the health risks of cold homes and measures to protect health.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke, other	Influenza	Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other
Diabetes	Injury (including accidental falls)	
Disability: limited mobility, other	Long-term illnesses	
	Mental health conditions	

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - other	• Commissioning services
• Clinical Commissioning Group (CCG)	• Commissioning services

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
• Geographic - leafletting	• Mail-out - healthcare professional to household	• Unsure	• Helpline / Telephone
• Referral - healthcare professional	• Telephone - helpline for household to ring		• Website
• Referral - health			



• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<b>body</b> <ul style="list-style-type: none"> <li>• Referral - local authority</li> <li>• Referral - housing association</li> <li>• Other - <i>thermometer leaflet added to prescription bags by pharmacist</i></li> </ul>			

### Other partners

• Organisation type	• Nature of their involvement
• Service provider - local council	• Assistance with delivery to households
• Service provider - social housing provider	• Identifying/referring/contacting target households
• Service provider - fire and rescue	• Assistance with delivery to households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - Community Interest Company	• Other
• Third sector - volunteer group	• Assistance with delivery to households
• Third sector - other	• Assistance with delivery to households
• Volunteers	• Assistance with delivery to households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	•	• ✓

• Funding source	• Funding contribution
• Lead organisation ( <i>Norfolk County Council</i> )	• Principal funder
• Local authority - public health	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: resistance to data sharing due to concerns over information governance and Caldicott guidelines.

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: local level/community initiatives linking up with scheme's county-wide media campaign and website.

**Evaluation**

Evaluated scheme? No

## Warm and Well (Severn)

**Lead organisation:** Severn Wye Energy Agency

**Scheme start date:** Apr-01

**Geographic scope:** Regional

**Locality:** Part urban / part rural

**Estimated annual target reach:** 1000-4999 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease, stroke

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia

### Health sector involvement

No health sector involvement identified

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Contributing funding

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
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• <b>Local authority - public health</b>	• Principal funder
• <b>Lead organisation (<i>Severn Wye Energy Agency</i>)</b>	• Contributor funder
• <b>For-profit company - energy company</b>	• Contributor funder
• <b>Local authority - housing</b>	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: data mapping (IMD, Census, Acorn) with County Council.

Data sharing difficulties: previously told that only limited data could be made available as it did not benefit both parties to share it.

## Challenges and successes

Challenges to implementing scheme: lack of funding for marketing scheme; instability of ECO funding.

Key successes of scheme: over 40,000 homes improved in local area due to ongoing relationship with local authorities and network of third sector organisations.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh)

Local area: impact on fuel poverty levels

## Warm and Well in Warwickshire

<b>Lead organisation:</b> Act on Energy	<b>Scheme start date:</b> Sep-12
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> More than 5000 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

Other services: emergency heating; chimney sweeping.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Arthritis: other	Long-term illnesses	Respiratory disease: asthma, chronic obstructive pulmonary disease (COPD)
Circulatory disease: cardiovascular disease, heart disease, stroke	Mental health conditions	

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Hospital – A&E	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Contributing funding
• Public Health England	• Contributing funding

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the	• Method used by healthcare professional to make

	scheme	the referral
<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral – health body</b></li> </ul>	<ul style="list-style-type: none"> <li>• Telephone – scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure</li> <li>• Paper form</li> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

## Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>• <b>For-profit company – energy supplier</b></li> <li>• <b>For-profit company – installer</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - local council</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - fire and rescue</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
<ul style="list-style-type: none"> <li>• ✓</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Funding source	Funding contribution
<ul style="list-style-type: none"> <li>• <b>Local authority - public health</b></li> <li>• <b>Local authority - other</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: will be sharing EPC, LSOA data, health conditions.

Data sharing difficulties: still working out the best data sets and protocols required to share data.

## Challenges and successes

Challenges to implementing scheme: stop-start nature of funding.

Key successes of scheme: advice given to 3110 households through helpline; 564 referrals for insulation; £555,932 extra financial gain for residents from benefit checks; PV health benefits totalling £674,142; For 2012/13 QALYs of 19.3 at a cost of £5725 (from referrals only).

## Evaluation

Evaluated scheme? Yes

## Catalogue of health-related fuel poverty schemes

### Outcomes measured and reported against:

Household savings: energy (£ and kWh),  
benefits claimed

Societal cost savings: health sector

## Warm Homes Healthy People (Lewisham)

**Lead organisation:** London Borough of Lewisham

**Scheme start date:** Dec-11

**Geographic scope:** Local authority area

**Locality:** Exclusively urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: winter warm pack; emergency heating provision (i.e. drop off electric heater); referral to local social inclusion schemes (e.g. Age UK Winter Angels, Community Connections and Befriending).

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme employs a simple referral process with no eligibility requirements; just that the household be referred in to the scheme by a third party. It is up to the referrer to assess if the household is vulnerable and suitable for the scheme.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• NHS walk-in centre (WIC)	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Identifying/referring/contacting target households
• NHS Foundation Trust	• Identifying/referring/contacting target households



	households
<ul style="list-style-type: none"> <li>Public Health - local authority (<i>Public Health within Lewisham Council</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Contributing funding (<i>PH been funding the scheme since DoH funding ceased</i>)</li> </ul>

## Health referrals

Scheme does not have a specific system to identify and target households with health problems

## Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>For-profit company - installer</li> </ul>	<ul style="list-style-type: none"> <li>Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - local council</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning services</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - social housing provider</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - fire and rescue</li> </ul>	<ul style="list-style-type: none"> <li>Installing measures</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - charity / not-for-profit organisation</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - volunteer group</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - other</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
•	•	• ✓	•

Funding source	Funding contribution
<ul style="list-style-type: none"> <li>Local authority - public health</li> </ul>	<ul style="list-style-type: none"> <li>Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>Charity / Not-for-profit organisation</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>For-profit company - energy company</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>Local authority - housing</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: because vulnerability lists can change quickly found it better to ask data holders to refer on a case-by-case basis. NHS and other data owners (e.g. care providers, third sector organisations) are wary of sharing their data and data matching has proved difficult to date. If scheme could data match Priority Services Register / Warm Home Discount / disability benefit/hospital patient lists could target more households with less resources however – saving the local authority time and money.

## Challenges and successes

Challenges to implementing scheme: stop-start nature of ECO funding with no central funding for boiler repairs / upgrades so have to rely on council funding for energy efficiency measures; local authority time needed to promote scheme to frontline agencies / workers to

ensure obtain enough quality (i.e. the most vulnerable households) referrals over winter to meet targets.

Key successes of scheme: simple referral process with no eligibility requirements – just that the referral comes from a third party. Critical to success is the scheme is not public-facing; it targets only the most vulnerable households through intense stakeholder engagement (1/2 FTE required within council). This takes a lot of time but feedback from Groundwork London is that their client's referred from Lewisham's scheme are always the most vulnerable. This suggests limited funding is being used wisely – targeting those households most in need.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

## Warm Homes Healthy People Stockton

**Lead organisation:** Stockton on Tees Borough Council

**Scheme start date:** Feb-12

**Geographic scope:** Local authority area

**Locality:** Mostly urban

**Estimated annual target reach:** 500-999 households

**Proportion of annual target reach estimated to be households with health problems:** 60-80 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: referral for befriending services, healthy lifestyle, exercise and healthy eating activities.

### Household profile

Types of households scheme targets are: health condition / disability, older person, low income / in receipt of benefits

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis

Disability: limited mobility

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia

Circulatory disease: cardiovascular disease, heart disease, stroke

Long-term illnesses

Mental health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Other

### Health referrals

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• <b>Data sharing and/or matching</b></li> <li>• <b>Geographic - leafleting</b></li> <li>• <b>Geographic - door-knocking</b></li> <li>• <b>Referral - healthcare professional</b></li> <li>• <b>Referral - scheme provider</b></li> <li>• <b>Referral - local authority</b></li> <li>• <b>Referral - housing association</b></li> <li>• <b>Referral - third sector agency/advice worker</b></li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> </ul>	<ul style="list-style-type: none"> <li>• 20-29</li> </ul>	<ul style="list-style-type: none"> <li>• Paper form</li> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

### Other partners

• Organisation type	• Nature of their involvement
• <b>For-profit company - installer</b>	• Assistance with delivery to households
• <b>For-profit company - other</b>	• Assistance with delivery to households
• <b>Service provider - local council</b>	• Assistance with delivery to households
• <b>Service provider - social housing provider</b>	• Assistance with delivery to households
• <b>Service provider - fire and rescue</b>	• Assistance with delivery to households
• <b>Third sector - charity / not-for-profit organisation</b>	• Assistance with delivery to households
• <b>Third sector - Community Interest Company</b>	• Assistance with delivery to households
• <b>Third sector - volunteer group</b>	• Assistance with delivery to households
• <b>Third sector - other</b>	• Assistance with delivery to households
• <b>Volunteers</b>	• Assistance with delivery to households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• <b>Lead organisation (<i>Stockton on Tees Borough Council</i>)</b>	• Principal funder
• <b>Local authority - housing</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data matching details: target households using data regarding areas of the borough that have demonstrated higher than average excess winter deaths and hospital admissions for cold-related illnesses, and align this information with government statistics detailing areas containing the poorest households.

Data sharing difficulties: robust and secure collection of personal data, including health details/NHS numbers and welfare benefits data, has proved too cumbersome and time consuming. The main problem is the need to collect and share data in a uniform way between several organisations.

### **Challenges and successes**

Challenges to implementing scheme: landing on an eligibility criteria that covers both health and fuel poverty and which is both reactive (in crisis situations) and proactive (to develop resilience); lack of long-term committed funds preventing long-term solutions; CCGs / HWBs requirements regarding proof of cost savings to commit funds yet this is hard to prove.

Key successes of scheme: bespoke package for every client – this is possible because of strong support within a referral hub that works across council departments, NHS, social care, third sector organisations etc.

### **Evaluation**

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

## Warm Homes Oldham

<b>Lead organisation:</b> Keepmoat	<b>Scheme start date:</b> Jun-13
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Mostly rural
<b>Estimated annual target reach:</b> 1000-4999 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: fuel poverty assessments; health impact questionnaires.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: households eligible are those with an income threshold of £40k and a health condition made worse by living in a cold home (excluding injury and cancer).

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health - local authority	• Contributing funding

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council ( <i>Oldham Council</i> )	• Commissioning services / Contributing funding
• Service provider - social housing provider	• Contributing funding
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households

## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• For-profit company - energy company	• Principal funder
• Health and/or social care body - Clinical Commissioning Group	• Contributor funder
• Local authority - housing	• Contributor funder
• Local authority - public health	• Contributor funder
• Social housing provider	• Contributor funder

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: local authority data is shared to establish fuel poverty levels - mapping the top 5,000 homes. Benefits data is shared only at post code level. This sharing and matching has enabled identification of 'hot spots' (but not at individual household scale). Household consent is also used to access health records and complete health questionnaire to be part of evaluation.

Data sharing difficulties: numerous, however eventually data sharing agreements were signed between all relevant bodies. Has been a very lengthy process.

## Challenges and successes

Challenges to implementing scheme: changes to ECO making it impossible to plan scheme effectively; requirement for matched funds under HHCRO even when households are eligible; stop-start nature of Green Deal Communities and Green Deal Home Improvement Fund; lack of support for private tenure households, particularly for solid wall insulation.

Key successes of scheme: one thousand plus households lifted out of fuel poverty in first nine months of scheme; brought in £1.2 million ECO funds in first year of scheme (using matched council funding in many cases); drawing in funding from National Grid and Energy Trust Funds; integrated and comprehensive service offer covering works, advice, support and referral.

## Evaluation

Evaluated scheme? Yes

## Catalogue of health-related fuel poverty schemes

### Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

Household savings: energy (£ and kWh), energy debt, benefits claimed, trust fund grants secured

Local area: impact on fuel poverty levels, impact on GP visits, impact on hospital admissions

Property: condition (including presence of mould or damp)

Societal cost savings: health sector, carbon

Details: impact on GP visits and hospital admissions will be evaluated but data not available until September 2015. Interim evaluation report using data collected by Keepmoat and evaluation carried out by Sheffield Hallam University available at [warmhomesoldham.org](http://warmhomesoldham.org).



## Warm Homes Service (Leeds)

<b>Lead organisation:</b> Care and Repair Leeds	<b>Scheme start date:</b> Jan-12
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	• ✓	•

Details: scheme aims to assist vulnerable households in crisis situations because of inadequate/failed heating. Scheme will assess the heating needs of the household, apply for funding and arrange for scheme's contractors to complete works. The scheme will also refer on for energy-related assistance, e.g. income advice.

### Household profile

Types of households scheme targets are: health condition / disability

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other	Dementia: Alzheimer's disease, other	Mental health conditions
Cancer	Diabetes	Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia
Circulatory disease: cardiovascular disease, heart disease, stroke, other	Injury (including accidental falls)	
	Long-term illnesses	

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other ( <i>social care</i> )	• Identifying/referring/contacting target households
• Hospital - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Contributing funding
• Clinical Commissioning Group (CCG)	• Contributing funding

Details: frontline health professionals dealing with long-term conditions, out-of-hospital care, district nursing, adult social care, along with various voluntary sector organisations, are trained to refer vulnerable households through the Energy Champions scheme.

## Health referrals

Method used to identify households with health problems	Method used to contact households with health problems	No. healthcare professionals making referrals to the scheme	Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>Referral - healthcare professional</li> <li>Referral - health body Referral - scheme provider</li> <li>Referral - local authority</li> <li>Referral - third sector agency/advice worker</li> </ul>	<ul style="list-style-type: none"> <li>Telephone - scheme provider calls household</li> </ul>	<ul style="list-style-type: none"> <li>More than 40</li> </ul>	<ul style="list-style-type: none"> <li>Paper form</li> <li>Email form</li> <li>Helpline / Telephone</li> </ul>

## Other partners

Organisation type	Nature of their involvement
<ul style="list-style-type: none"> <li>For-profit company - energy supplier</li> </ul>	<ul style="list-style-type: none"> <li>Contributing funding</li> </ul>
<ul style="list-style-type: none"> <li>For-profit company - installer</li> </ul>	<ul style="list-style-type: none"> <li>Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - local council (<i>Leeds City Council is lead council for scheme</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning services</li> </ul>
<ul style="list-style-type: none"> <li>Service provider - fire and rescue</li> </ul>	<ul style="list-style-type: none"> <li>Other</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - charity / not-for-profit organisation</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - Community Interest Company</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>Third sector - volunteer group</li> </ul>	<ul style="list-style-type: none"> <li>Identifying/referring/contacting target households</li> </ul>

## Funding

ECO	Green Deal	ECO and Green Deal	Neither
<ul style="list-style-type: none"> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Funding source	Funding contribution
<ul style="list-style-type: none"> <li>Health and/or social care body - Clinical Commissioning Group</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>Local authority - housing</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>
<ul style="list-style-type: none"> <li>Local authority - public health</li> </ul>	<ul style="list-style-type: none"> <li>Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

## Challenges and successes

Challenges to implementing scheme: scheme requires permanent staff member to administer it and Leeds County Council traditionally part-funded this position with a third

party, e.g. energy supplier. Finding it increasingly difficult to find partners who are willing to part-fund scheme on a long-term basis.

Key successes of scheme: providing health / social care professionals with a direct referral route for vulnerable households to access energy assistance; key to this success was training staff through Energy Champions programme; 2013/14 helped 363 households suffering from cold-related illnesses with inadequate heating access funds.

## **Evaluation**

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition, personal satisfaction (including with property, physical health and general wellbeing)

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Warm Homes, Healthy People Partnership (Bradford)

**Lead organisation:** Bradford Metropolitan District Council

**Scheme start date:** 2011

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 1000-4999 households

**Proportion of annual target reach estimated to be households with health problems:** 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
•	• ✓	• ✓	• ✓	•

Other services: practical support, clothing, bedding and food parcels.

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are:

Arthritis: osteoarthritis, rheumatoid arthritis, other

Influenza

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

Circulatory disease: cardiovascular disease, heart disease

Long-term illnesses

Mental health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional – other ( <i>midwifery teams</i> )	• Identifying/referring/contacting target households
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health England	• Contributing funding
• Other - <i>Children's Centres</i>	• Identifying/referring/contacting target households

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
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<ul style="list-style-type: none"> <li>• <b>Service provider - social housing provider</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying/referring/contacting target households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Service provider - fire and rescue</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - charity / not-for-profit organisation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - Community Interest Company</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Third sector - other</b></li> </ul>	<ul style="list-style-type: none"> <li>• Other</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Volunteers</b></li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with delivery to households</li> </ul>

## Funding

<ul style="list-style-type: none"> <li>• <b>ECO</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>ECO and Green Deal</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Neither</b></li> </ul>
•	•	•	• ✓

<ul style="list-style-type: none"> <li>• <b>Funding source</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding contribution</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Local authority - public health</b></li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Health and/or social care body - Clinical Commissioning Group</b></li> </ul>	<ul style="list-style-type: none"> <li>• Contributor funder</li> </ul>

## Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: data sharing (largely non-health related) occurs through online referral portal used by approved scheme contacts who have been briefed on scheme and how to make referrals.

Data sharing difficulties: None identified

## Challenges and successes

Challenges to implementing scheme: finding sufficient funding for a service that is always oversubscribed.

Key successes of scheme: high levels of free or low-cost staff time contributed to scheme from partner agencies.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition

Household savings: energy (£ and kWh), energy debt

Details: evaluation available at:

<http://www.bradford.gov.uk/bmdc/bdp/news/Warm+Homes+in+Bradford>

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Winter Fuel Poverty in St. Helens

<b>Lead organisation:</b> St. Helens Metropolitan Borough Council	<b>Scheme start date:</b> Oct-11
<b>Geographic scope:</b> Regional	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> Unsure	<b>Proportion of annual target reach estimated to be households with health problems:</b> 20-39 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: respiratory disease: chronic obstructive pulmonary disease (COPD), other

Details: scheme primarily targets households where someone is using oxygen (as this costs more money to run).

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Data sharing and/or matching
• Clinical Commissioning Group (CCG)	• Identifying/referring/contacting target households

NB: May be other health bodies/professionals involved but Age UK who responded to the survey not the scheme lead.

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Data sharing and/or matching</li> <li>• Referral - healthcare professional</li> <li>• Referral - health body Referral -</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - healthcare professional to household</li> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> </ul>

<b>housing association Referral - energy supplier</b> <ul style="list-style-type: none"> <li>• Referral - energy supplier</li> </ul>	to ring <ul style="list-style-type: none"> <li>• Telephone - scheme provider calls household</li> </ul>
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### Other partners

• Organisation type	• Nature of their involvement
• <b>Third sector - charity / not-for-profit organisation (<i>Age UK Mid Mersey</i>)</b>	• Data sharing and/or matching
• <b>For-profit company - energy supplier</b>	• Assistance with delivery to households
• <b>Service provider - local council</b>	• Contributing funding
• <b>Service provider - fire and rescue</b>	• Data sharing and/or matching
• <b>Third sector - Community Interest Company</b>	• Data sharing and/or matching
• <b>Third sector - volunteer group</b>	• Data sharing and/or matching
• <b>Other</b>	• Other

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• <b>Local authority - public health</b>	• Principal funder

### Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: Yes but none identified

### Challenges and successes

Challenges to implementing scheme: Unsure

Key successes of scheme: number of households helped; money saved and brought back into borough.

### Evaluation

Evaluated scheme? No

## Winter Warmth (Dartford)

**Lead organisation:** Dartford Borough Council

**Scheme start date:** Dec-13

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** Fewer than 100 households

**Proportion of annual target reach estimated to be households with health problems:** Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	•	•	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person

Health conditions scheme targets are:

Circulatory disease: cardiovascular disease, heart disease

Respiratory disease: asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Public Health England	• Contributing funding

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• Service provider - local council	• Identifying/referring/contacting target households



## Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• <b>For-profit company - energy company</b>	• Principal funder
• <b>Local authority - public health</b>	• Principal funder

## Data sharing

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: specific data was removed by scheme partner; making monitoring progress difficult.

## Challenges and successes

Challenges to implementing scheme: funding issues including withdrawal, long approval times and inadequate monitoring of usage; limited information sharing regarding progress on individual referrals.

Key successes of scheme: agreement for Public Health funding to be held by local authority; streamlining process for referrals so households don't get lost in system.

## Evaluation

Evaluated scheme? No

## Winter Warmth Scheme (Barnsley)

<b>Lead organisation:</b> Barnsley Metropolitan Borough Council (with Groundwork Trust)	<b>Scheme start date:</b> Dec 2014 to March 2015
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Part urban / part rural
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> Unsure

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: low income / in receipt of benefits, housing tenure

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: private tenure only.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional – other (midwives)	• Other
• Public Health - local authority (Barnsley Public Health)	• Commissioning services

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Contributing funding
• For-profit company - installer	• Installing measures
• For-profit company - other	• Assistance with delivery to households
• Service provider - local council	• Data sharing and/or matching
• Service provider - social housing provider	• Data sharing and/or matching
• Service provider - fire and rescue	• Identifying/referring/contacting target households
• Third sector - charity / not-for-profit	• Identifying/referring/contacting target

<b>organisation</b>	households		
<b>Funding</b>			
• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•
<b>Funding source</b>		<b>Funding contribution</b>	
• Local authority - public health		• Principal funder	

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: EPC data; 2010 Private Sector Stock condition survey; ECO-based mapping data for eligibility; addresses of target households.

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: drop in ECO funding rates; lack of gap funding (under ECO HHCRO) for vulnerable households; continuing mistrust of Green Deal mechanism stemming from poor initial launch.

Key successes of scheme: health benefits - 70% of respondents (from evaluation) perceived their health had improved and 70% of homes warmer.

### Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), personal satisfaction (including with property, physical health and general wellbeing)

Details: evaluation monitors householders' perceptions regarding changes to their health and wellbeing along with the impact of advice and measures on property warmth.

## Winterwatch (Reading)

<b>Lead organisation:</b> Reading Borough Council	<b>Scheme start date:</b> Jan-11
<b>Geographic scope:</b> Local authority area	<b>Locality:</b> Exclusively urban
<b>Estimated annual target reach:</b> 100-499 households	<b>Proportion of annual target reach estimated to be households with health problems:</b> 40-59 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	•

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Identifying/referring/contacting target households
• NHS Foundation Trust	• Other
• Public Health - local authority ( <i>Reading Public Health</i> )	• Contributing funding ( <i>and strategic advice</i> )

### Health referrals

• Method used to identify households with health problems	• Method used to contact households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Geographic - door-knocking</li> <li>• Referral - healthcare professional</li> <li>• Referral - scheme provider</li> </ul>	<ul style="list-style-type: none"> <li>• Mail-out - scheme provider to household</li> <li>• Telephone - helpline for household to ring</li> </ul>	<ul style="list-style-type: none"> <li>• More than 40</li> </ul>	<ul style="list-style-type: none"> <li>• Email form</li> <li>• Helpline / Telephone</li> </ul>

• Method used to <i>identify</i> households with health problems	• Method used to <i>contact</i> households with health problems	• No. healthcare professionals making referrals to the scheme	• Method used by healthcare professional to make the referral
<ul style="list-style-type: none"> <li>• Referral - local authority</li> <li>• Referral - housing association</li> <li>• Referral - third sector agency/advice worker</li> </ul>			

### Other partners

• Organisation type	• Nature of their involvement
• For-profit company - energy supplier	• Assistance with delivery to households
• For-profit company - installer	• Assistance with delivery to households
• Third sector - charity / not-for-profit organisation	• Identifying/referring/contacting target households
• Third sector - volunteer group	• Assistance with delivery to households
• Service provider - social housing provider	• Identifying/referring/contacting target households
• Third sector - other	• Identifying/referring/contacting target households
• Volunteers	• Assistance with delivery to households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
• ✓	•	•	•

• Funding source	• Funding contribution
• Local authority - public health	• Principal funder
• Lead organisation ( <i>Reading Borough Council</i> )	• Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: data shared between healthcare / adult social care frontline staff. Data shared only as part of the referral process.

Data sharing difficulties: data privacy and confidentiality.

### Challenges and successes

Challenges to implementing scheme: None identified

Key successes of scheme: targeting most vulnerable households; building a referral network with a single-point-of-contact and coordinated approach; providing feedback to frontline

## Catalogue of health-related fuel poverty schemes

workers that refer to scheme; rapid response; building on previous years' experience; good communication; effective delivery.

### **Evaluation**

Evaluated scheme? Yes

Outcomes measured and reported against: household savings: energy debt, benefits claimed, trust fund grants secured; local area: access to ECO.

## Winter Wellness and Boilers on Prescription (Cornwall)

**Lead organisation:** Cornwall Council

**Scheme start date:** Jan-11

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 100-499 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

### Services provided

• Medium to high-cost energy efficiency measures	• Low-cost energy efficiency measures	• Energy-related advice	• Referral to energy-related grants, support and advice	• Referral to other services
• ✓	• ✓	• ✓	• ✓	• ✓

Other services: referral to other partners including in health (mental health and health trainers), progress to work to improve income (Inclusion Cornwall) and Crisis and Care (local authority welfare scheme).

### Household profile

Types of households scheme targets are: health condition / disability, older person, family with young children, low income / in receipt of benefits

Health conditions scheme targets are: multiple targeted / don't target specific health conditions

Details: scheme targets households out of work/worklessness.

### Health sector involvement

• Healthcare body / professional	• Nature of their involvement
• Healthcare professional - GP	• Identifying/referring/contacting target households
• Healthcare professional - pharmacist	• Other
• Healthcare professional - practice nurse	• Identifying/referring/contacting target households
• Healthcare professional - district nurse	• Identifying/referring/contacting target households
• Healthcare professional - other	• Identifying/referring/contacting target households
• Health and Wellbeing Board (HWB)	• Other
• Clinical Commissioning Group (CCG)	• Contributing funding
• Public Health England	• Other
• Public Health - local authority	• Contributing funding ( <i>Public Health grant</i> )
• Other - <i>Community Foundation</i>	• Contributing funding ( <i>grant</i> )

### Health referrals

Scheme does not have a specific system to identify and target households with health problems

### Other partners

• Organisation type	• Nature of their involvement
• <b>For-profit company - energy supplier</b>	• Installing measures
• <b>Service provider - local council</b>	• Assistance with delivery to households
• <b>Service provider - social housing provider</b>	• Assistance with delivery to households
• <b>Service provider - fire and rescue</b>	• Identifying/referring/contacting target households
• <b>Third sector - charity / not-for-profit organisation</b>	• Assistance with delivery to households
• <b>Third sector - volunteer group</b>	• Assistance with delivery to households
• <b>Third sector - other</b>	• Identifying/referring/contacting target households

### Funding

• ECO	• Green Deal	• ECO and Green Deal	• Neither
•	•	• ✓	•

• Funding source	• Funding contribution
• <b>Lead organisation (<i>Cornwall Council</i>)</b>	• Contributor funder
• <b>Charity / Not-for-profit organisation</b>	• Contributor funder
• <b>Health and/or social care body - Clinical Commissioning Group</b>	• Contributor funder
• <b>Health and/or social care body - other</b>	• Contributor funder
• <b>Local authority - public health</b>	• Contributor funder
• <b>Local authority – other</b>	• Contributor funder

Details: 2011/12, 2012/13 - funded under Warm Homes Healthy People (DoH); 2013/14, 2014/15, funded locally – Cornwall Council, Isles of Scilly Council, legacy funding, NHS Kernow, "in kind" support, Community Foundation and ECO funded/supported Glow Cornwall.

### Data sharing

Data sharing to identify, target and/or refer households? Yes

Details: one unitary council shares benefits information; able to share health data with patient consent.

Data sharing difficulties: None identified

### Challenges and successes

Challenges to implementing scheme: access to long-term funding; 'normalising' activity as a prevention measure for both short and long-term impact; rural energy policy negatively affected by HMT/DECC changes resulting in fewer energy efficiency measures for rural households.



Key successes of scheme: partnership working with 30 organisation; local expertise of Community Energy Plus; implementing approach "Reducing Fuel Poverty, Improving Health, Progress to Work"; scheme links to local authority welfare scheme – making use of crisis/care grants, council tax support, discretionary housing payments.

## Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: ability to heat home (including proportion of income spent on fuel), impact on pre-existing health condition

Societal cost savings: health sector

Local area: impact on hospital admissions, impact on excess winter deaths

**Please note: further information on this scheme is available in a case study at Annex A of this catalogue.**

## Annex A Case studies

### Affordable Warmth Access Referral Mechanism (AWARM) in Wigan

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Survey respondent interviewed: Service Manager – Housing Services at Wigan Council

In Wigan, the local council is upscaling its existing affordable warmth referral network, AWARM, to target an additional 2,000 households in fuel poverty who are at risk of having unplanned hospital admissions due to cold-related illnesses. Starting in April 2015, and to be delivered over the course of two years, the scheme is seeking to reduce the number of excess winter admissions from this cohort through prescribing upstream prevention in the form of a fuel poverty assistance package. Specifically, home visits by Wigan Care and Repair will assess household and property need before referring for a range of energy-related support services (in-home works, income maximisation etc.).

In order to identify suitable households for the scheme local council data sets taken as proxies for fuel poverty (area of deprivation, privately rented terraced accommodation and Council Tax Reduction benefit) are overlain with CCG risk stratification data on pensioner age households susceptible to winter hospital admissions due to circulatory or respiratory illness. This matching process has pinpointed 20 'hot spots' within the borough to focus on for scheme delivery and health referral work.

As the interviewee notes, access to the data required for this analysis work was made easier due to the council's Joint Intelligence Unit. This group was established to share information, intelligence and expertise across Wigan Council's departmental areas with a view to streamlining services and optimising outputs. In the opinion of the interviewee the existence of this team of professionals was an 'ideal scenario' when a.) attempting to gain access to the health and other data required for the fuel poverty intervention, and b.) have the expertise available to undertake the analysis and overlay work.

The next step in the project is to contact households at a named patient level using both GP risk registers and referrals from healthcare professionals. The CCG, which is co-located with the council's housing department and Public Health, is helping facilitate access to target GPs in hot spot areas. Beginning with one practice, AWARM workers have a twice-weekly on-site presence at the surgery, which is helping to foster relationships and approach patients. Alongside GPs, multidisciplinary teams of health and social care professionals are also being trained to refer directly into the scheme. While the referral mechanism is currently paper-based the scheme is keen to refine this approach and integrate a one-click method into practitioners' IT systems.

Reflecting on what is required to secure health sector funding and involvement for fuel poverty interventions the interviewee stresses the importance of high-level buy-in from leading health professionals and a business model that demonstrates return on investment. In Wigan's case the Director of Public Health has driven cooperative working across health and housing in the borough and led the development of an invest-to-save business case that has secured £200,000 from the council's Joint Commissioning Board (JCB) to fund the 2,000 home visits. The JCB has been set up in Wigan to finance preventative healthcare projects; with funding contributions from both the council and CCG. The interviewee notes the importance of this joint funding pot in providing a clear and accessible route to healthcare budgets. In accessing those funds, the interviewee stresses, it was critical the investment proposal use healthcare language in order to demonstrate healthcare outcomes. In this case, modelled savings of over £100,000 from reduced excess winter emergency admissions. Moving forward, a key aspiration for the scheme is to track the future use of healthcare services by households who have received an AWARM intervention. Potential for such monitoring is being investigated as part of formal academic evaluation of the project which will proceed in conjunction with NICE and Public Health England.

## **Affordable Warmth for Disabled Households and GP Surgery Advice in Coventry**

Survey respondent interviewed: Domestic Energy Efficiency Manager at Coventry City Council

Since late 2013 Coventry has used a DECC fuel poverty grant to support over 80 disabled households receive energy efficiency improvements under its Affordable Warmth for Disabled Households scheme. The council decided to focus on disability as a qualifying health criteria based on data from the local authority's housing condition survey. This survey showed that 36% of disabled households in Coventry were in fuel poverty. Furthermore, a large body of evidence exists indicating that fuel poverty impacts can be most severe in disabled households; where individuals are more likely to be housebound than able-bodied persons and can have a range of health conditions exacerbated by living in a cold property.

The means-tested Disabled Facilities Grant (DFG) was chosen as a proxy to identify the target group; whereafter a data-sharing agreement between the Adaptations Team and Sustainability and Low Carbon Team within the council enabled scheme managers to have access to name and contact details for DFG recipients from the previous two years. These households were then contacted to offer insulation and heating measures.

A particularly successful element of the scheme has been generating nearly £250,000 in matched ECO funding; enabling more households to be supported with measures. The project is now seeking to evaluate the impact of its interventions on both clients and local health services. Moving forward it is also investigating the potential to open the scheme up to referrals in from GPs and other healthcare workers.

Alongside the Affordable Warmth scheme, a strong relationship between the Sustainability Team and Public Health in the council has seen the development of a suite of initiatives targeting sick households for fuel poverty assistance. One example is the GP surgery advice scheme. Here, the local authority is using GP practices to offer energy advice to patients while they are waiting for their medical appointments. The scheme's location in waiting room areas helps facilitate this engagement but does constrain information-sharing. Use of consulting rooms in the future is planned to overcome this issue.

Initial contact with surgeries was made via correspondence (endorsed by the Director of Public Health) and follow-up phone calls which generated positive responses from 18/78 practices. From there, the scheme has built up good working relationships with seven surgeries; the next step being to refine targeting by attending practices on days when clinics are held for specific health conditions (e.g. COPD). Reflecting on lessons learned to date, the interviewee identifies practice managers as the most productive avenue through which to access surgeries. Working with the most receptive practice managers – and explaining projects in terms of how fuel poverty interventions can benefit surgery workloads and patient health – the fuel poverty sector can develop 'wins' which can then be used to engage a wider cohort of health colleagues.

## **Better Housing, Better Health in Oxfordshire**

Survey respondent interviewed: Project Officer at National Energy Foundation

Delivered by National Energy Foundation (NEF), Better Housing, Better Health is a new scheme that covers the county of Oxfordshire. It was piloted in December 2014 with 10 households and is now in phase two targeting a further 10. The scheme provides a home-visit service to vulnerable households

## Catalogue of health-related fuel poverty schemes

identified through their key 'supporters', including health professionals and emergency and community services. An energy expert from NEF or the local authority assesses the property to identify housing and health risks and from there the client is supported to receive a package of measures, including access to energy efficiency improvements, where required.

Household eligibility for the scheme was determined in response to specific local primary health concerns - asthma and COPD. These conditions were cited by the scheme's health partners – Public Health Oxfordshire (PHO) and Oxfordshire CCG – as a rising challenge for the county. While respiratory diseases are the initial focus the long-term goal of the scheme is to embed a referral architecture and robust partnerships across the Oxfordshire local authority, health and community sectors that can drive a coordinated and sustained approach to a range of health and housing risks.

To date, a handful of GP practices are involved in referring patients into the scheme, with broader messaging through PHO going out to surgeries across the county. Nurses, carers and other health staff providing direct support to vulnerable residents are also targeted as key referrers. The quality of referrals is critical to the success of the scheme, which is not public-facing. Instead, the aim is to build awareness and knowledge of fuel poverty-related risks amongst health and other services in order to identify individuals most at risk of ill health due to cold homes. In this way the scheme can avoid complex and strict eligibility criteria although deciding the level of verification required and set of proxies (e.g. benefits) that should be used to evidence need has been challenging. As noted by the interviewee, health and local authority partners have different drivers. Where the former is interested in reducing the health impact of poor housing the latter's statutory duty (including with regard to HECA reporting) is associated with addressing fuel poverty. Finding commonality across these diverging priorities and terminologies is key to enabling partners to work together on the project.

To avoid data sharing barriers often associated with health-related fuel poverty interventions the scheme decided to collect minimal information as part of the referral process. This was a deliberate approach taken to alleviate some partners' concerns with regard to handling sensitive health information. Instead, NEF worked with PHO to develop an eight-pointed 'health star'. This star provides a framework to profile the physical, mental and social health needs of a household during a post-referral home visit. The star is also used several months following an intervention to enable the scheme to assess the impact of recommended measures on an individual's health and wellbeing.

This close working with PHO and also Oxfordshire CCG has been critical to developing the scheme. When asked to identify key factors in engaging the health sector the interviewee cited passionate staff within partner organisations (those with relevant specialisations, e.g. COPD, are particularly useful) who can lobby internally in the face of competing challenges. A key barrier to systemising a preventative outlook to health and housing remains evidence, with an 'aversion to [health bodies] investing in what are perceived as risky approaches'. While previous small-scale findings are valuable, what is required, in the opinion of the interviewee, is a significant number of representative, consistent and coordinated pilots across the country that can be evaluated to provide a peer-reviewed evidence base that could help secure significant health funding for future fuel poverty interventions.

### **Bolton Healthy Heating**

Survey respondent interviewed: Principal Strategy Officer at Bolton Council

Sitting within a suite of affordable warmth projects commissioned by Bolton Council and delivered by Bolton Care and Repair, Healthy Heating is a boiler repair and replacement scheme targeted at households with long-term health conditions exacerbated by living in a cold home. This health criteria

was built into Bolton's wider Better Behaving Boiler Scheme to target fuel poor households at risk from existing illnesses and generate referrals from the health sector. The scheme does not have qualifying long-term health conditions. Instead, eligibility is flexible to enable health professionals to use their discretion when referring patients through. A flexible approach has also been built into the scheme for income-based criteria, with households eligible who live in council tax banded properties A-C. This enables the scheme to reach the most vulnerable and sick households who may fall through the gaps of other means-tested services.

Flexible eligibility has to some extent been dictated by a low number of health referrals. To date, the scheme has relied on Public Health to generate awareness amongst clinicians on the scheme's behalf. However, in the opinion of the interviewee, communications may be struggling to find traction amongst the large range of health and wellbeing messages practitioners are subject to. Instead, new approaches are being trialled. This includes engaging pharmacists to refer households based on prescription details and working directly with the new health and social care integration teams in the borough. The latter method has been particularly successful; suggesting health staff making in-home visits are able to more easily make the links between ill-health and poor housing.

Where health referrals continue to remain challenging the interviewee cites an opportunity to improve data matching across the health and housing sector to build a proactive identification method into the scheme. However while the council has a decency and fuel poverty score modelled for every property in the local authority area there remain barriers to accessing health data for cross-matching purposes. Better data matching and improving health referrals would both enable greater confidence that available support is being targeted at those who need it most and help pull health funding in to match capital programme contributions.

### Derbyshire Healthy Home Project

Survey respondents interviewed: Programme Manager and Partnerships Manager at Derbyshire County Council

In Derbyshire a Public Health-commissioned pilot project is cross-matching GP and council benefits data to systematically identify and target the most vulnerable residents across the county for affordable warmth interventions. Households accessed through this route receive a bespoke and holistic in-home energy and health assessment. This includes a check to ensure that they are receiving health interventions related to living in a cold home such as flu jabs, medication reviews or trips and falls advice. In addition, income maximisation support such as fuel switching and benefit checks is also provided. Home improvement recommendations arising from this visit are funded through ECO or local authority finances for minor insulation and controls improvements.

Eligibility for the scheme has been tailored to match the ECO Affordable Warmth Group; refined to include only those households with a serious health condition exacerbated by living in a cold home. This 'double layering' approach to eligibility (serious health condition *and* low income) is, according to the interviewees, driven by a need to a.) match eligibility to funding criteria (i.e. ECO), b.) pick up those most likely to be living in a cold home, and c.) maximise impact of limited council resources.

Target households for the scheme are identified and contacted using cross-matched health and council data. This process, while an excellent way to pinpoint the most suitable candidates for affordable warmth interventions, has been challenging. The first step involved gaining the agreement of the eight district

councils across Derbyshire to share details of households in receipt of Housing Benefit and/or Council Tax Support. These local welfare payments were identified as the best proxies to use in order to replicate the Affordable Warmth Group and as an indicator of general poverty. The next step, beginning in January 2015 and continuing until September 2016, is to approach GP practices across Derbyshire in order to a.) cross-match the council data with GP registers to refine the list of low income households to only those with a target health condition, and b.) have the GP surgery write to those households advising them to contact the Healthy Home scheme for an energy and health assessment. Communicating to households via GPs has the twin benefits of avoiding barriers associated with sharing patient information and channelling messages via a trusted intermediary.

Before working with GPs to access their patient registers a privacy impact assessment was developed with the CCG that reviewed – and eventually agreed to – the use of health data in this context. When identifying lessons learned from this challenging process the interviewees stress that scheme providers must demonstrate the health benefits of their service. As one of the interviewees interviewed notes, ‘the key [to utilising health data]...is to demonstrate [to the CCG] that this [fuel poverty] work is a *health* intervention...it’s not just nice to have, it really does make a massive difference’.

To date, the scheme has undertaken data matching with two GP practices. Initial learnings suggest that practice managers are the gatekeepers to surgeries and should be targeted to gain access. In addition, the interviewees stress the first contact and mail-out from a practice should be viewed as a starting point only. Thereafter, a scheme can use the relationship established with a surgery to build on and refine their list of target households. The next step in Derbyshire is to apply the Healthy Home methodology to one practice across each district area. By taking a systematic approach to scheme roll-out funders Derbyshire Public Health are seeking to embed affordable warmth interventions as a year-round action in the county’s cold weather plans. The programme is being independently monitored by Public Health to ensure that a high quality and cost-effective service is delivered in a consistent and transparent way at a population level.

### Financial Health and Wellbeing Service in Northampton and County

Survey respondent interviewed: Advice Services Manager at Community Law Service

Starting in December 2014 the Financial Health and Wellbeing Service in Northampton and County is a 13-month pilot project targeting mental health service users experiencing problems with fuel poverty. Funded by British Gas Energy Trust the scheme is delivered by advice charity Community Law Service. Their specialist debt, benefit and housing advisors are using health venues to target households in financial hardship and offer them energy, income maximisation, benefit and debt/budgeting advice. Well-known and evidence-based links between mental health issues and problem debt drove targeting for the scheme. However a deliberate decision was taken not to exclude households with physical health conditions in order that health professionals could easily engage with the project and refer any client they deemed suitable for the service.

A key aspect of the scheme design is delivering the advice in-situ at the health venues. This on-site presence, according to the interviewee, not only helps generate more referrals through a constant reminder about the service offer but also establishes trust between the scheme provider and health staff; where the latter are encouraged to see the former as ‘part of the team’. To date, Community Law Service has established referral pathways with 15 health teams and an on-site presence at five locations. Particular focus has been placed on engaging general practice and mental health services. The latter includes a large mental health hospital in Northampton and the Northampton Community Mental Health team. The project has found a flexible approach to health referrals works best; providing a range of



mechanisms for the practitioners to choose from. For example, where two GP practices prefer to book appointments on behalf of their clients another practice has chosen to refer service users through to Community Law Service to make the booking directly. At the mental health hospital meanwhile the charity's advisors visit every Monday to follow up on referrals and see patients. Monday was deliberately chosen based on the advice of mental health staff; who noted a higher number of patients being admitted in crisis over the weekend.

When reflecting on how to initially engage the health sector with fuel poverty services the interviewee cites the importance of utilising existing relationships and accessing key members of staff to facilitate introductions to target health teams and venues. In terms of gaining the buy-in of professionals to recommend and refer to the service the interviewee emphasises the importance of making a clear and convincing connection between resolving energy and financial issues and reducing health staff workload through improved patient wellbeing.

### Health Through Warmth in East Riding

Survey respondent interviewed: Senior Environmental Health Officer at East Riding of Yorkshire Council

Delivered by East Riding of Yorkshire Council, npower's Health Through Warmth scheme has been successfully running in the local authority area for the past 10 years; helping over 5500 people. A number of lessons have been learned during this time about how to best engage the health sector and target cold and sick households for energy interventions. First, the scheme keeps eligibility broad; any health condition exacerbated by living in a cold or damp home qualifies for support. This approach enables the programme to reach vulnerable individuals across a range of age groups (for example, children may be susceptible to living in a cold home due to asthma but will not be eligible if the scheme targets only COPD).

Second, training is key. While the scheme does attract referrals from a range of organisations (health and non-health related), as the interviewee notes, only a small percentage of health workers trained end up referring into the programme. This, in the opinion of the interviewee, is because such training is not embedded in the health sector's performance measurement and, as such, makes revisiting health teams to refresh messages and sustain long-term partnerships crucial. To date, the scheme has found that community-based clinicians who visit patients in their home are a key source of referrals, with occupational therapy and discharge teams a particularly good place to start. The former because they take a holistic approach to their client's healthcare with a focus on the property, not just the patient. The latter because they are emerging as a group keen to engage on the health and housing agenda in view of growing pressures associated with delayed discharges in the NHS.

The third lesson learned from the scheme is a simple referral mechanism works best. Specifically, one that requires the health professional take one-step (refer the patient) with no further involvement and succinct information on the post-referral intervention fed back. Even when taking a 'one-click' approach however the scheme has had limited success with health referrals to date. For example, a question has been placed on Humber NHS Foundation Trust's SystmOne IT infrastructure that enables community-based health professionals to automatically refer patients if a heating need is identified when in the home. Despite the simplicity of this 'tick-a-box' approach the method has not been effective in generating referrals to date. The interviewee believes this is because the question is not prominent enough to prompt health staff to ask it and also that some clinicians continue to prefer paper-based methods. This highlights the importance of a flexible and multi-pronged approach to referrals. Finally, even if a one-click

electronic system exists a time-poor health practitioner has to be incentivised to use it. As the interviewee notes: 'even if you have the [referral] box, what is going to make you tick the box?'

Moving from lessons learned to ongoing challenges three key gaps emerge. First, norming an integrated approach to health and housing through driving this agenda from the top-down in order to support bottom-up delivery. Second, evaluating the long-term impact of fuel poverty interventions on the health sector. And third, having energy efficiency and housing improvement programmes in place that can guarantee capital measures are available to meet need. The interviewee notes: 'that's my biggest fear...we're going to get [health] referrals in, that's great, but you've got to be able to deliver'.

## **Healthy and Warm in Amber Valley**

Survey respondent interviewed: Housing Manager at Amber Valley Borough Council

In Amber Valley the local authority is seeking to build on well-established relationships with Public Health to embed a network and 'mind-set' that can generate health to housing referrals (and vice versa) as standard operating procedure. The Healthy and Warm project is avoiding using the term 'scheme' – which suggests to a GP and other health professionals that the ask and offer is time-limited. Instead, the council is working on encouraging a systematic and sustainable approach to integrating health and housing functions. Key to achieving this goal is the excellent relationship the interviewee has with the CCG; attending its monthly board meetings and building up trust through a long history of engagement. This close working has enabled the council to engage health on a number of fuel poverty projects. For example, in Winter 2013/14, GPs from six practices chose to target patients at risk from cold homes for referrals into local fuel poverty services as a measure to avoid hospital admissions under the NHS's Quality Premium reward scheme. The latter is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. Such initiatives are providing a foundation to build on in current efforts to establish more sustainable and automatic health to housing referral routes.

Other key factors to engaging the health sector on fuel poverty issues, as identified by the interviewee, include: housing involvement on the CCG integrated care work stream which is addressing personalisation and patient self-management of long-term health conditions; a Director of Public Health who understands the fuel poverty agenda and can drive it in health planning and commissioning; and persistence in 'pushing' GPs to engage on preventative approaches.

## **Healthy Heat and Warm Homes Healthy People Partnership in Bradford**

Survey respondent interviewed: Commissioning Officer at Bradford Metropolitan District Council

Healthy Heat in Bradford sits within the single-point-of-contact referral network – Warm Homes Healthy People Partnership (WHHP). The latter, involving over 50 members, offers a gateway into a number of health and wellbeing services across the local authority area. The partnership's remit is wide-ranging; covering a number of sectors (transport, food, welfare etc.) that have a role to play in alleviating winter hardship. Within this network Healthy Heat is a fuel poverty scheme providing home energy checks to vulnerable clients with health conditions and low income families with young children. The checks help households assess their energy needs and access support to meet their fuel costs, including energy efficiency measures.



## Catalogue of health-related fuel poverty schemes

Particular health conditions are targeted through the scheme, specifically, arthritis, circulatory and respiratory diseases and long-term illnesses. This health focus originates from both an aim to reduce excess winter deaths and morbidity and programme funding derived from health sources (initially a Department of Health grant and more recently contributions from Public Health and three CCGs).

To help identify households, health professionals are targeted to refer their clients through an online first-contact portal administered by Carers' Resource. This electronic system provides a web-based form that professionals fill out and, dependent on their answers, the household will then be transferred to appropriate delivery partners for follow-up measures. Importantly, Carers' Resource deliver a referral hub for a wide range of care services. According to the interviewee, utilising a well-known referral system in this way supports target health and social care workers to engage with the specific fuel poverty mechanism.

In terms of health professionals targeted for referrals the scheme focuses on community-based clinicians who visit patients in their homes. Access to the online portal is provided to those front-line workers who attend annual briefing sessions on the scheme. The sessions cover what is available under WHHP, how to make referrals and what is considered an appropriate referral. The latter is particularly important because lessons from early scheme years found that without specific guidance on who should be referred a large volume of requests were received for households not suitable for the intensive in-home visit model. For example, a relatively affluent household or a property without a specific heating need.

### **Herts Healthy Homes in Hertfordshire**

Survey respondent interviewed: Acting Deputy Head of Community Wellbeing Team at Hertfordshire County Council

Led by Herefordshire County Council and operating across 10 districts Herts Healthy Homes (HHH) evolved out of the county's previous Keep Warm, Stay Well (KWSW) winter programme. In October 2014 the local authority took the decision to change the scheme to a year-round service and move away from a narrower focus on maintaining warmth in the home to a broader goal of supporting households stay independent in their properties. A single-point-of-contact phone line (Herts Help) delivers a triage service to assess need. From there households are linked into 40 partner organisations across the statutory, community and voluntary sectors. This partnership working is key to the success of the scheme and ensures households can receive a tailored intervention that addresses their full range of health and wellbeing needs (from befriending services to healthy eating etc.).

When a call is received through Herts Help households are assigned to one of two categories. Those with circulatory, respiratory and long-term health conditions are categorised as 'Tier 1' and eligible for an in-home energy advice visit from charity Groundwork. These health conditions were chosen for targeting based on their association with a high number of admissions to local primary and secondary care services. The scheme works with the health sector to generate referrals primarily through the two local CCGs, which have acted as the central point of contact to engage clinicians on promoting the service. For example, scheme leaflets are displayed in pharmacies and at GP practices. Strong links with the CCGs were developed through a history of joint working under the previous KWSW programme. Indeed, evaluation data from that scheme helped make the business case for health funding to support HHH. In addition, close working between Community Commissioning (the scheme's sponsor) and Public Health Commissioning within the council enables the local authority to align health and wellbeing outcomes and avoid duplication of effort. Moving forward, challenges for the scheme, as identified by the interviewee,

are improving referrals from the health sector and better evaluation of data to measure the health impact of scheme interventions.

## **Keep Warm, Keep Well in Kent**

Survey respondent interviewed: Public Health Specialist at Kent County Council, Public Health

Running for three years, Keep Warm, Keep Well in Kent targets households vulnerable to winter death from poor housing through referrals from the health, social care and voluntary sectors. Identified households are directed into the council's home improvement agency for immediate support with their housing and heating needs. The scheme then links up with Kent County Council's wider Warm Homes Campaign to provide those households access to a whole-house retrofit, when appropriate and where funding (including under ECO) can be sourced. A key success of the scheme has been embedding it within the Warm Homes' commissioning framework; enabling easier access to capital measures.

With regard to scheme eligibility, older person households with health conditions associated with cold homes are targeted. In particular, those identified in the NICE guidance on excess winter deaths (EWDs) and illnesses. Verification of health criteria is encouraged through providing households (in the case of self-referral) a paper and email-based form for health professionals to sign. The scheme has also targeted a range of social and healthcare professionals to refer clients directly into the programme. Initial engagement was made through meeting with key healthcare teams and leads. This includes the Director of Operations at the Community Trust and the urgent care leads. One challenge has been reaching out to a large number and wide variety of health bodies and boards in a big county. To date, around 1000 referrals are received per year, with between 30-100 households going on to receive a whole-house retrofit (numbers are dependent on funding).

Despite long-standing and intensive engagement, referrals from the health sector remain challenging and total numbers are low. Beyond a reliance on 'engaged' individuals (one GP is particularly proactive) the scheme has found that professionals who work across health and social care, in particular Care Navigators (supporting patients discharged from hospital), are particularly good referrers. In the opinion of the interviewee this is because their holistic approach to a client's wellbeing enables them to see the 'bigger picture'.

Funding for scheme resources (not capital measures) is provided by Public Health within the council and one of Kent's seven CCGs. Key to accessing this health funding, as identified by the interviewee, was: early and well-timed engagement (starting conversations with CCGs at the beginning of summer and when funding is not yet allocated); convincing data (the funder CCG services an area with a higher than average increase in winter deaths over the past six years); keeping the profile of the scheme high; having local leadership that recognises the wider determinants of public health (sustainability, including housing and fuel poverty, are a focus of Kent's Joint Strategic Needs Assessment (JSNA)); and being able to link health and fuel poverty to other council priorities (e.g. carbon emission reduction targets and air pollution).

## **PITCH and Warm and Healthy Bristol**

Survey respondent interviewed: Senior Development Manager at Centre for Sustainable Energy (CSE)

CSE in Bristol is taking both a targeted and strategic approach to working with the health sector to tackle cold homes. Through its ScottishPower Energy People Trust-funded project, Warm and Healthy, the organisation is supporting children with asthma and their families to access fuel poverty support and energy efficiency interventions. The scheme decided to focus on this group in order to address a gap in service provision for working age families. (Recognising fuel poverty assistance tends to skew toward pensioner households.) Health professionals, specifically asthma nurses, were identified early on as key referrers for the scheme. Indeed, the project is helping to test whether health messengers are a successful avenue to identify and engage traditionally hard-to-reach fuel poor families; who can often be struggling with chaotic lives.

Moving from a targeted scheme to strategic engagement CSE is working through the Preventing Illness by Tackling Cold Homes (PITCH) work programme to implement the new NICE guidance on excess winter deaths and illnesses across Bristol. Funded as part of Bristol's European Green Capital Partnership, the project aims to support practitioners understand and act on the guidance with a view to embedding affordable warmth interventions into healthcare commissioning, referral systems and preventative approaches.

To date, as the interviewee notes, engagement of health bodies and professionals in Bristol on the fuel poverty agenda has been intermittent and ad hoc. Successful approaches have tended to reflect well on a small number of committed individuals; who have referred into schemes 'despite of the systems not because of them'. Joint-working – rather than emerging top down from the highest rungs of the NHS – has been a bottom up effort relying on informal health contacts. The project is seeking to engage key personnel, including from Public Health, in order to move away from this 'hit and miss' approach and instead provide enthusiastic professionals with the lessons, tools and systems to maximise their upstream impact on households vulnerable to cold homes.

Reflecting on barriers to realising these ambitions the interviewee cites three ongoing challenges: 1. Data-sharing with the health sector; 2. Generating referrals to fuel poverty assistance when it is not something health professionals are paid for or measured against; and, 3. The 'huge challenge' of generating a health referral and not having the funds to achieve a positive energy efficiency outcome for the client.

### Swindon Safe and Warm

Survey respondent interviewed: Affordable Warmth Coordinator at Swindon Borough Council

Safe and Warm in Swindon is a single-point-of-contact referral network coordinated by the council and working with a range of local partners to provide assistance measures enabling households to stay safe and warm in their home. What started off as an energy support project has expanded to encompass a wider range of health and wellbeing services. These include financial management, falls prevention and fire safety checks. A specific element of the project works to identify and target households with cold-related illnesses through referrals from health professionals. The initial driver behind this health targeting was falls prevention; with the scheme coming into contact with a number of vulnerable households who could benefit from advice and support to identify and minimise risk of accidental injury.

Over the four years of this health referral work the scheme has targeted different conditions each year. For example, in year one GPs were paid to identify and write out to their patients with COPD, chronic heart disease and stroke while year two switched the focus to households with diabetes. The interviewee

believes this strategy of targeting specific conditions makes it easier to engage with GP surgeries. Specifically, the latter are more able to identify relevant service users than if a broader criteria was applied.

Due to time constraints and advice from the (then) Primary Care Trust the process for identifying households for the GP mail-out was kept deliberately simple. No data was used to isolate target households or practices; instead the qualifying health condition was the only identifying factor. In year one, around 10,000 letters were sent out with a return rate of approximately 600. While this response level may not be deemed particularly high the interviewee stresses the quality of referrals was excellent. In particular, all those identified were suitable for some kind of falls prevention work.

In winter 2014/15 the scheme has switched their focus from GPs to pharmacists. A scheme leaflet will be distributed with every pharmacist-issued prescription over a one-month period in Swindon. With the involvement of the local pharmaceutical committee, who acted as the gatekeeper to engage with individual pharmacies, the scheme was again advised to keep referrals simple. As such, pharmacists are not being asked to identify specific prescriptions to provide the advice slip with.

Reflecting on this blanket approach to health referrals the interviewee notes that while it is a good method to identify people with health conditions it is by no means ideal in terms of targeting households in fuel poverty. The barriers to a more targeted approach, as identified by the interviewee, are: a.) data matching, where despite the existence of a 'One Swindon Partnership' across local statutory services sharing data even within the council has proved difficult; and b.) implementing a long-term fuel poverty programme with consistent and guaranteed funding which would in turn enable more strategic engagement with health professionals. As the interviewee notes, the first question when approaching clinicians is 'how long is this scheme going to be around for?' Access to funding that supports longer-term planning would, in the opinion of the interviewee, enable fuel poverty service providers to strategically target fewer GPs (focusing on the particular needs of a practice area) as well as helping fill the evidence gap through robust evaluation of health impacts.

### Warm and Healthy Bournemouth

Survey respondent interviewed: Policy Development Manager at Bournemouth Borough Council

In Bournemouth, the local borough council has successfully secured £130,000 of health and matched funding to 'top-up' ECO grants and ensure vulnerable residents access to free energy efficiency measures. Since September 2014, nearly 200 properties have been insulated using a mixture of ECO, CCG, council and regeneration funds. Bournemouth Borough Council approached their local Public Health, CCGs and GP groups with the funding request after finding the capital contributions being asked of ECO-eligible households to cover the cost of in-house works was impeding successful delivery of energy efficiency installations.

Reflecting on key factors that helped to secure these health funds the interviewee cites modelling first presented in the Government's Fuel Poverty Framework that monetises the health benefits associated with energy efficiency measures. Making this economic argument to health colleagues was critical, the interviewee believes, along with engaging Public Health in the local authority and finding a GP 'champion' on the CCG willing to promote the benefits of the scheme. Interestingly, the interviewee confirms having scheme eligibility align with ECO did not present a barrier to the health sector financially supporting the programme. Rather, the interviewee stresses, GPs did not want to be involved in determining any (health-related) eligibility criteria, noting: 'GPs didn't want to be seen as the

gatekeepers. They didn't want their patients to see them as people who give money to one person but not another person'.

In addition to contributing funds, the health sector is also involved in referring into the scheme. Here, the guaranteed assistance model is giving GPs confidence to recommend the service to vulnerable clients. To date, the council has promoted the scheme to 31 surgeries in the local area. When deciding what referral mechanism to use electronic systems and 'warmth on prescription' models were considered but ultimately a quick and simple method was adopted – providing GPs cards to hand to their patients advising them to self-refer. The interviewee stresses the importance of using GPs to deliver the message; arguing an individual is far more likely to respect and act on the advice of their clinician than an energy expert or other professional.

In the midst of these successes the scheme has faced challenges in accessing health data to undertake evaluation. Specifically, the council has been unable to act on its original plans for the CCG to use GP information in order to track a household's post-intervention use of health services. While scheme providers may not be able to conduct the rigorous level of cost-benefit analysis they were hoping to they do plan to monitor health outcomes using a household survey approach.

## Warm and Healthy Homes in Durham

Survey respondent interviewed: Senior Housing Development and Delivery Officer in Durham County Council

Managed by Durham County Council and operating across the local authority area Warm and Healthy Homes is providing energy efficiency measures and other fuel poverty assistance to households suffering from a cold-related illness. The health criteria for the scheme is broad – using primary, secondary and social care professionals to refer anyone in for assistance whose physical or mental health is being detrimentally affected by living in a cold property. Restricted to private tenure households only scheme eligibility does not align with ECO but funds under this obligation can be drawn down, where applicable, from the area-based energy efficiency partnership – Warm Up North. Crucially, Warm and Healthy Homes has also secured Public Health funding for three years. This funding is for capital measures that enables the scheme to guarantee delivery of energy efficiency improvements to cold and sick households.

An important aspect of the scheme is its targeting method. It is not public-facing but instead identifies the most vulnerable fuel poor residents by training front-line health and social care practitioners in order to generate referrals. In engaging health professionals the interviewee identifies the importance of Public Health which has acted as the key conduit for the scheme to reach and liaise with every GP practice in Durham. Furthermore, the interviewee believes it is critical to find health champions within the different professional fields (nursing, general practice etc.) who can disseminate messages to their colleagues. Another lesson learned and implemented was involving health professionals in the design of the referral mechanism. Specifically, the Lead Practice Manager for Durham was closely consulted to ensure the referral method (a paper-based card also available online) met health workers' needs and was not overly-complicated or time-consuming.

Reflecting on what is required to instigate joint working across housing and health at a local level the interviewee identifies two key points. First, having a 'very robust Affordable Warmth Strategy'. In Durham, this document has been developed in partnership with Public Health, the CCG and others.



Along with 'corporate ownership' of fuel poverty in the county's JSNA this cross-sector high-level buy-in to the affordable warmth agenda means action on fuel poverty can be mainstreamed. Schemes such as Warm and Healthy Homes are therefore not viewed in isolation or as 'tangential' pieces of work. From this strong base, the interviewee stresses, barriers from data to delivery can be more easily addressed.

The second and final key tip provided by the interviewee is to involve health stakeholders in the design of fuel poverty services. Making them founding partners in the construction of a scheme and strategy will both ease the delivery burden and help build mechanisms that reflect the needs and drivers of the health partners. The latter are therefore more likely to engage as willing participants acting in their own and their patients' interests; instead of time-poor professionals with limited means to action a request from outsiders.

### Warm and Well in Tower Hamlets

Survey respondent interviewed: Partner at Global Action Plan

Running throughout Winter 2014/15, Warm and Well in Tower Hamlets is reaching vulnerable fuel poor households in the borough by delivering energy packs through community nurses and other community-based clinicians who visit patients in their homes. Each pack contains simple tips on keeping warm and saving energy, a plastic thermometer, signposting to services and an opportunity to apply for a radiator key and reflector panel. To receive the key and panel patients must return a postcard filled out with some basic information about the household and their energy behaviours. In this way the small measure not only provides a useful tool to engage households on managing their energy use but also helps with scheme evaluation. The scheme is targeting 1000 packs for delivery by clinicians over the three month period. Key to the council-funded project is the involvement of Barts Health NHS Trust who helped develop the pack and brand it with their logo. The scheme is part of a wider Barts Health NHS Trust Cleaner Air Project. The goal of the latter is to address local air quality through reducing carbon emissions from the Trust and wider community.

The project is led by Global Action Plan (GAP), a behaviour change charity, who chose clinicians to deliver the advice because of their position as trusted messengers. As the interviewee notes, 'what we're testing is the approach if a clinician asks you to do something to change your behaviour that's relevant to your health, are you more likely to do it?' In addition, the scheme is finding there are particular advantages of using clinicians to engage hard-to-reach fuel poor households living in private rented housing. This is because private tenure residents don't have the same access to other commonly-used engagement channels such as housing associations.

Key to scheme design and delivery is using health professionals who visit patients in their homes. As the interviewee notes, the clinician's position in the property a.) prompts them to make links between a patient's health and the condition of their housing, and b.) enables them to strike up a conversation about the household's energy needs without having to ask confronting questions about their living conditions.

Recruiting clinicians to deliver the packs is done through regular visits to Mile End Hospital along with introductions from the Director of Public Health and sustainability lead at the NHS Trust. The buy-in of these high-level health advocates has been vital to both legitimising the scheme and opening doors to access front-line workers. In engaging clinicians on energy and housing interventions the interviewee notes that it is vital to keep messaging relevant. That is, understanding the health professionals' drivers and communicating to them in a way that aligns with their priorities, e.g. addressing health, not environmental, benefits. In addition, a simple design is important. In Warm and Well the clinicians are

provided with a quick briefing when they receive the packs, followed up with friendly reminders via emails and phone-calls, given flexibility about who they deliver the packs to (the scheme provides guidance on who to target but leaves it up to the discretion of the health expert) and are required to report back on a voluntary basis only. The latter does present challenges for robust evaluation of project impact and outcomes however. In the opinion of the interviewee there is a fine balance to be struck between designing a simple scheme that can attract busy health professionals and accessing enough data to be able to evaluate results to inform future delivery.

### Warm Homes Service in Leeds

Survey respondent interviewed: Programme Officer at Leeds City Council

In Leeds the council has commissioned their local Care and Repair to deliver a Warm Homes Service that is supporting households with inadequate heating access funds for system repair and replacement. The scheme has adopted a health focus for its eligibility criteria, targeting households with certain conditions exacerbated by living in a cold home. The qualifying health condition is tied to an income-based threshold; utilising Council Tax Support as a good proxy to evidence need. The scheme deliberately avoids making access to services contingent on the receipt of welfare benefits. This is because one of the aims of the service, as identified by the interviewee, is to support low income households with serious long-term health conditions who are not eligible for measures under the benefits criteria of national energy efficiency schemes. More recently, under ECO, the local scheme also plays a key role in supporting vulnerable households whose properties are not suitable for works due to limited carbon savings.

In order to identify eligible households for the service Care and Repair Leeds run an Energy Champions programme. Health professionals are trained through this initiative and then encouraged to refer in using a paper-based form. To date, the scheme has had success targeting community-based clinicians who visit clients in their home; in particular, teams addressing out-of-hospital care. According to the interviewee the latter may be particularly engaged in this agenda due to their remit to assess the suitability of a patient's living conditions, either to maintain their condition and wellbeing at home so a hospital admission can be avoided, or as part of the hospital- to-home transition. Despite the training programme however, referrals from health and social care remain mixed (estimated at between 40 to 100 per year). The service to a significant extent continues to rely on households self-referring.

Reflecting on what is needed to successfully engage the health sector on affordable warmth interventions the interviewee cites the importance of having buy-in from Public Health. In Leeds, a long history of joint working across health and housing (including with the then-Primary Care Trusts) has enabled the Warm Homes Service to both reach out to health professionals for referrals and access health funding for staff resources and additional winter provision. In order to improve engagement, in particular around GP referrals, the interviewee believes practitioners may need to be incentivised. A successful example is when referrals to the Warm Homes Service were included as a target under local healthcare providers' annual CQUIN payment framework. While this incentive approach worked well for one year the scheme struggled to maintain this profile amongst a number of competing health improvement targets. Furthermore, the interviewee believes referral pathways into affordable warmth interventions must be integrated into social prescribing services. The latter work with primary and community care staff and are often co-located on healthcare premises.

## Winterwatch in Reading

Survey respondent interviewed: Sustainability Officer at Reading Borough Council

Established four years ago as an affordable warmth referral network Winterwatch in Reading provides residents with health conditions exacerbated by living in a cold home access to home energy visits for intensive support on fuel poverty-related issues. The scheme has been successful in developing an active partnership with the voluntary sector and social care providers to raise awareness of the connection between ill health and cold homes. Due to the provision of Public Health funding the scheme has recently been able to evolve from a seasonal initiative to a year-round service. Engagement with the health sector to generate referrals is done through the local NHS Trusts, which help promote the scheme amongst clinical and social care networks. GP surgeries and pharmacies are directly contacted each winter to raise awareness of the single-point-of-contact phone line and promotional materials are on display in health venues.

To date, the scheme has found it challenging to engage GPs for direct referrals; instead finding many households self-refer after encountering scheme material at their local practice or pharmacy. More successful in terms of healthcare referrals have been workers who visit patients in the home, in particular social care staff. The interviewee believes this may in part be due to the health professional's 'lived experience' of their client's living situation – which enables them to make a direct link between ill health and a cold home.

Moving forward Winterwatch is keen to build more strategic relationships with a smaller number of GP practices located in deprived areas. The interviewee also cites an opportunity to engage health staff on bespoke targeting of particular health conditions. Barriers continue to exist at a local level however with regard to accessing the necessary health data for this approach. Another challenge for the scheme is procuring funding and contractors for energy efficiency works to support delivery to households with severe cold-related health conditions. As a unitary authority Reading does not have access, in the opinion of the interviewee, to the economies of scale available to other councils. As such, it remains difficult to draw down ECO and matched funding as per in larger local authority energy partnerships.

## Winter Wellness in Cornwall and Isles of Scilly

Survey respondent interviewed: Tackling Inequalities Coordinator at Cornwall Council

The Winter Wellness scheme covering Cornwall and the Isles of Scilly was set up four years ago to provide a single-point-of-contact free call line for vulnerable households to access a range of housing, health and welfare services. Led by Public Health in Cornwall Council, local charity Community Energy Plus provides the initial first-contact triage service that assesses the household's immediate needs before working with scheme partners to refer for longer-term outcomes. Seeking to embed the 'make every contact count' concept within a simple and accessible referral architecture the scheme helps navigate households (and their supporters) through a complex landscape of service providers to deliver both short-term support and build ongoing resilience.

A unique aspect of the scheme is its emergency fund, bringing together small pots of local welfare funding: Discretionary Housing Payment, Council Tax Support and Crisis and Care Award. These are matched to provide households access to a one-off payment of up to £300 for fuel relief (e.g. oil delivery or utility bill payment). The emergency fund was established to reduce costs associated with avoidable winter hospital admissions. As the interviewee notes, 'our premise was tiny intervention, tiny cost, and we can start making a big difference'. The fund not only addresses a gap in assistance available under



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other schemes but also acts as a 'carrot' to engage vulnerable households in long-term solutions for their health, housing and welfare needs. From that initial contact and payment a household is channelled into appropriate partners to address longer-term issues, including debt, unemployment, energy efficiency works and health and wellbeing issues. The fuel poverty intervention is therefore made with a view to improving working-age households' income and confidence to progress into sustainable and independent work-life pathways.

While the scheme is public-facing, referrals are encouraged. Specifically, NHS Kernow helps to cascade messages and information to front-line health workers, including those working in mental health, children and adult social care and pharmacists. Engaging GPs remains difficult however and referrals from surgeries are low. The key to improving health sector engagement, the interviewee believes, is simpler referral systems embedded in health professionals' day-to-day business practices. Another gap is stronger evidence that can demonstrate return on investment. At the moment the scheme assumes a prevention rate of 25% for every household supported under the emergency fund. To date, this equates to an estimated saving to the NHS of nearly £2 from avoided hospital admissions for every £1 spent on the scheme.

## Annex B Glossary

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This glossary clarifies key terms and phrases that have been used throughout this catalogue and were also used in the online survey.

**Arthritis – other** refers to a form of arthritis other than osteoarthritis and rheumatoid arthritis.

**Circulatory disease – other** refers to a form of circulatory disease other than cardiovascular disease, heart disease and stroke.

**Contributor funder** refers to an organisation type providing funding to a scheme but which is not the principal scheme funder.

**Dementia – other** refers to a form of dementia other than Alzheimer's disease.

**Disability – other** refers to a disability other than limited mobility.

**Energy-related advice** refers to advice and support provided by a scheme to address energy use and costs, e.g. fuel debt advice, best tariff advice, income maximisation services etc.

**Estimated annual target reach** refers to the number of households per year a scheme aims to provide energy efficiency and other fuel poverty services to. Survey respondents were asked to provide an estimate (where possible) within the following ranges: fewer than 100; 100-499; 500-999; 1000-4999; and more than 5000.

**For-profit company – other** refers to a for-profit company other than an energy supplier and installer.

**Funding contribution** refers to the type of contribution provided by a funding source. Survey respondents were asked to choose from two options: primary funder and contributor funder.

**Funding source** refers to the type of organisation contributing funding to a scheme.

**Geographic – door-knocking** refers to a method used to identify target households for a scheme's services in which scheme representatives door-knock pre-selected geographic areas to promote the scheme to households.

**Geographic – leafleting** refers to a method used to identify target households for a scheme's services using direct mail and advertising in pre-selected geographic areas.

**Geographic scope** refers to the geographic area covered by a scheme. Survey respondents were asked to choose from four choices that best matched their scheme: national; regional; local authority area; and smaller than local authority area.

**Health and/or social care body – other** refers to a health and/or social care body other than a Clinical Commissioning Group (CCG).

**Healthcare professional – other** refers to a healthcare professional other than a GP, pharmacist, practice nurse and district nurse.

**Health sector involvement** refers to any health bodies or healthcare professionals involved in helping implement and/or fund a scheme. Survey respondents were asked to select as many as apply from the following choices: healthcare professional – GP; healthcare professional – pharmacist; healthcare professional – practice nurse; healthcare professional – district nurse; healthcare professional – other; hospital – A&E; hospital – other; NHS walk-in centre (WIC); Health and Wellbeing Board (HWB); Clinical

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Commissioning Group (CCG); NHS Foundation Trust; NHS England; Public Health England; National Institute for Health and Care Excellence; Department of Health; and 'other'.

**Health referrals** refers to a system used by a scheme to identify and target households with health problems for energy efficiency and other fuel poverty interventions.

**Hospital – other** refers to a hospital department other than A&E.

**In-home visit / face-to-face contact** refers to a method used to contact target households to offer a scheme's services in which the lead or partner organisation delivering a scheme contacts and talks to the eligible/target household in-person, e.g. a door-stop intervention.

**Lead organisation** refers to the main organisation that is delivering (but not necessarily funding) the energy efficiency or other fuel poverty interventions to the household.

**Local authority – other** refers to a local authority department other than housing and public health.

**Locality** refers to the area in which a scheme operates. Survey respondents were asked to choose from five choices that best matched their scheme: exclusively rural; mostly rural; part urban/part rural; mostly urban; and exclusively urban.

**Low-cost energy efficiency measures** refers to energy efficiency measures such as draught proofing, radiator reflector panels, stand-by off plugs etc.

**Mail-out – healthcare professional to household** refers to a method used to contact target households to offer a scheme's services in which a healthcare body or professional (e.g. GP practice) writes to an eligible/target individual.

**Mail-out – scheme provider to household** refers to a method used to contact target households to offer a scheme's services in which the lead organisation delivering a scheme writes to the eligible/target household.

**Medium to high-cost energy efficiency measures** refers to energy efficiency measures such as insulation and boiler repair and replacement.

**Nature of their involvement** refers to how an organisation or professional is helping implement and/or fund a scheme. For the survey section on health partners respondents were asked to select one option per partner from the following choices: commissioning services; contributing funding; data sharing and/or matching; identifying/referring/contacting target households; and 'other'. For the survey section on partners other than health partners respondents were asked to select one option per partner from the following choices: assistance with delivery to households (provision of advice/services); commissioning services; contributing funding; data sharing and/or matching; identifying/referring/contacting target households; installing measures; and 'other'.

**Neurological condition – other** refers to a neurological condition other than multiple sclerosis and Parkinson's disease.

**Other partners** refers to types of organisations other than health bodies and healthcare professionals involved in helping implement and/or fund a scheme. Survey respondents were asked to select as many as apply from the following choices: for-profit company – energy supplier; for-profit company – installer; for-profit company – other; service provider – local council; service provider – social housing provider; service provider – ambulance; service provider – police; service provider – fire and rescue; third sector –

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charity / not-for-profit organisation; third sector – Community Interest Company; third sector – volunteer group; third sector – other; volunteers; and ‘other’.

**Principal funder** refers to an organisation type providing the largest proportion of total funding to a scheme.

**Referral – energy supplier** refers to a method used to identify target households for a scheme’s services in which an energy supplier identifies and refers eligible/target customers to a scheme provider.

**Referral – health body** refers to a method used to identify target households for a scheme’s services in which a health body (e.g. a CCG) identifies and refers eligible/target individuals to a scheme provider.

**Referral – healthcare professional** refers to a method used to identify target households for a scheme’s services in which a GP or other healthcare professional identifies and refers an eligible/target client to a scheme provider.

**Referral – housing association** refers to a method used to identify target households for a scheme’s services in which a housing association identifies and refers eligible/target tenants to a scheme provider.

**Referral – local authority** refers to a method used to identify target households for a scheme’s services in which a local authority identifies and refers eligible/target residents to a scheme provider.

**Referral – scheme provider** refers to a method used to identify target households for a scheme’s services in which the lead organisation delivering a scheme identifies eligible/target households for the scheme’s services.

**Referral – third sector agency/advice worker** refers to a method used to identify target households for a scheme’s services in which a third sector agency or frontline advice worker identifies and refers eligible/target clients to a scheme provider.

**Referral to energy-related grants, support and advice** refers to a scheme referring a household on for energy-related advice (e.g. fuel debt advice) as well as referring a household on and/or checking their eligibility for energy efficiency grants (e.g. ECO) and income/bill support (e.g. Warm Home Discount, income maximisation).

**Referral to other services** refers to a scheme referring a household on for non energy-related services such as befriending schemes, home fire safety checks etc.

**Respiratory disease – other** refers to a respiratory disease other than asthma, bronchitis, chronic obstructive pulmonary disease (COPD) and pneumonia.

**Services provided** refers to the energy efficiency and other fuel poverty measures, advice, support and services a scheme provides households.

**Telephone – helpline for household to ring** refers to a method used to contact target households to offer a scheme’s services in which the lead organisation delivering a scheme provides a helpline for an eligible/target household to ring.

**Telephone – scheme provider calls household** refers to a method used to contact target households to offer a scheme’s services in which the lead organisation delivering a scheme calls the eligible/target household.

**Third sector – other** refers to a type of third sector organisation other than a charity / not-for-profit organisation, Community Interest Company and volunteer group.

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