

GDN Collaborative Vulnerability & Carbon Monoxide Allowance (VCMA)

Project Eligibility Assessment (PEA)

Warm Homes, Healthy Futures: A Health Collaboration with National Energy Action

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*8th February 2024
Update 26th May 2025
Updated 22nd December 2025*

Gas Network Vulnerability & Carbon Monoxide Allowance (VCMA) Governance Document - Project Eligibility Criteria

Section 1 - Eligibility criteria for company specific projects (other than condemned essential gas appliance repair and replacement)	
In order to qualify as a VCMA project, a project must:	
VCMA Eligibility Criteria	Criteria Satisfied (Yes/No)
a) <ul style="list-style-type: none"> i. Have a positive, or forecasted positive Social Return on Investment (SROI), calculated in accordance with a model which the GDNs have developed and submitted to Ofgem including for the gas consumers funding the VCMA Project, and ii. have a positive, or a forecasted positive Net Present Value (NPV); 	Yes
b) Either: <ul style="list-style-type: none"> i. Provide support to consumers in vulnerable situations, and relate to energy safeguarding, or ii. Provide awareness on the dangers of CO, or iii. Reduce the risk of harm caused by CO; 	Yes
c) Have defined outcomes and the associated actions to achieve the requirements in paragraph b;	Yes
d) Go beyond activities that are funded through other price control mechanism(s) or required through licence obligations; and	Yes
e) Not be delivered through other external funding sources directly accessed by a GDN, including through other government (national, devolved or local) funding.	Yes
Section 2 - Eligibility criteria for company specific essential gas appliance servicing	
To qualify as a VCMA Project, essential gas appliance servicing must meet the following criteria:	
a) <ul style="list-style-type: none"> i. GDN has had to isolate and condemn an essential gas appliance following a supply interruption or as part of its emergency service role; or ii. a GDN or its Project Partner has identified an essential gas appliance which has not been serviced in the last 12 months in the owner-occupied home of a customer in a Vulnerable Situation where an occupier of the property suffers from a permanent or temporary health condition that makes them more vulnerable to health risks associated with cold homes; or iii. a GDN or its Project Partner has identified an essential gas appliance which has not been serviced in the last 12 months in a tenant-occupied home of a customer in a Vulnerable Situation where it is the tenant's responsibility to maintain the essential gas appliance, where an occupier of the property suffers from a permanent or temporary health condition that makes them more vulnerable to health risks associated with cold homes; and 	Yes
b) the household cannot afford to service the essential gas appliance, as assessed against the affordability criteria in the Energy Company Obligation (ECO4) Guidance: Delivery document; and	Yes
c) sufficient funding is not available from other sources (including a social or private landlord and national, devolved, or local government funding) to fund the essential gas appliance servicing.	Yes
Section 3 - Eligibility criteria for company specific essential gas appliance repair and replacement	
To qualify as a VCMA Project, unsafe pipework and essential gas appliance repair or replacement must meet the following criteria:	

a) A GDN has to isolate and condemn unsafe pipework or an essential gas appliance following a supply interruption or as part of its emergency service role; and	TBC
b) the household cannot afford to repair or replace unsafe pipework or the essential gas appliance, as assessed against the affordability criteria in the Energy Company Obligation (ECO4) Guidance: Delivery document; and	Yes
c) Sufficient funding is not available from other sources (including national, devolved or local government funding) to fund the unsafe pipework or essential gas appliance repair or replacement.	Yes
Section 4 - Eligibility criteria for collaborative VCMA projects	
In order to qualify as a collaborative VCMA project, a project must:	
a) Meet the company specific project eligibility criteria set out in sections 1-3 above; and	TBC
b) Have the potential to benefit consumers on the participating networks; and	Yes
c) Involve two, or more, gas distribution companies.	Yes

Gas Network Vulnerability and Carbon Monoxide Allowance (VCMA) Governance Document - Project Registration Table 2

Information Required	Description																																						
Project Title	Warm Homes, Healthy Futures: A Health Collaboration with National Energy Action																																						
Funding GDN(s)	Collaborative GDN Project – Cadent, NGN, SGN & WWU																																						
New / Updated (indicate as appropriate)	Update May 2025																																						
For Collaborative VCMA Projects: Role of GDN(s)	Collaborative between all GDNs as detailed above. NGN Lead																																						
Date of PEA Submission	08.02.2024 (original) 26.05.2025 - Revised to include repair and replacement																																						
VCMA Project Contact Name, email and Number	Eileen Brown EBrown@northerngas.co.uk 07789 007719																																						
Total Cost (£k)	£12,198,660.01 + VAT																																						
Total VCMA Funding Required (£k)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Percentage Contribution</th> <th style="text-align: center;">Overall Split</th> </tr> </thead> <tbody> <tr> <td>Cadent</td> <td style="text-align: center;">49.8061%</td> <td style="text-align: right;">£6,063,822.95</td> </tr> <tr> <td>NGN</td> <td style="text-align: center;">11.557%</td> <td style="text-align: right;">£1,406,987.70</td> </tr> <tr> <td>SGN</td> <td style="text-align: center;">27.0710%</td> <td style="text-align: right;">£3,295,856.35</td> </tr> <tr> <td>WWU</td> <td style="text-align: center;">11.5664%</td> <td style="text-align: right;">£1,408,193.01</td> </tr> <tr> <td>Total</td> <td style="text-align: center;"><i>100.0%</i></td> <td style="text-align: right;">£12,174,860.01</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Project spend</th> </tr> </thead> <tbody> <tr> <td>Overall costs</td> <td style="text-align: right;">£12,174,860.01</td> </tr> <tr> <td>Yr1 Spend</td> <td style="text-align: right;">£4,913,889.64</td> </tr> <tr> <td>Yr 2 Spend</td> <td style="text-align: right;">£7,260,970.37</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NEA House of Lords Project Launch Event</th> <th style="text-align: center;">Spend</th> </tr> </thead> <tbody> <tr> <td>Cadent</td> <td style="text-align: right;">£4,000</td> </tr> <tr> <td>NGN</td> <td style="text-align: right;">£4,000</td> </tr> <tr> <td>SGN</td> <td style="text-align: right;">£4,000</td> </tr> <tr> <td>WWU</td> <td style="text-align: right;">£4,000</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">£16,000</td> </tr> </tbody> </table> <p><i>£7,800 – paid to SIRIO to carry out the SROI – NGN paid for this in full prior to the launch of the project</i></p>		Percentage Contribution	Overall Split	Cadent	49.8061%	£6,063,822.95	NGN	11.557%	£1,406,987.70	SGN	27.0710%	£3,295,856.35	WWU	11.5664%	£1,408,193.01	Total	<i>100.0%</i>	£12,174,860.01		Project spend	Overall costs	£12,174,860.01	Yr1 Spend	£4,913,889.64	Yr 2 Spend	£7,260,970.37	NEA House of Lords Project Launch Event	Spend	Cadent	£4,000	NGN	£4,000	SGN	£4,000	WWU	£4,000	Total	£16,000
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Problem(s)	<p><i>This should outline the problem(s) which is/are being addressed by the VCMA Project.</i></p> <p>Fuel poverty is caused by a complex interaction between low incomes, poor energy efficiency and energy prices. Public Health England's Cold Weather Plan notes that winter weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. There are also deleterious effects on</p>																																						

mental health, as well as other impacts such as an increased risk of carbon monoxide poisoning if boilers, cooking, and heating appliances are poorly maintained or poorly ventilated. The strongest link is between respiratory deaths and the cold but because generally more people die from cardiovascular disease, cardiovascular illnesses and deaths account for a greater number of health problems.

Despite collective work, cold, damp, poorly insulated and under-heated homes are still costly. For NHS England, the BRE estimates that this exceeds £1.4bn per year, with broader societal costs, from lost education and employment opportunities, standing at over £18.6bn. Respiratory illness, cardiovascular disease, and common mental disorders are among the costliest examples of health-related implications of poor housing.

In the extreme, cold homes cost lives. Across the UK, NEA estimates that based on modelling by the World Health Organisation, cold homes caused 4,020 excess winter deaths last year in England and Wales, the equivalent of 45 people dying each day in winter months. Based on the same model it is estimated that in Scotland, cold homes caused 396 excess winter deaths during the same period (<https://www.nrscotland.gov.uk/files//statistics/winter-mortality/2022/winter-mortality-21-22-pub.pdf>).

In a 2023 report, the Institute of Health Equity, led by Prof Sir Michael Marmot highlighted that fuel poverty “exacerbate health inequalities Fuel poverty” and “cannot be reduced by one single action: it requires a range of short and long-term interventions to increase incomes, reduce fuel prices and improve housing insulation and energy efficiency and usage.” This project aims to establish, coordinate, and support this required delivery of connected interventions. Re-purposing FPNES funds to VCMA activity gives GDNs and delivery partners the opportunity for a major strategic intervention to tackle the problem of fuel poverty and health inequalities, through sought-after partnerships with health sector, and benefits to both the NHS and customers.

Scope and Objectives

The scope and objectives of the VCMA Project should be clearly defined including the benefits which would directly impact customers on the participating GDNs’ network(s), and where the benefits of the VCMA Projects lie.

The proposed Warm Homes, Healthy Futures (WHHF) project is an evidence-based, multi-year, GB-wide project. It will connect health professionals and local public health bodies to energy advice and other specialist services, to support people to live in warm and safe homes and improve health. The project will align actors and activities to tackle health inequalities and fuel poverty simultaneously.

To gain maximum traction with local health partners and greatest social and health return on investment, we would use [the NHS England Core20Plus5](#) approach to guide the project and unlock health sector partnerships. This is an existing framework for action across much of the NHS that closely mirrors VCMA priorities around low-income areas, priority demographics and cold homes related health conditions. Although this framework has been developed for use in England, NEA believe that the same model can also be applied to target those worst affected by cold homes in Wales and Scotland.

The Project will improve health by addressing issues caused by living in cold damp homes by undertaking the following activities.

The target is to engage with 30,400 unique beneficiaries throughout the life of the project. With an 80/120 split across delivery years, this will mean the project will reach 12,160 unique beneficiaries in Year 1 and 18,240 in Year 2 through a omni channel advice service.

The range of activities in the delivery of the WHHF programme and the projected number of total interactions under each of these is set out below. Please note that some individual clients may be supported through engagement with one or more activities.

Activity	KPIs Year 1	KPIs Year 2
Energy Casework	7,200	10,800
Generalist Benefits Advice	1,800	2,700
Benefit Claim Support	1,800	2,700
Enabling and Ancillary Works for servicing	8	8

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<p>Why the Project is Being Funded Through the VCMA</p>	<p><i>This should include an explanation of why the VCMA Project meets the VMCA eligibility criteria, and how it aligns with the GDN's VCMA strategy.</i></p> <p>Re-purposing FPNES funds to VCMA activity gives GDNs and delivery partners the opportunity for a major strategic intervention with significant and beneficial outcomes, and long sought after partnerships with health sector.</p> <p>Building on research and other similar, yet smaller projects, there is sufficient evidence to indicate that such an approach at a larger scale will be successful; however, without funding, a coordination of such a programme of work would not be possible, and the benefits to individuals, in terms of impacts to health, wellbeing, and comfort will not be realised at scale. VCMA funding will provide this timely and unique opportunity to work with the GDNs, the leading fuel poverty charity (NEA), and GB-wide health partners to demonstrate the potential of strong health and housing partnerships, and to encourage further funding to build on the outcomes.</p> <p>At the recent Ofgem vulnerability summit, two things were made clear: personal circumstances, especially health, should rise-up the consumer vulnerability agenda, and that health is a 'data black hole' with limited data sharing potential. This proposal builds on the outcome from this and other relevant engagement with Ofgem.</p> <p>The VCMA is a £171m allowance available over the five-year RIIO GD2 period (2021-2026) for GDN programmes that seek to address consumer vulnerability and CO safety, particularly activity that goes above and beyond business as usual. This proposal aligns with the objectives of the updated GDN VCMA Strategy, under the theme of Fuel Poverty and Energy Affordability.</p>																								
<p>Evidence of Stakeholder/Customer Support</p>	<p><i>This should provide information of the customer engagement that has taken place in the development of VCMA Projects where appropriate. If there is no evidence of stakeholder engagement or customer support, this should justify why it was not appropriate to engage with stakeholders and customers</i></p> <p><u>NGN VCMA Strategy (updated for FPNES repurposing) – stakeholder feedback</u></p> <p>The additional funding from Ofgem, as a result of the repurposing of Fuel Poor Network Extension Scheme (FPNES), provided NGN with the opportunity to gather further stakeholder feedback on how this money could be spent well. At the request of Ofgem, each GDN's VCMA Strategy needed to be updated, to reflect this increase in funding and</p>																								

to ensure a consistent approach in terms of focus of vulnerability themes, between the gas networks.

NGN gathered feedback from several key stakeholders by way of bilateral meetings namely, National Energy Action (NEA), Fuel Bank Foundation, Northern Powergrid and NGN's Customer Engagement Group. This feedback has been used to change and refine our approach, in line with Ofgem's request.

Fuel poverty will be the primary focus; however, we also acknowledge that there are complex needs associated with this, that need to be considered. This updated strategy has evolved around NGN's 5 original vulnerability themes (physical health, mental health, rurality, financial hardship and transient vulnerability). Stakeholder feedback has importantly identified new and emerging issues, specifically around health and financial hardship.

The six key themes identified by our stakeholders on areas to prioritise, are summarised below. One of the key themes identified by stakeholders which was identified as a priority, was

Increased focus on health:

- Need to exploit opportunities to link to the health sector and prioritise low-income households with support for energy costs, in particular, those medically dependent on energy
- There needs to be a hard-wired link between energy savings and warm homes
- Must be driven by priorities of NHS to avoid hospitalisation
- Support is required for those at greater risk and those with more complex health vulnerabilities
- Projects should align health and high-risk deprivation – building on health projects that use data well
- Use data to inform health categories most at risk and least able to achieve affordable warmth
- Consider Core 20 + 5 health model that has been delivered in partnership with NEA in the Leicester region. This could be expanded out either regionally or nationally to get to the heart of linking fuel poverty with health

Aside from health, the other 5 priorities from stakeholders are detailed as follows:-

Collaboration and linking up partners and funding:

- Targeting specific geographical areas mutually identified with partners as areas of high deprivation/risk but underserved by way of current projects. This could be achieved by joint stakeholder engagement
- Outreach programme to get more partners on board, targeting hard to reach areas
- Build on existing to maximise reach

Increasing capacity for support within partner organisations:

- Scaling up to reach more people in fuel poverty within areas of poverty - consider grant funding via larger national charities to reach smaller local groups
- Longer term projects funded to increase sustainability/certainty. Consideration of immediate versus long term support
- Consistency of service provision across the network in terms of advice and information. It may be necessary to increase partner capacity within key strategic referral networks, to address inconsistencies in support provision through localised referral networks

Connecting and responding to different aspects and complexities of vulnerability, including:

- Targeting support to reach those who may not have access to or knowledge of support available
- Those who may not ask for help
- Those seeking support for the first time
- Young people who may be living independently for the first time and struggling to meet/understand their energy needs/requirements
- Tailoring VCMA funding to match the diverse nature of NGN communities and needs
- Understanding needs and tailoring approach to where it is needed
- Digital inclusion, household and community resilience
- Acknowledgement of key medium and high-risk vulnerability categories as defined within the Ofgem Involuntary PPM Code of Practice

Financial hardship

- Financial hardship is more widespread therefore affecting more people – more people are vulnerable/needing to access support in general (debt advice)
- New vulnerabilities are emerging and impacting those people who are “just about managing”
- Within this, there are some with greater risks/depth/complexity of vulnerability e.g. greater barriers/challenges to accessing support – knowledge of services/access to services/digital exclusion/language or communication barriers
- Consider geography – coastal towns and tenure

Scaling up existing projects

- Build on successful projects. For example, WASH – Warm and Safe Homes (ensuring all GDN involvement where possible), and Fuel Bank Foundation (FBF)– supporting the FBF to extend partnership network into areas of greatest need, so that available financial support through FBF referrals can be effectively deployed
- Continue to learn and share from each other. Where a project may have concluded within one region, it may be that the approach can be effectively used in another region

NGN Customers in Vulnerable Situations (CIVS) Workshops

Asking our stakeholders what’s important – using our wide range of engagement mechanisms from strategic workshops to customer perceptions, we asked stakeholders to prioritise what is most important to them. We have held multiple workshops with our stakeholders throughout the year, on the subject of Customers in Vulnerable Situations. During our annual strategic CIVS workshop (April 2023,) we asked our stakeholders state what their priorities were, as well as NGN’s, for the next 12 months.

From the information that stakeholders gave us as their priority areas for this year, the following themes were identified for quarterly, hot topic workshops and these were scheduled accordingly:

1. **Spending allowances well - health focus (September ‘23)**
2. Energy affordability – staying warm and healthy at home (November ‘23)
3. Meeting demand – capacity and resilience (February ‘24)

Spending allowances well – health focus CIVS workshop

At this workshop we focused on a project with one of our partners, The Carers Room. This is a collaborate VCMA project between NGN and Cadent, which aims to reach 1 million potential Carers in the UK, this ambition was agreed between Cadent and NGN in October 2021. There are currently an estimated 5 million Carers (carers of parents) nationally. They are the largest group of unpaid carers and growing rapidly in the face of our ageing population. Additional funding has been given to produce messaging on pharmacy bags and providing support packs for GP surgeries.

The aim of the workshop was to gather as much feedback from stakeholders, to inform the development of future health projects. Stakeholders were asked a number of questions around preventative and proactive solutions to prevent health conditions. The specific health questions posed were:

1. What are the prevalent health issues that you think are impacted by cold and damp homes?
2. How have you linked with health services in your area? This included examples of successes
3. What do you feel are the blockers to customers accessing support, and engaging in longer term solutions?

Below is a summary of some of the feedback and discussions that were generated as a result of the questions above:

- NHS maternity unit - engage with this group
- Link into Diabetes - local and national opportunities
- Address trips / falls due to reduced mobility in older people living in cold, damp homes
- Lung cancer – regional need; NGN should look to partner with a lung cancer charity
- Link into mental health charities

- Fibromyalgia - awareness raising of Priority Services Register (PSR), Energy Efficiency and carbon monoxide (CO)
- Stroke/heart problems - engage with a partner(s) to raise awareness

Stakeholders told us that one of the biggest concerns was health, specifically the link between living in a cold, damp home and the impact on health.

Health projects are a priority for NGN this regulatory year and we have already started engaging with NEA and other partners on this issue. We are also engaging with the charity Noah's Ark, in relation to financial hardship and mental health.

Through extensive engagement with stakeholders, we are seeing a number of key themes coming through consistently in terms of the impact of health and increased risks associated with cold, damp homes.

Some notable observations and key areas are:

- We're seeing evidence of more expensive fuel costs for those with disabilities and those living with specific health conditions
- We're seeing a rise in mental health issues within our network – and acknowledging this as a barrier to engagement in longer term support
- We're acknowledging increases in the risk of CO poisoning – and looking at ways to identify and address this

Research:

Recent social indicator mapping research carried out in June 2022, indicated that Bradford, Hull, Scarborough, South Tyneside, and Sunderland were the top five places, to emerge as having the greatest concentration of vulnerabilities within NGN's network. This was based on a combination of the following vulnerability factors:

- Fuel poverty
- Financial Vulnerability
 - Benefit claims
 - Unemployment
- Physical Health
 - Long term health problem / disability
 - Disability Living Allowance claimants
- Mental health
- Rurality and no access to services
- Ageing populations
- Unpaid carers
- Ethnic minorities and language challenges
- Unskilled / no qualifications

The research data showed a rise in around 25% on 2017 & 2018 data, it may in part reflect the impacts of covid and lockdown. Poor mental health significantly increased during the pandemic and that is reflected in the research.

In relation to long term health problems or disability, self-reported bad health and disability allowance claims, the research shows that people in the NGN area have health which restricts their day-to-day activities "a lot". This is higher than the National figure. Disability allowance claims are highest in areas where there are also high levels of Fuel Poverty:

- Hull
- Wakefield
- The Northeast of England (Sunderland, County Durham)

Each year we use our annual Customer Perceptions Research to understand the priorities of our customers. Amongst a set of general tracker questions i.e., same questions that are asked year on year, the evidence in the most recent research (March 2023), indicated that keeping bills as low as possible ranked more highly, than providing a safe and reliable supply of gas. This is a clear indication, as to how concerned customers are about the cost of energy and the subsequent impact this will have on other bills. Customers were also asked to prioritise the list of vulnerabilities listed below:

- Mental wellbeing
- Rurality
- Temporary vulnerability
- Physical challenges
- Financial Hardship

This was the order of priority from the customers surveyed:

- Financial Hardship
- Physical challenges
- Mental wellbeing

- Rurality
- Temporary vulnerability

Financial hardship continued to be the dimension of vulnerability that most customers prioritised, with more customers in the most recent survey selecting this as their top priority. Physical challenges were second, closely followed by Mental well-being third. Rurality and Temporary vulnerability were ranked fourth and fifth.

Very recent (Autumn 2023) Bespoke Vulnerability Stakeholder Mapping research identified categories of stakeholders that are hard to reach, this included:

- People living with a disability
- Senior citizens with long term conditions
- Pregnancy and maternity
- Mental health

Health conditions which are prevalent in the NGN region are:

- Cancer and chronic kidney disease
- Musculoskeletal conditions
- Respiratory
- Mental health

Through the research carried out, the findings show that the 5 original NGN vulnerability categories have now evolved to 10 categories. These are:

1. Physical challenges, inclusive of communication issues, physical space
2. Mental wellbeing
3. Financial hardship
4. Temporary vulnerability – including post hospital recovery and pregnancy / maternity
5. Socio Demographic
6. Household composition
7. Rural Vulnerability
8. Accessibility Including language
9. Medical Dependant on Energy
10. Cultural

Stakeholder feedback from Cadent

With regards to the customer/stakeholder engagement conducted by Cadent, an insights project was undertaken in May 2023 to support the future delivery of VCMA projects. The project was undertaken by experts from Savanta and consisted of stakeholder and customer interviews, as well as a national omnibus survey. The customer surveys found that tackling affordability and fuel poverty was top of mind. Every customer engaged as part of the project reported affordability as a concern, with many pointing to the mental and physical health impacts that they had directly experienced as a result of the cost of living/fuel crisis.

The partnership with NEA will bring together energy advice and other specialist services with health professionals and local public health bodies to support people to live in warm and safe homes while improving health. The partnership will support people to receive energy efficiency measures and information, benefit checks, and carbon monoxide information.

Stakeholders were asked to comment on Cadent's current and proposed funding allocation to each of the four VCMA pillars – 1) tackling affordability and fuel poverty, 2) carbon monoxide awareness, 3) going beyond to never leave a customer vulnerable without gas, and 4) identifying individual needs and joined up services.

Stakeholders supported Cadent's current split of its VCMA funding, with 45% of all allowances focussed on tackling affordability and fuel poverty. Stakeholders felt that because this is such a pressing issue, a larger proportion of Cadent's funding should go towards this VCMA pillar. Stakeholders acknowledge that in 'normal times' they might also think differently but in the short term they consider tackling affordability and fuel poverty hugely important.

Stakeholder feedback from SGN

During the shaping of the SGN business plan we committed to support at least 250,000 vulnerable households to use gas safely, affordably and efficiently over GD2. During 2023, following ongoing engagement with Ofgem, SGN's Customer and Stakeholder Engagement Group and Vulnerable Steering Group we increased this commitment to support 500,000 vulnerable households, those most at risk of living in a cold and unhealthy home.

	<p>SGN have used data and insights to develop our programme, this has underpinned how this commitment to support those most in need from a strategic ambition into a delivery programme.</p> <p>As we've progressed our portfolio of projects throughout GD2 our strategic Vulnerable Steering Group (VSG) has provided ongoing guidance to SGN, reiterating importance of impactful partnerships that co-ordinate activities with others to support those most in need. The VSG have recommended that we look at ways in which we can build stronger links with other organisations including collaborating with other utilities, health services and charities to deliver support services that tackle the fuel poverty gap and the underlying causes of fuel poverty.</p> <p>Since 2021, SGN have managed a number of regional partnerships in both our Scottish and Southern network areas that that have successfully worked with health care professionals and energy advice teams with a focus on delivering targeted support to people living with a health condition made worse by living in a cold home, insights from these partnerships including 'Home and Well' and 'Health and Social Care Alliance' have been considered in the development on this partnership.</p> <p><u>NEA feedback</u></p> <p><i>The importance of this project for NEA goes far beyond the individual packages of support and measures that we can deliver. It is also the vital collaborations, lines of communications and partnerships - nationally and locally - that makes this project distinctive. Not isolated pilots, but something that engages health professionals, local delivery bodies and energy support at scale; that values the lessons about how you develop, value and sustain collaboration and how you elevate the health implications of fuel poverty across the health system and with policy makers. We want this project to be difficult and challenging, because the problem we are trying to solve - our exam question - is stubborn, complicated and has proven resistant to small, isolated, local approaches.</i></p> <p>Adam Scorer, Chief Executive, National Energy Action.</p> <p><i>We know that fuel poverty and health inequalities go hand in hand, living in a cold home and struggling on a low income increases the likelihood of worsening health conditions, and increases the risk of early morbidity. Never has the need for an integrated health and fuel poverty advice service been more acute than in response to the recent energy crisis, with prices at a record high people are going cold and hungry. Millions of pounds each year is spent by the NHS treating illnesses that are directly linked to cold, damp and dangerous homes. A well targeted, scaled up programme of energy and income maximisation advice and support is more vital than ever to support people with health conditions. As Director of Public Health Leicester, and Trustee at National Energy Action, I am pleased to see this collaborative health initiative take shape and will be keen to offer my assistance in brokering relationships with health colleagues.</i></p> <p>Rob Howard, Director of Public Health Leicester.</p>
<p>Outcomes, Associated Actions and Success Criteria</p>	<p><i>Details of the VCMA Project, outcomes and the associated actions to achieve these, interim milestones and how the Funding Licensee will evaluate whether the project has been successful. Each action should have a proportion of the funding allocated.</i></p> <p>It is expected that benefits will be achieved to health both physical and mental, and consequential savings will be achieved as a result of avoidance/reductions in primary and secondary care by the NHS.</p> <p>Additionally, the following outcomes will be achieved over the course of the programme which will be tracked quarterly. The aim is to reach 24,000 people, with consequential improvements as follows:</p> <p>Improvements to health and wellbeing and improved awareness-achieved by:</p> <ul style="list-style-type: none"> • Advice and support on energy efficiency and fuel debt. • Benefit Entitlement Check (BEC) for clients. • Claim support for clients where an additional claim is identified in a BEC but they are unable to make a claim themselves. • Physical works to enable practical measures to proceed i.e., loft clearances/ hoarding support. • Servicing of appliances, to ensure safe operation. • Community activities to deliver energy efficiency and CO advice to clients.

- Protection from CO by provision of CO alarms to vulnerable clients.

Across the lifetime of the project, the following numbers of client interactions will be achieved (some individual clients may be supported by one or more activity):

Support activity	#	% of budget
Energy Case work	18000	44.76%
Benefits Advice provided to clients	4500	8.59%
Benefits Advice (Claim Support)	4500	17.46%
Enabling and Ancillary Works to support measures	16	3.15%
Appliances serviced	4800	3.94%
Provision of CO alarms	24400	3.01%
Community energy efficiency events attendees	6400	4.54%
Community events CO awareness attendees	6400	1.13%
Training and upskilling in energy awareness and CO (Community Coordinators)	12800	1.13%

Success criteria will also extend beyond measurable metrics, and this will be analysed and communicated through in-depth social evaluation. The lived experience of poor health and fuel poverty, and the impact of such interventions, will be analysed qualitatively, as will the professional experiences of delivering support before and after involvement with the programme. The impact of the project will be communicated both in terms of the impact on individuals, but also the wider success it has had on policy and practice in terms of delivering effective health and energy support.

Update May 2025 to reflect the inclusion of repair and replacement

The revision of the VCMA Guidance published by Ofgem on 6th January now allows for third parties to deliver emergency repair and replacement provision following on from a failed service. This allows us to incorporate emergency gas repair and replacement into the Warm Homes, Healthy Futures programme.

Early on the partnership recognised during programme design that as part of our ongoing commitment to ensuring the programme was responsive to the needs of vulnerable households, servicing was an important strand of delivery. However, we were very alert to the risk this exposed the programme too, noting that despite the vulnerable customer potentially being removed from harm posed by unsafe appliances, the customer could be placed in a worse situation by the immediate risk of harm from cold.

This update from Ofgem allows NEA to deliver repair and replacement provision funded through Warm Homes, Healthy Futures, where other funding sources are not available. As a consequence of this revision, the KPIs have been reviewed as set out in the updated table and made some amends to accommodate a Repair and Replacement budget.

The majority of KPIs will remain relatively similar. This stability has been made possible through efficiencies in delivery and strong partnership working across the programme. The amends show a slight reduction to the target associated with benefit checks and claim support, as demand for this form of support has been lower than originally forecast. This adjustment ensures targets remain realistic and achievable, while continuing to drive impact. The ambition to increase community engagement has also been achieved, and fractionally across energy case work. There has been a repurposing of the enabling works funding from year 1, into the repair and replacement funding.

These changes will enable us to ringfence a portion of the existing programme budget to respond to urgent need for support following a failed service, mitigating the risk of putting very poorly people into a worse off position following a programme intervention.

By formalising this, swift action can be taken in crisis scenarios, protecting health and wellbeing during periods of acute risk.

These amendments do not affect the overall ambition or reach of the totality of the programme but allow the better alignment of resource allocation with need, maintaining both flexibility and impact, while mitigating against the risk of detriment to vulnerable residents.

Delivery will continue to be monitored closely and full transparency about any further changes will be demonstrated, to ensure the programme remains fit for purpose and delivers the best outcomes for customers in vulnerable situations.

Updated KPIs:

		Programme budgets	Revised PEA KPI	%age of total budget
Establishment (pre delivery)		£60,000.00		0.49%
Triage	No change	£722,940.69	24000	5.94%
Energy Case work	Slight increase	£5,480,308.88	18100	45.01%
Benefits Advice only (BECs)	Reduce	£832,413.44	7000	6.84%
Benefits Advice plus additional claim support	Reduce	£1,691,922.50	3500	13.90%
CO Monitors	No change	£366,000.00	24400	3.01%
Enabling Works	Reduce (no Yr1)	£192,000.00		1.58%
Servicing	No change	£480,000.00	4800	3.94%
Community energy efficiency events (Energy efficiency)	Increase	£706,519.00	8000	5.80%
Community energy efficiency events (CO awareness)	Increase	£166,632.00	8000	1.37%
Training and upskilling in energy awareness and CO (Community Coordinators)	No change	£ 139,455.77	1280	1.15%
R&R (Repair)	Increase	£ 54,000.00	90	4.39%
R&R (Replacement)	Increase	£480,000.00	150	
Management (total to include R&R oversight)		£659,668.00		5.42%
Comms		£53,000.00		
Evaluation		£90,000.00		
TOTAL		£ 12,174,860.28		

Revision of KPIs (December 2025) from previous revision dated May 2025

As we continue to refine delivery on the programme, we have undertaken a reprofiling of targets to ensure resources are directed where there has been demonstrably the greatest need and where we know we can have the greatest impact. This has meant reducing some strands of delivery, principally due to the later sign off of the measures strand of delivery, which had a net consequence for servicing and enabling works, and increasing focus on 121 advice delivery where we have seen demand continue to grow as the programme has evolved.

Although we will monitor delivery closely month on month, we anticipate the net effect of the changes outlined below is that we will see a significant uplift in the total reach of the programme, going from over 30,000 to closer to 35,000 people reached by programme end. This revised profile aligns more closely with emerging needs, insights from our partners and internal monitoring and health sector partner priorities.

These amendments allow us to better align resource allocation with need, maintaining both flexibility and impact, while mitigating against the risk of detriment to vulnerable residents. We will continue to track monthly delivery across all strands of the programme and engage swiftly on any emerging risks to delivery.

Below is a summary table of the changes made

		Revised PEA KPI	Budget
Establishment (pre delivery)	No change		
Triage	No change	24000	£722,941
Energy Case work	Increase	20250	£6,131,285
Benefits Advice only (BECs)	Reduce	6000	£713,407
Benefits Advice plus additional claim support	No change	3500	£1,691,923
CO Monitors	Decrease	12000	£180,000
Enabling Works	Decrease	N/A	£49,500
Servicing	Decrease	1200	£120,000
Community energy efficiency events (Energy efficiency)	Increase	10500	£927,306
Community energy efficiency events (CO awareness)	Increase	10500	£218,705
Training and upskilling in energy awareness and CO	Increase	1900	£207,005
R&R (Repair & Replacement)	Decrease	£350,000	£350,000
Management	No change		
Comms	No change		
Evaluation	No change		

Project Partners and Third Parties Involved

Details of Project Partners or third-party involvement.

This project will involve the coordination of several actors, as follows:

An **appointed service provider** – National Energy Action – who will provide a central point of contact and a simple route into networked energy-related advice and support for health partners.

Specialist energy advisors will be co-located with appropriate local health body, for example, with a health and well-being board, local authority public health team, NHS authority where possible/appropriate.

A **network of advice support** will be provided via energy and benefits case workers and community coordinators.

Engagement with Public Health, and Integrated Care Boards (ICBs) in England, and Regional Health Boards in Scotland and Wales will be in place from the outset to engage frontline **health professionals** with the service and drive referrals.

Local energy advice services will be engaged to help and support with delivery via existing networks with training and oversight from NEA.

Community coordinators will be established and will work closely with partners to increase awareness, trust, and engagement with the service. Community coordinators will also establish relationships with adult social care services to provide help to those at greatest risk, with severe health conditions who will require ongoing support through the service to enable them to fully benefit from the provision. This will also be supported by an enabling works fund.

Delivery partners for physical works will be put in place, either as an extension of current activities or via procurement exercises, in order to deliver physical interventions. They will be suitably qualified and able to provide:

- Appliance servicing
- CO alarm installation

<p>Potential for New Learning</p>	<p><i>Details of what the GDN(s) expect to learn and how the learning will be disseminated.</i></p> <p>An in-depth social evaluation, gathering quantitative and qualitative data will document the lived experience and real-world impacts of support. It will examine energy vulnerability and health outcomes of engaging with the service. It will do so, by seeking to:</p> <ul style="list-style-type: none"> • Understand the impact of improved energy efficiency and healthier living conditions on the physical and mental well-being of individuals, specifically those living in or deemed at risk of fuel poverty. • Consider any potential reduction in hospital admissions or GP visits due to respiratory illnesses, and other health issues associated with fuel poverty. <p>It will be critical to embed the evaluation of health impacts throughout the delivery of the programme. A key element of the development of the wider project, involves establishing a framework for understanding how we can measure health impacts effectively and meaningfully.</p> <p>To do this, the following is proposed:</p> <ul style="list-style-type: none"> • An evidence-review of existing health impact assessments to determine range of measures and applicability of these examples to the current programme. • Extensive consultation with key stakeholders with expertise in the area to understand success factors and challenges in measuring health outcomes and impacts. • Social evaluation methods that enable the programme to track self-reported health. • Exploration of accessibility of health data at local and national levels in relation to project delivery. • Tracking health outcomes not just in terms of impacts on individuals supported, but also in terms of policy, for example in terms of the impact on strategic and regulatory processes (e.g., Health and Wellbeing Strategies). <p>Whilst limited information is currently available related to Social Return on Investment (SROI) for health interventions, this project would aim to develop greater knowledge and metrics associated with improvements to health for future projects. Detail of this is included in the next section.</p> <p>It is also expected that knowledge sharing would be undertaken via:</p> <ul style="list-style-type: none"> ○ GDN showcase events. ○ NEA cascade conference and business support groups. ○ Review and sharing with partners and interested parties.
<p>Scale of VCMA Project and SROI calculations, including NPV</p>	<p><i>The Funding Licensee(s) should justify the scale of the VCMA Project – including the scale of the investment relative to its potential benefits. As part of this, it should provide the SROI calculation, including NPV. Note: The value in numbers of the SROI and NPV must be provided, rather than confirmation of positive impact.</i></p> <p>In order to understand the potential benefits from the project, it was considered appropriate to use of the recently developed GDN SROI model. This was undertaken by the model developers independently of the GDNs. Their statement regarding the SROI process and evaluation is included below, along with their specific calculation summary. Additionally, whilst comparable projects are difficult to find, the development of this project has involved exploration of other recent health and energy projects to help compare results from Siro and outcomes achieved by others.</p> <p>The statement from Sirio below describes the process adopted, unquantified benefits likely to be achieved and their predicted SROI:</p> <p><i>Building on the delivery of the industry-wide framework, Sirio was recently commissioned by the Gas Distribution Networks NGN, Cadent, SGN and WWU to conduct an independent evaluation of the expected social impact of the NEA National Health Programme.</i></p> <p><i>The forward-looking evaluation, based on the new industry-wide framework, was conducted by an expert Sirio team based on information, plans and data provided directly by the GDN's project partner, National Energy Action.</i></p>

The programme was divided into its component activities which were analysed to identify (i) the ways in which these would impact customers (from a financial and wellbeing perspective), public services, the environment and the economy.

Once identified, these benefits were matched with 'proxies' which allow for the monetisation of expected outcomes (e.g. customers' bill savings as a result of adopting behavioural change advice aimed at driving the efficient use of energy).

These proxies were gathered from reputable sources such as government data, academic research and consumer group publications. For each monetised benefit, Sirio defined a set of discount factors (i.e. success, deadweight, drop-off, attribution and optimism bias) in line with the industry-wide framework, which aligns with HMT Green Book and Cabinet Office guidelines on social value measurement.

The discount factors were designed based on a mix of research and data gathered via reputable sources as well as logical assumptions, clearly and transparently stated. Throughout this independent evaluation, Sirio applied strict assumptions to present a highly conservative forecast of the programme's social impact. For example, based on a mix of government data and conservative assumptions, we estimated that the probability of the GDNs avoiding a CO-related death by providing light touch information and advice is 0.00001832% (or 1.8 in 10 million).

Furthermore, Sirio only measures the benefits of activities which could be quantified via robust data from reputable sources. This implied that some highly significant benefits that we expect will result from the National Health Programme are not factored into this assessment's results. Among these unquantified benefits, the most significant are:

- A substantial increase in the wellbeing of the beneficiaries. Research from the NEA on similar programmes (WASH, HIP) indicates that, on average, 34.2% and 35.3% of customers are expected to report improved physical and mental health, respectively. Beyond those involved in the programme, increased wellbeing can also have a significant impact on public health.
- Financial and wellbeing benefits of the NEA advocating on their behalf with suppliers.
- The delayed replacement of faulty appliances due to their increased lifespan due to repair, replacement, and servicing.

Notwithstanding the non-inclusion of these highly significant benefits and a focus on 'higher certainty' outcomes, our independent assessment concludes that the programme will produce significant social value for society and represents value for money from a social cost/benefit perspective.

We estimate that the NEA National Health Programme will generate:

- Based on conservative assumptions, we expect the programme to deliver £32m in net benefit mainly over the next two years (with some benefits extending for the lifetime of measures e.g. 20 years)

Given the highly conservative discount factors and the non-inclusion of additional significant health and wellbeing benefits, we consider these to present a moderate assessment of the programme's impact on customers and communities.

The SROI model prediction calculation summary is shown below:

Activity	Customers reached	Gross Present Value	Cost*	Net Present Value	SROI
Triage (support)	1,200	£33,564.05	£36,643.92	-£3,079.9	-£0.08
Energy case work	18,000	£22,431,500.18	£5,524,236.17	£16,907,264.0	£3.06
CO Monitors	24,400	£816,647.22	£384,387.84	£432,259.4	£1.12
Benefits Advice (BECs)	4,500	£6,885,565.22	£1,060,391.61	£5,825,173.6	£5.49
Benefits Advice (Claim Support)	4,500	£10,758,695.65	£2,155,299.40	£8,603,396.3	£3.99
Servicing (Including Enabling and Ancillary works)	4,800	£2,744,834.93	£908,713.09	£1,836,121.8	£2.02
Community energy efficiency events	6,400	£27,754.68	£560,011.08	-£532,256.4	-£0.95
Community events CO awareness	6,400	£2,385.29	£140,002.24	-£137,617.0	-£0.98
Training and upskilling in energy awareness and CO (Community Coordinators)	640	£1,493,973.77	£140,456.58	£1,353,517.2	£9.64
Triage (no support)	-	-	£662,928.24	-	-
Establishment phase (pre-delivery)	-	-	£60,000.00	-	-
Management and project support	-	-	£569,668.00	-	-
Communications	-	-	£53,000.00	-	-
Evaluation	-	-	£90,000.00	-	-
Programme level totals		£45,194,920.99	£12,345,738.17	£32,849,182.82	£2.66

We forecasted a positive Net SROI of £2.66 and an NPV of £32,849,182.82

An evaluation of the SROI will be undertaken after the first year of this project.

VCMA Project Start and End Date	<p><i>Detail start and end date of the VCMA project and, where relevant, the VCMA project that proceeded this initiative.</i></p> <p>Some activities linked to the development of the WHHF project have already begun as part of the work detailed in this form. It is envisaged that the project will go live in April/May 2024 and run until April/May 2026.</p> <p>A more detailed proposed timeline for the WHHF project is as follows:</p> <ul style="list-style-type: none"> • Evaluate key learning from NEA’s project with Leicester City Council and the Energy System Catapult’s Warmth on Prescription scheme Q3 2023 • Develop governance model- Q4 2023/24 • Develop principles and target areas for Q3/4 2023/24 • Identify and engage delivery partners- Q4 2023/24 • Programme client delivery from Q1 2024/25 • Dynamic evaluation From Q1 2024/25 • Evaluate and refine delivery Model Q1 2024/25 • Interim Review - Q4 2024/25 / Q1 2025/26 • Engagement regarding service provision Post VCMA Q2 2025/26 • PCR period ends Q1 2026/27 • Final evaluation- Q2 2026/27
Geographical Area	<p><i>Details of where the VCMA Project will take place. If the VCMA Project is collaborative, the Funding Licensee area(s) in which the project will take place should be identified.</i></p> <p>Target areas Some mapping work has been undertaken as part of the development and scoping for this form and the stakeholder activity discussed above.</p> <p>All GDNs will provide ongoing support for the identification of target areas, taking guidance from the Core20Plus5 model, as follows:</p> <ul style="list-style-type: none"> • Geographies chosen from within 20% most economically deprived communities in GDN area, • Prioritise areas that are not already ‘saturated’ with advice projects, • Identify areas where there are viable partnership opportunities within health bodies (named/wilful person), • Areas which have other Core20Plus5 characteristics – health inequality, population, demographics.

Internal governance and project management evidence



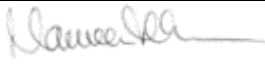

<p><i>Description of GDN(s) review of proposal and project sign off, with details on how the project will be managed</i></p>		
<p>Stage 1: GDN Collaboration Group PEA Review Meeting date review completed: 09/10/2023 Review completed by:</p>		
GDN:	Name:	Job Title:
Cadent	Phil Burrows	Head of Customer Vulnerability
NGN	Laura Ratcliffe	Social Strategy Programme Manager
SGN	Kerry Potter	Group Social Impact and Vulnerability Manager
WWU	Sophie Shorney	Vulnerability & Carbon Monoxide Allowance Manager
<p>Stage 2: GD2CVG Panel Review Meeting date sign off agreed: Review completed by: 10/11/2023</p>		
GDN:	Name:	Job Title:

Cadent	Phil Burrows	Head of Customer Vulnerability
NGN	Laura Ratcliffe	Social Strategy Programme Manager
SGN	Linda Spence	Vulnerability Manager
WWU	Nigel Winnan	Customer and Social Obligations Manager

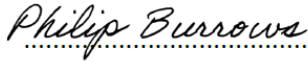



Update May 2025

GDN:	Name:	Job Title:
Cadent	Phil Burrows	Head of Customer Vulnerability
NGN	Laura Ratcliffe	Social Strategy Programme Manager
SGN	Linda Spence	Vulnerability Manager
WWU	Nigel Winnan	Customer and Social Obligations Manager


Step 3: Participating GDN individual signatory sign-off



GDN	Name:	Job Title:	Signature:	Date:
Cadent:	Phil Burrows	Head of Customer Vulnerability		26.03.2024
NGN:	Eileen Brown	Customer Experience Director		08.02.2024
SGN:	Maureen McIntosh	Director of Customer Services		14.02.2024
WWU:	Nigel Winnan	Customer and Social Obligations Manager		27.03.2024

Update May 2025

GDN	Name:	Job Title:	Signature:	Date:
Cadent:	Phil Burrows	Head of Customer Vulnerability		18/06/2025
NGN:	Eileen Brown	Customer Experience Director		16/06/2025
SGN:	Maureen McIntosh	Director of Customer Services		23/06/2025
WWU:	Nigel Winnan	Customer and Social Obligations Manager		16/06/2025

Update December 2025

GDN	Name:	Job Title:	Signature:	Date:
Cadent:	Phil Burrows	Head of Customer Vulnerability		28/01/2026

NGN:	Eileen Brown	Customer Experience Director		19/01/2026
SGN:	Maureen McIntosh	Director of Customer Services		
WWU:	Gwyn Thomas	Communications and Customer Senior Manager	<i>Gwyn Thomas</i>	19/01/2026

Project management:

This project will be managed by NGN and NEA

Step 4: Upload PEA Document to the Website & Notification Email Sent to Ofgem (vcma@ofgem.gov.uk)

Date that PEA Document Uploaded to the Website: Awaiting Ofgem approval

Date that Notification Email Sent to Ofgem: