Vulnerability and Carbon Monoxide Allowance

1 December 2021

Update June 2023

SGN



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1 Description

Funding GDN(s)	SGN
For Collaborative VCMA Projects:	
Date of PEA submission:	01/12/2021 Update June 2023
Project contact name:	Kerry Potter
Project contact number/email:	Kerry.potter@sgn.co.uk 07427 031 200
Total cost (£k)	£114,000 Update June 2023 £135,000
Total VCMA funding required (£k)	£75,000 Update June 2023 £96,000

2 Problem statement

During 2021 it is estimated that three million English households are living in fuel poverty (Dept for Business, Energy and Business Strategy). Nearly half of low-income households are still living in hard to heat homes, and the rate of improvements is well below what is needed to lift people out of fuel poverty by a target date of 2030. Tackling cold homes is now more important than ever with the upcoming winter crisis and utility bills rising and COVID financial support measures being removed, 1 in 5 households are expected to fall into poverty.

Living in a cold home has significant and demonstrable direct and indirect health impacts. There is strong evidence that shows it is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. (Public Health England).

Groups who are more vulnerable to health problems associated with cold homes:

- People with cardiovascular conditions
- People with respiratory conditions (in particular, chronic obstructive pulmonary disease (COPD) and childhood asthma)
- People with mental health conditions
- People with disabilities
- Older people (65 and older)
- Young children (under 5)
- Pregnant women
- People on a low income
- People who have attended hospital due to a fall
- People who move in and out of homelessness
- People with addictions
- Recent immigrants and asylum seekers (Public Health England)

The Marmot Review into the health impacts of cold homes and fuel poverty found a strong association between cold temperatures and cardiovascular and respiratory diseases. Links between cold housing and minor illnesses such as colds and flu were also reported (Marmot Review Team, 2011). Fuel poverty and living in a cold home has also been linked to excess winter deaths. The World Health Organisation (WHO) estimates that 40% of excess winter deaths are caused by living in a cold home (WHO, 2007) and the Hills review estimates that some 10% of excess winter deaths are directly attributable to fuel poverty (Hills, 2012).



Although we cannot attribute all of these to cold homes, research certainly suggests that at least a large number of these deaths could have been caused by living in a cold home. Taking action on cold homes will not only reduce hospital admissions and the excess mortality rate but have other tangible impacts including reduced absence from school and work, reduced financial and fuel poverty. (London School of Hygiene & Tropical Medicine, 2015). The evidence is clear, there are multiple benefits from addressing fuel poverty and tackling cold-related ill health. Working with the Energy Savings Trust we've updated our Vulnerability Mapping tools and introduced our Vulnerability Index using data to better identify communities most at risk of living in a cold and unhealthy home, most in need of additional and tailored support, enabling our work to make the greatest positive impact in helping those in need access to maintaining a safe and warm home.

Update June 2023

In 2022, there were an estimated 3.26 million living in fuel poverty in England, based on the LILEE metric (Department for Energy Security and Net Zero, 2023). This is an increase from 3.1 million in 2021 and does not take into consideration the cost-of-living crisis in full that has hit households throughout the Winter of 22-23 and beyond. National Energy Action state the figure as 6.7 million UK household since October 2022, using the 10% of income measure.

In the year 2021-2022, excess Winter deaths in the South East (excluding COVID-19) increased from 390 to 1,500 (ONS, 2023).

Why Arun? Insight data updated June 2023

According to the 2019 Indices of Deprivation, 10.4% of Arun's population was income deprived. 7 of the 94 neighbourhoods in Arun are in the 20% most income-deprived in England. Two of these are in Bognor, around the Marine and Bersted Wards and two in Littlehampton, around Ham and Wick. These LSOAs fall within the top ten percent most deprived nationally. The latest government data shows 6,243 people living in fuel poverty in Arun. This is coupled with the fact that the Arun district had 290 excess winter deaths in 2020/2021 (ONS, 2023) highlighting the need for an energy advice service targeting these vulnerable groups. The data below highlights the nature of need in the Arun community:

- 45,856 people with cardiovascular conditions
- 15,050 people with respiratory conditions
- 17,582 people with mental health conditions
- 2,017 people living with dementia
- 3,195 children live in low-income families
- 31,489 people with disabilities or limiting long-term health conditions
- 46,885 people aged 65 and over

Why Chichester? Insight data updated June 2023

Chichester District is characterised as relatively affluent. Nationally it ranks 237th most deprived out of 316 lower tier Authorities and has no LSOAs within the top 20% most deprived. It has three LSOAs within the top 30% all of which sit within its main settlement, the City of Chichester. Beyond the overall picture, however, there is poverty within the district, and particular challenges which arise from rurality, such as high costs of living including high costs for household fuel and the costs of transportation. Data on Fuel Poverty shows that in the Chichester Parliamentary Constituency 5,324 households are defined as being fuel poor. This heightened risk of fuel poverty alongside an excess winter death figure of 160 (ONS, 2023) proves that there is a need for an energy advice service targeting these vulnerable groups.

The data below highlights the nature of need in the Chichester community:

- 27,125 people with cardiovascular conditions
- 9,007 people with respiratory conditions



- 9,165 people with mental health conditions
- 19,883 people with disabilities and/or limiting long-term health conditions
- 2,336 people living with dementia
- 33,632 people aged 65 and over

This, coupled with Chichester's ageing population and the expectation that those over 65 are predicted to have increased by 4.6 percentage points by 2030, shows that there is a large amount of people who might be at risk of increased mortality if they did fall into fuel poverty. Again, it also gives an indication of the likely demand throughout the Chichester district. Although Chichester does have a growing ageing population, it also has about 11% (1,960) of its child population are from low-income families. The reality of families living in poverty means deciding whether to put food on their table or heat their home.

Why Hastings? Insight data updated June 2023

According to the 2019 Indices of Deprivation, Hastings ranks as the most deprived district in the south-east, being 14th out of 316 among lower tier authorities nationwide with 20.2% of the population defined as income deprived. This figure contains what is in some neighbourhoods a significant level of deprivation with two LSOAs being amongst the most deprived 1% in the country. Both are in Hastings, in Baird and Tressell wards. The majority of the country's deprived neighbourhoods are located in Hastings, where 23 out of 53 neighbourhoods (43%) rank in the 20% most income deprived in the country. There is significant poverty within the Hastings district, this is mirrored in the fuel poverty statistics, which suggests 5,736 households are in fuel poverty. When looking at the percentage of households in fuel poverty, it is then not a surprise that in 2020/2021 Hastings had 250 excess winter deaths (ONS,2021), proving that there is a need for an energy advice service targeting these vulnerable groups.

The data below highlights the nature of need in the Hastings community:

- 32,465 people with cardiovascular conditions
- 10,070 people with respiratory conditions
- 16,067 people with mental health conditions
- 1,320 people living with dementia
- 4,455 children in Hastings living in low-income families
- 18,418 people aged 65 years and over

Why Rother? Insight data updated June 2023

According to the 2019 Indices of Deprivation, Rother is the 10th most deprived district in the South-East region out of 51 in total. It ranks 143 out of 317 lower tier authorities nationwide where 1 is the most deprived. Two LSOA neighbourhoods in the Bexhill Sidley area are amongst the 10% most deprived neighbourhoods in the country. There are 5 LSOAs in Rother which are amongst the 20% most deprived in the country. 4,803 households live in fuel poverty which represents 11.2% of all households in the district. Data available from the ONS reveals there were 260 excess winter deaths in Rother demonstrating the need for energy advice services targeting these vulnerable groups in the area.

The data below highlights the nature of need in the Rother community;

- 24,049 people with cardiovascular conditions
- 7,203 people with respiratory conditions
- 1,687 people with mental health conditions
- 1,008 people living with dementia
- 2,920 children aged below 5
- 30,191 people aged over 65



Fuel poor homes are not just cold but can also be unsafe

There is a direct correlation between fuel poverty and carbon monoxide poisoning. Lower income householders are often reliant on older boilers, older heaters or even gas stoves or cookers to heat their homes. National Energy Action and Gas Safety Trust research found 35% of low income and vulnerable households surveyed exceeded the 10ppm threshold for carbon monoxide levels.

- People living in deprived areas are also less likely to own an audible CO alarm than homes in nondeprived areas, further increasing the risk of CO poisoning.
- Older people, pregnant women, and young children have also been found to be particularly vulnerable to CO poisoning, spending more time at home and with a need to stay warm, resulting using the heating more regularly.
- Social tenants are less at risk due to RSL requirements for annual gas safety checks and higher energy efficiency standards.

3 Scope and objectives

Working with the Primary Community Networks, Social Prescribers, Adult Care services, Hospitals, Mental Health units and voluntary care organisations in Sussex to set up direct referral pathways for professionals to refer anyone who is in fuel poverty and in one of the vulnerable groups into a dedicated crisis support team. This dedicated team and broader Citizens Advice network will deliver a holistic, wraparound advice service mainly focused on debt, welfare benefit, income maximisation, energy, including eligibility for water tariffs, and CO safety, and financial capability advice but also able to provide any other advice needed.

The dedicated team are trained in motivational interviewing techniques and will support residents in behaviour change so they are better able to keep safe and warm. The team will provide the support that is needed to best support the service user, those who just need advice and information, provide casework for people who need ongoing support but also a full hands-on, vulnerable casework service for people who lack capacity to act. The team will also work with statutory and non-for-profit organisations to ensure that services users have the support needed to reduce any possible risk of health deterioration or hospital admission.

We aim to support individuals over the funding period with tailored advice and support provisions to improve the health, wellbeing, and financial outcomes for those households and to work with other statutory or non-for-profit organisation to provide the support needed to reduce the service user's likelihood of a negative health impacts.

The partnership will deliver:

- A dedicated 'utility' team of experienced Citizen Advice client advisors across Sussex and clinical
 environments with the skills to provide utility services not limited to industry initiatives, including; PSR,
 emergency fuel vouchers, Warm Home Discount, Winter fuel payments, tariff and energy and debt
 support, information on smart meters, CO and gas safety, Locking Cooker Valves, and who to contact in an
 emergency (0800 111 999 and 105)
- A joined-up service between Health and Social support teams and Citizens Advice to support those in crisis
 access tailored help with a focus on ensuring access to essential services (energy, water, housing and food)
 with the outcomes of improving the quality of people's lives, their mental, physical, and financial wellbeing
- A broader social impact as we alleviate the pressures on the NHS, avoiding the need to use health care services
- A robust network of regional and relevant secondary key partnerships to ensure health and wellbeing services are specific and local to client need – current network including;

Partner network (updated June 2023)

- ESCC Health and Social Care Connect
- Home Works (East Sussex)
- o STEPS East and West



- Fellowship of St Nicholas Health & Wellbeing Community Hubs
- Seaview Project for vulnerable people
- Sussex Partnership NHS Trust mental health services (specifically Woodlands Centre for Acute Care, Amberstone Hospital, St Anne's Centre)
- HEART (Hastings Emergency Action Resilience Team)
- o Education Futures Trust for younger vulnerable people
- Trussell Trust local Food banks
- West Sussex Children's Services
- West Sussex Adults' Services
- Social Prescribing services (Arun, Regis, Chichester)
- Carers Support
- Wellbeing teams (Arun and Chichester)
- Housing options teams (Arun and Chichester)
- Homeless charities (Stonepillow, Turning Tides)
- WSCC Community Hub
- o Richmond Fellowship
- o Arun & Chichester job centres
- West Sussex MIND
- o Age UK West Sussex and Brighton & Hove
- o Family Support Work
- UK Harvest
- o Capital

4 Why the project is being funded through the VCMA

This project will provide support to residents in crisis, providing access to key services including the PSR, interventions that address fuel and water poverty and broader safeguarding and wellbeing services, whilst delivering a positive Social Return on Investment. The project will provide holistic utility efficiency advice and CO safety interventions, empowering each householder to use energy safely, efficiently and affordably. The project will work collaboratively with expert agencies to maximise positive impacts beyond energy, increasing the health and wellbeing of the individual supported and delivering defined outcomes.

5 Evidence of stakeholder/customer support

5.1 Citizens Advice (updated June 2023 project outcomes for original duration)

The project supported more than 300 clients in year 1. Working closely with health partners has allowed the team to identify those in the most vulnerable situations, including clients who were living completely without gas and electricity. The Sussex-based teams have delivered millions in grant support and fuel vouchers to those in need since before the outbreak of COVID-19. Both teams are known for their high-quality energy advice services and have strong links with partners in their respective counties. The teams actively worked with the funders to support their campaigns, e.g. PSR, Carbon Monoxide awareness, and this allowed these messages to reach those who might not be in contact with any other services. The team achieved more than £250,000 in financial outcomes for their clients in year 1, including debt write offs, benefit awards and home improvement grants. The majority of clients needed multiple interactions over several months due to the complexity of their issues, their capability and capacity. The project allowed the clients to be dealt with holistically, make genuine long-term behavioural changes, build trust in all partners and empower the clients to deal with any future issues. The referrers, including health partners, were grateful for the direct link to the service and have already started to see the impact the service makes to individual's physical and mental wellbeing.



5.2 Stakeholder and Customer Engagement (revised June 2023)

Our stakeholders agreed during our engagement workshops and ongoing quarterly meetings that providing essential emergency resources for customers in vulnerable circumstances should remain one of our top priorities. In addition, our stakeholders wanted to see us approach affordability broader than 'gas', as customers who face financial hardship need support with all their utilities, and water, gas and electricity should be approached as essentials services.

5.3 Vulnerable Steering Group (revised June 2023)

Our dedicated Vulnerable Steering Group has helped us shape our vulnerability strategy and our priorities throughout GD2. We have prioritised key initiatives to support our most vulnerable customers and they recommended we work with established charities that support people most in need. It is with guidance and support from our dedicated Vulnerable Steering Group that SGN prioritise the regions in our geographic area that are most in need, and to support those most likely to need support from their utility company. One such group is those with critical and long-term health conditions. This scheme is co-designed with Citizens Advice, UK Power Networks, Scottish and Southern Energy Networks, Southern Water and Portsmouth Water to provide tangible support from the health care setting into a safe and warm home. This approach has been endorsed by our strategic panel as it looks to provide a holistic and empowering service in partnership with other utilities.

6 Outcomes, associated actions and success criteria

6.1 Outcomes

The collaborative funding of the Sussex partnership will enable the dedicated team to support over 825 vulnerable people over 18 months with tailored support to maintain a safe and warm home each year across Sussex with a focus on Arun, Chichester, Rother and Hastings. The partnership will be embedded within the community working closely with health care workers, consumer advocates and utility company representatives to address the barriers clients face to maintaining a safe and warm home.

Clients will:

- Be supported by their utilities Priority Services Register providing them with the security and support they would need in the event of an unplanned outage from all of their regional utility companies
- Be on the best utility tariffs for their personal circumstances
- Be able to manage and pay their own utility bills going forward and avoid going into debt
- Be more aware of the risks of Carbon Monoxide and how to mitigate these
- Have reduced stress, and improved health and wellbeing, and therefore better life chances/quality of life by having the support networks they need
- Be more able to cope at home

Update June 2023

Extension target - to reach 150 new vulnerable households over the three-month period

6.2 Success Criteria

To support over 825 clients by addressing the issues that would prevent them maintain a safe and warm home long term. We aim to support those in need with access to practical help that improves their health and wellbeing and increases their confidence to manage their household utility costs.

The Tackling Fuel Poverty Together Sussex project provides the following outcomes. Clients will:

 Year 1 – successfully measure the personal impact of the support provided by gathering feedback from clients on the impact of the support provided including how confident they feel in maintaining a safe and warm home



- Develop the dedicated team and deliver the following support services to clients in need of additional help, in financial crisis and unable to maintain a safe and warm home;
 - Clients supported to assess eligibility and sign-up to the PSR with an expectation of 60% registration
 - Clients provided with energy advice including information about who to call in an emergency, smart
 meters, Winter Fuel Payments, Warm Homes Discount, how to check if you are on the best tariff and
 energy efficiency advice
 - Clients assessed as to whether they need support to manage fuel debt or change tariff
 - Clients offered support to assess eligibility and sign up to water social tariff and water PSR
 - Patients offered information and access to safety interventions including the Locking Cooker Valve and a free CO alarm tailored to meet their need(s)
 - Clients will be offered access to the Fuel Poor Network Extension Scheme
 - Clients assessed for income max and eligible benefits, and supported where eligible for debt support and/or access to income related benefits
 - Clients assessed for needs related to crisis support including access to emergency fuel vouchers, food parcels or wellbeing support services

To monitor our impact in line with the above, we will:

- Monitor client outcomes against services provided, patient demographics, vulnerabilities and needs
- Build in targeted, concise questions to our post service survey
- Work closely with our partners to ensure that we all understand the issues faced by clients enabling us to continue to develop our services by need

Update 2023

- Deliver the service for an additional 150 new vulnerable households between June and August
- Use the learning from year 1 to create a targeted approach to identify those most in need of the service including proactive promotion of the service by primary care colleagues.

7 Project partners and third parties involved

- Citizens Advice 1066 / Arun and Chichester programme and delivery partner providing the dedicated team to support clients from crisis into a safe and warm home
- SGN lead gas network providing programme funding and support to the delivery team, including training, access to broader referral partners, and direct services for customers including but not limited to Locking Cooker Valves, CO alarms and access to the Fuel Poor Network Extension Scheme.
- Southern Water regional water network providing programme funding and support through the water sure teams on social tariffs and the water PSR.
- UK Power Networks and Scottish and Southern Electricity Networks regional electricity distribution network operators providing programme funding and support to the delivery team including but not limited to access to the energy PSR.

Update June 2023

The three-month extension excludes funding from SSEN and UKPN.

8 Potential for new learning

Monitoring and evaluation

The following activities will be in place to monitor and evaluate project progress and impacts:

- Quantitative and qualitative service user outcomes and demographics/vulnerabilities recorded/monitored
- Service user before-and-after-support surveys and follow-up calls
- In-bound and out-bound referrals from/to partners and other services recorded/monitored



- Feedback, indicators, outputs and outcomes reported on quarterly
- Project progress monitored: these include monthly and quarterly partner meetings to share ideas and challenges through individual and organisational partnership case studies.

Learning

We are keen to build in additional learning from this project and the sister project 'Home and Well' and for successes to be incorporated into future delivery as well as promoted to others both in the Citizens Advice network and to broader stakeholders. We intend to share an annual report across electricity, gas and water networks in addition to sharing project impacts and case studies during our annual showcase event.

Update June 2023

We are keen to build on the success of the last 18 months, having now established referral pathways and upskilled staff to deliver all aspects of advice. Our targets are in line with supporting those who are in the most vulnerable situations, requiring ongoing casework and support.

9 Scale of VCMA Project and SROI Calculations

Social Value Measurement

In addition to our commitment to a mid-point SROI independent assessment by SIA partners, we are working with leading social impact research consultancy Simetrica and have developed a bespoke social value bank of financial and wellbeing outcomes applicable to our services for vulnerable customers. We will continue to measure all the outcomes for patients using this approach, which is used to estimate social value based on best practice endorsed by HM Treasury for the evaluation of social policy and utilises values from the Treasury's 'Green Book' where applicable. With a subset of outcomes we forecast a £1.81 net SROI for every £1 spent across the partnership.

Update 2023

This project has been monitored against the original scope and delivered above the original forecast outcomes per client. We are extending this project for three months whilst we complete work on a new standardised industry SROI framework to forecast and measure the social impact of the partnership.

10 VCMA Project start and end date

The project will run from 01/12/2021 to 31/05/2023

Update June 2023

The project extension will run from 01/06/23 to 31/08/23

11 Geographic area

Arun and Chichester in West Sussex, Hastings and Rother in East Sussex

Update June 2023

East Sussex and West Sussex

12 Approval

Rob Gray - Director of Stakeholder Relations and Communications