Better Housing, Better Health

An NEF report for

[Logo: Healthy Homes]

Prepared by: Alexandra Steeland and Chloe Lloyd  Date: 29/03/2017
Edited by: Gabby Mallett  Date: 31/03/2017
Authorised by: Gabby Mallett  Date: 07/04/2017

Date: 24/04/2017
Version: v07
Status: Public
OUR CONTACT DETAILS

This report was prepared by Alexandra Steeland, Senior Project Officer, and Chloe Lloyd, Household and Communities Project Officer.

Main Contact: Alexandra Steeland
Email: alexandra.steeland@nef.org.uk
Tel: 01908 665555
Direct: 01908 354547
Mobile: 07891 841246

Date: 24/04/2017
Version: v07
Status: Public
# CONTENTS

1. INTRODUCTION .................................................................................................................. 4
2. BACKGROUND .................................................................................................................. 4
3. AIMS AND OBJECTIVES ................................................................................................... 5
4. MAKING HOMES WARMER AND HEALTHIER ............................................................. 7
5. BUILDING RELATIONSHIPS WITH HEALTH AND SOCIAL CARE ............................... 18
6. ENERGY ADVICE AND INCOME MAXIMISATION ...................................................... 21
7. OUTREACH EVENTS ........................................................................................................ 24
8. OUTCOMES FOR BENEFICIARIES ................................................................................. 25
9. CONCLUSIONS ................................................................................................................ 29

APPENDIX A: CASE STUDIES – CAPITAL MEASURES ................................................. 31
APPENDIX B: CASE STUDIES – CITIZENS ADVICE SUPPORT ................................. 40
1. INTRODUCTION

Cold homes are estimated to cost the NHS in England £1.36 billion every year in hospital and primary care (Age UK, 2012). The health impacts are wide ranging, spanning from cardiovascular and respiratory illness, to falls, stiff joints and indirect effects on mental health.

In the most extreme cases, cold homes can cost lives. An estimated 43,900 excess winter deaths occurred in England and Wales in the winter of 2014/15 and research by University College London’s Institute of Health Equity has shown that 9,000 of these deaths are due to low indoor temperatures.

This link between cold homes and ill health is receiving increasing attention. The National Institute of Health and Care Excellence (NICE) published guidelines on Excess winter deaths and illness and the health risks associated with cold homes in March 2015, which included recommendations on how health and social care professionals can identify and help vulnerable people whose health is at risk from living in a cold home.

Better Housing, Better Health aimed to contribute towards the local implementation of the NICE guidelines by providing a single-point-of-contact health and housing referral service. The service was provided in partnership with 11 local authorities across Oxfordshire and Buckinghamshire and Oxfordshire Clinical Commissioning Group, with funding from the British Gas Energy Trust. This report presents the results from the project and key lessons learned.

2. BACKGROUND

The National Energy Foundation (NEF) has delivered Affordable Warmth Networks in partnership with local authorities across Oxfordshire and Buckinghamshire for over 15 years. The Networks are mainly funded by the local authorities and aim to reduce the number of people living in fuel poverty and to improve health and wellbeing.

The service brings together a range of partners who come into contact with vulnerable residents, including district councils, county councils, NHS bodies, fire and rescue services, housing associations, Age UK and Citizens Advice. The partnership has been working increasingly closely with local health services in recent years, providing training for frontline health and social care staff and proposing and reporting on fuel poverty targets which have been adopted by the Oxfordshire Health Improvement Board.

The partnership is committed to increasing integration between local health and housing services, seeing such integration as a key means to reduce pressure on health services and to support people to remain in their own homes. However, the Networks lacked the resources to develop and roll out a model to support vulnerable residents and to build strategic relationships with a full range of health services.

Funding from the British Gas Energy Trust provided the necessary resources to develop the model and to trial the roll out, with great results.
3. AIMS AND OBJECTIVES

Better Housing, Better Health aimed to:

1. Make homes warmer and healthier
   Where someone’s health is impacted by living in a cold or damp home, physical improvements to the conditions in the property are likely to make the biggest difference. Improvements not only have the potential to reduce heat loss and therefore keep the home warmer, but also to cut heating costs, making it more affordable for residents to keep their homes at a healthy temperature.

   **Objective 1: Deliver energy efficiency measures totalling £200,000 for 200 residents**

   **NICE Recommendations**
   This objective contributes towards the implementation of:
   - **Recommendation 2:** Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes
   - **Recommendation 3:** Provide tailored solutions via the single-point-of-contact health and housing referral service for people living in cold homes

2. Build relationships with health and social care
   In order to identify the most vulnerable and at risk patients, buy-in from health and social care staff would be crucial. Through building relationships and providing training, health and social care staff can gain the knowledge and confidence to make referrals to health and housing support.

   **Objective 2: Deliver 10 training sessions to engage 150 frontline health and social care staff**

   **NICE Recommendations**
   This objective contributes towards the implementation of:
   - **Recommendation 4:** Identify people at risk of ill health from living in a cold home
   - **Recommendation 5:** Make every contact count by assessing the heating needs of people who use primary health and home care services
   - **Recommendation 8:** Train health and social care practitioners to help people whose homes may be too cold
   - **Recommendation 11:** Raise awareness among practitioners and the public about how to keep warm at home

3. Provide energy advice and assistance with income maximisation
   Personal circumstances, behaviour and low incomes can be just as great a cause of cold homes and fuel poverty as the physical conditions of the property. The project therefore included funding for two Citizens Advice caseworkers to provide assistance with energy saving behaviour, switching energy tariff or supplier, managing fuel debt and accessing relevant benefits.
Objective 3: 500 residents to receive a measureable outcome supported by two Citizens Advice caseworkers

NICE Recommendations

This objective contributes towards the implementation of:

Recommendation 2: Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes

Recommendation 3: Provide tailored solutions via the single-point-of-contact health and housing referral service for people living in cold homes

Recommendation 11: Raise awareness among practitioners and the public about how to keep warm at home

4. Engage residents through outreach events

Talks and outreach events not only provide a platform to offer further energy advice and information, but also to promote the service and identify potential beneficiaries.

Objective 4: Engage 2,000 residents through outreach events

NICE Recommendations

This objective contributes towards the implementation of:

Recommendation 11: Raise awareness among practitioners and the public about how to keep warm at home

Underpinning these objectives was the aim to develop the documentation and processes needed to establish a single-point-of-contact health and housing referral service, with the intention that the project should provide learnings about the process involved, in addition to the potential outcomes for beneficiaries. In terms of the outcome for beneficiaries, the project aimed to demonstrate a reduction in use of health services and an improvement in health and wellbeing.

The sections below set out performance against each of these objectives in turn, with a discussion of key challenges and successes and lessons learned.
4. MAKING HOMES WARMER AND HEALTHIER

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver energy efficiency measures totalling £200,000</td>
<td>£200,000</td>
<td>£222,402.88</td>
</tr>
<tr>
<td>Deliver energy efficiency measures for 200 residents</td>
<td>200</td>
<td>107</td>
</tr>
<tr>
<td>Deliver 10 training sessions for frontline health and social care staff</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Deliver training sessions for 150 frontline health and social care staff</td>
<td>150</td>
<td>241</td>
</tr>
<tr>
<td>Residents supported by Citizens Advice caseworkers</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Engage 2,000 residents through outreach events</td>
<td>2,000</td>
<td>2,985</td>
</tr>
</tbody>
</table>

Developing a single-point-of-contact health and housing referral service

From the outset it was clear that setting up the project was not going to be straightforward. Given that a health and housing referral service is still a fairly novel idea, with few existing examples to learn from, it is perhaps inevitable that the concept will have a different meaning to different people.

Members of the Steering Group had differing views on the eligibility criteria to access support, the types of capital measures to receive funding and the process for making referrals. Some felt that the eligibility should be broad and at the discretion of health professionals, whereas others felt it should be more focussed and targeted. There was discussion around whether fundable measures should be restricted to purely energy efficiency improvements, or if it could be widened to include, for example, water saving measures and damp work. There was also debate about whether referrals should only be accepted from health professionals.

It was agreed that the service would be provided for residents with a cardiovascular disease or a respiratory illness, as Public Health England highlights these conditions as causing most excess winter deaths and illnesses in the Cold Weather Plan. Grants for capital measures would be offered to homeowners and home visits would be offered to homeowners and private tenants. Support from Citizens Advice would be offered to all residents within the project area who were in need of assistance. At the end of the project, partners were in agreement that the eligibility criteria had worked well and successfully targeted those most in need.

It was also agreed that damp work would be funded in addition to energy efficiency improvements, given the impact mould and damp can have on health and wellbeing, and that referrals would be allowed from health and social care professionals who have access to verified health information about the resident, rather than just GPs or those with full access to medical records, in order to improve referral rates.

The original planned objective, to install energy efficiency measures for 200 residents, was based on the assumption that the average grant would be £1,000, but it became clear from the very first referrals that many residents were going to need substantial improvements. Therefore the decision was taken to allow up to the maximum grant of £2,500 for all eligible residents. Although allowing a
The maximum grant of £2,500 for all residents was likely to reduce the overall number of residents receiving capital measures, the priority was viewed to be making the biggest possible difference for each individual resident rather than making a smaller difference for a larger number of people.

The agreed grant process is set out in Figure 1 below.

**Figure 1 – Better Housing, Better Health grant process**

A key learning from the project is that it takes a significant amount of time to design and set up a health and housing referral service, and allowance for this should be built into any future funding programmes. NEF was in the very fortunate position of being able to allocate additional resources at the early stages to ensure that the project got off to a flying start.

A second learning worthy of noting here is that the timing of the commencement of the project in December 2015 impacted on the evaluation of the project, as the majority of referrals to the scheme were received in spring 2016, preventing baseline data being collected during winter 2015/16. This should be avoided wherever possible so that clear before and after data can be included in the evaluation.

**Referrals from health and social care professionals**

Table 1 below shows the number of referrals received by local authority area during the project. In total 155 referrals were received. 66% of these were identified through NEF’s existing Affordable Warmth Helpline (“AWN”) and 34% were identified externally by health and social care professionals who proactively referred clients to the scheme (“External”).

Over the lifetime of the project, the proportion of “External” referrals increased from just 21% during the first quarter to 34% during the third quarter, demonstrating how growing awareness and the roll out of training sessions supported an increase in proactive referrals from health and social care professionals.
141 (91%) of the referrals were for homeowners who were eligible for a grant and a free survey from their local authority, seven (5%) were for private tenants who were eligible for a free survey and seven (5%) were for social tenants who were eligible for assistance from the Citizens Advice caseworkers.

Table 1 – Number of referrals received

<table>
<thead>
<tr>
<th>Area</th>
<th>AWN</th>
<th>External</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aylesbury Vale</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Chiltern</td>
<td>16</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>South Bucks</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Wycombe</td>
<td>14</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td><strong>Buckinghamshire Total</strong></td>
<td><strong>42</strong></td>
<td><strong>19</strong></td>
<td><strong>61</strong></td>
</tr>
<tr>
<td>Cherwell</td>
<td>17</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Oxford City</td>
<td>7</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>14</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>12</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>10</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>Oxfordshire Total</strong></td>
<td><strong>60</strong></td>
<td><strong>34</strong></td>
<td><strong>94</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102</strong></td>
<td><strong>53</strong></td>
<td><strong>155</strong></td>
</tr>
</tbody>
</table>

The target groups chosen for the project were over 65s, people with a respiratory illness or cardiovascular disease, families with children under five and people living in areas of deprivation. Out of the 155 referrals, 116 (75%) were over 65, 13 (8%) had children under five and 19 (12%) were in the top 30% most deprived Lower Super Output Areas according to the Index of Multiple Deprivation.

All had a cardiovascular disease and/or a respiratory illness. 42 (27%) had COPD, 34 (22%) had asthma and 20 (13%) had ischaemic heart disease (these numbers may have been higher if the person making the referral had worded the condition differently in the referral form).

The scheme clearly most successfully reached over 65s with a respiratory illness or cardiovascular disease. Although targeted marketing, outreach activities and training sessions succeeded in doubling the proportion of referrals for families with children under five and in areas of deprivation after the first quarter, these groups remained harder to reach.

This is thought to be due to the older demographic of residents who typically contact the Affordable Warmth Network and who come into regular contact with the types of health and social care professional engaged through the project. In addition, the most deprived Lower Super Output Areas tended to comprise predominantly social housing. As the most attractive element of the service was the capital funding, which was only available for homeowners, this reduced the incentive to refer social tenants. This demonstrates the importance of carefully selecting target groups from the outset and considering any implications the chosen eligibility criteria may have on the ability to reach those groups.

Further details about referrals from health and social care professionals are included in Section 5.
Local authority homes visits

A key step in the process was home visits delivered by the nine partner district councils. The purpose of the visits was to identify measures to receive grant funding, provide advice on behaviour change and identify other support or funding that the resident needed or might benefit from. The visits were usually carried out in the form of a Housing Health and Safety Rating System (HHSRS) inspection, which allowed us to calculate the value of measures installed in terms of health cost savings using the Housing Health Cost Calculator (HHCC).

In total, 118 home visits were completed. The visits proved to be a very valuable part of the process, helping to build trust with the residents and providing the opportunity for them to talk to someone face-to-face about the problems they were experiencing with their health and housing conditions.

82% of the council staff who delivered home visits stated that they felt the home visits offered benefits to the resident beyond simply identifying measures to receive grant funding, and many referred residents to other services that could support them, such as Multi-agency Groups.

However, resourcing for the home visits was a challenge for some local authorities. Not all Environmental Health departments were able to offer HHSRS inspections, so some surveys were completed by other council staff, such as Energy Officers. Some local authorities were also only able to offer a limited number of home visits, or only for homeowners.

This created a disparate approach across the project area. Not only were different types of council staff completing the visits and in different ways, but also the level of energy knowledge varied significantly between individuals, meaning the quality and usefulness of the information reported to the Better Housing, Better Health team also varied. For example, Figure 2 above illustrates the dissimilar approach to providing advice on behaviour change, with 18% providing behavioural advice during all visits and 9% providing behavioural advice during none of the visits.

Although 100% of the district councils fed back that overall they were satisfied with the process for the home visits, 55% said that...
they experienced challenges while delivering the inspections and 64% suggested improvements that could be made to the process.

Changes to be made to the process for home visits were one of the key learnings for the project. Given the number and different types of council staff involved, it would have been very worthwhile to bring everyone together for a training session at the start of the project to ensure everyone was on the same page about the priorities for the visits and the key information and support to be provided. This would also provide the opportunity to review and improve the inspection form and to ensure the form is as concise and easy to use as possible.

Capital improvements

By far the most complex aspect of the project was delivering the capital improvements. The capital grants, unsurprisingly, proved to be the most attractive element of the scheme and generated the majority of the referrals. Demand was so high that all funding for capital improvements was committed by 14 April 2016 (just four months into the project), when a waiting list for funding had to be started. The need to administer a waiting list further complicated the process, as a system had to be put in place to prioritise those on the waiting list, and unused or cancelled funding from each resident had to be closely monitored in order to identify when enough funding had been released to allow a grant to be offered to another resident.

Due to the need and demand for funding for capital improvements, the British Gas Energy Trust awarded £22,660 in additional capital funding in July 2016, bringing the total budget for capital measures to £222,660. By the end of the project, £222,402.88 had been paid for installations for 107 residents, leaving just £257.12 unspent. The average grant was £2,080. The types of measures funded are set out in Table 2 and illustrated in the photos on page 15 below.

As anticipated, the decision to allow up to the maximum grant of £2,500 for all eligible residents reduced the overall number of residents receiving capital measures. Instead of the original target of 200, 107 residents received capital improvements. This is believed to have been the right approach in order to make the biggest possible difference for each individual resident. At the end of the project, there remained eight people on the waiting list for capital funding, demonstrating the need and demand for such support. It is hoped that future funding will be secured to assist these residents.
Table 2 – Measures funded

<table>
<thead>
<tr>
<th>Measure</th>
<th>No. residents receiving measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heating controls</td>
<td>39</td>
</tr>
<tr>
<td>Replacement mains gas boiler</td>
<td>33</td>
</tr>
<tr>
<td>Double glazing (including repairs)</td>
<td>29</td>
</tr>
<tr>
<td>Extractor fan / ventilation system</td>
<td>16</td>
</tr>
<tr>
<td>Energy efficient external door</td>
<td>15</td>
</tr>
<tr>
<td>Damp work / mould cleaning</td>
<td>11</td>
</tr>
<tr>
<td>Fan-assisted replacement storage heaters</td>
<td>8</td>
</tr>
<tr>
<td>Loft insulation top up</td>
<td>7</td>
</tr>
<tr>
<td>New radiator</td>
<td>7</td>
</tr>
<tr>
<td>Draught proofing</td>
<td>6</td>
</tr>
<tr>
<td>Replacement LPG boiler</td>
<td>6</td>
</tr>
<tr>
<td>LED light bulbs</td>
<td>5</td>
</tr>
<tr>
<td>Radiator foil</td>
<td>5</td>
</tr>
<tr>
<td>Radiator replacement</td>
<td>5</td>
</tr>
<tr>
<td>External wall insulation</td>
<td>3</td>
</tr>
<tr>
<td>Full central heating system</td>
<td>3</td>
</tr>
<tr>
<td>Cavity wall insulation</td>
<td>2</td>
</tr>
<tr>
<td>Door repair</td>
<td>2</td>
</tr>
<tr>
<td>Heating system service / repair</td>
<td>2</td>
</tr>
<tr>
<td>Replacement gas fire</td>
<td>2</td>
</tr>
<tr>
<td>Replacement oil boiler</td>
<td>2</td>
</tr>
<tr>
<td>Under floor insulation</td>
<td>2</td>
</tr>
<tr>
<td>Ceiling insulation</td>
<td>1</td>
</tr>
<tr>
<td>Gas fire service / repair</td>
<td>1</td>
</tr>
<tr>
<td>Hot water tank insulation top up</td>
<td>1</td>
</tr>
<tr>
<td>New mains gas boiler (fuel switch)</td>
<td>1</td>
</tr>
<tr>
<td>Primary pipe insulation</td>
<td>1</td>
</tr>
<tr>
<td>Replacement warm air system</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>216</strong></td>
</tr>
</tbody>
</table>
Figure 4 – Example condemned boiler
Photo taken during local authority BHBH survey

Figure 5 – Example window disrepair
Photo taken during local authority BHBH survey

Figure 6 – Damp wall under bay window
Photo taken during local authority BHBH survey

Figure 7 – Damp ceiling over stairwell
Photo taken during local authority BHBH survey

Figure 8 – Example draughty door
Photo taken during local authority BHBH survey
Boilers and heating controls were the most common measures to receive funding (see example condemned boiler requiring replacement in Figure 4 above). Double glazing and replacement external doors were also common – this was often where the existing glazing or door was single glazed, had a broken seal, didn’t close properly or had been damaged in some way (see the window in Figure 5 above and the door in Figure 8 which had a hole where there was previously a cat flap) – as well as ventilation and other solutions to damp and mould problems (see Figures 6 and 7 above). Several significant measures were funded too, including external wall insulation for two park homes and three full central heating systems where residents had no central heating previously.

The list of measures that could be recommended by the local authorities to receive funding was kept deliberately broad to allow flexibility to meet the needs of different residents. However, some measures were disproportionately costly and are likely to involve longer payback periods than other measures. Despite the local authorities recommending repairs and draught proofing instead of replacement windows where possible, it is felt that more formal restrictions on measures such as double glazing would help to manage residents’ expectations and provide stronger grounds on which to prioritise other measures for funding in the future. Further analysis of the choice of measures to receive funding can be found in Section 8 below.

The maximum grant of £2,500 proved to be an appropriate level of funding, as it was sufficient to fund the measures required in almost all cases, including larger measures such as new boilers. However, in cases requiring substantial improvements, a significant amount of time was spent identifying and coordinating top up funding. Coordinating multiple funding sources was at times complicated and time consuming, as many grants had different eligibility criteria, timescales and processes.

**Top up funding**

In total, £64,200 of additional funding was levered into the project on top of the £222,660 provided by the British Gas Energy Trust. This amounted to 29p in additional funding for capital measures for every £1 in capital funding provided by the British Gas Energy Trust. £36,700 of this additional funding came from the partner local authorities, £19,800 came from Green Deal Communities (The Department of Business, Energy and Industrial Strategy), £6,400 came from ECO and £1,300 came from other small grants.

The greatest amount of funding received by any individual resident was £9,750, which included £2,500 from Better Housing, Better Health, £5,000 from the local authority’s Essential Repairs Grant, £1,500 from the local authority’s Winter Warmth Grant and £750 from the Foundations Independent Living Trust (see the case study of Mrs S from Oxford City in Appendix A below).
The level of ECO funding levered into the project was much lower than originally anticipated. This is because ECO funding has essentially only been available for virgin loft insulation, cavity wall insulation and replacement boilers. No resident referred to Better Housing, Better Health had a completely uninsulated loft space, and only three residents had uninsulated cavity walls, which reflects how a lot of basic energy efficiency improvements have already been undertaken.

Although a referral mechanism was set up with British Gas to access HHCRO funding for boiler replacements, the referral process was very lengthy and many residents who we believed met the HHCRO criteria ended up being cancelled by British Gas. Overall, 55% of referrals were cancelled before the initial survey by British Gas, with the most common reason being that the boiler or property was deemed to be unsuitable. Just two residents received ECO for a boiler.

**Coordination of installations**

Coordination of installations was more challenging and time consuming than anticipated. At the start of the project, grant recipients were given the option to find an installer to quote for the work themselves or for NEF to contact installers to get quotes on their behalf. As many as 75% opted for NEF to contact installers on their behalf. This was often because the customer was elderly and/or in need of extra support.

This aspect of the project proved so time consuming that the approach was later changed to start from the assumption that the resident would obtain their own quotes and only if it was clear that they needed extra support would NEF assist with getting quotes. This change in tack successfully reduced the proportion of residents NEF was to obtain quotes for from 75% to 60%. Although there may be scope to reduce this proportion further, assistance with obtaining quotes was essential for some residents and it is clear that some installations simply would not have gone ahead without this support due to residents lacking the capacity or confidence to contact installers themselves.

A lot of chasing was required to get quotes, invoices and other payment documents from installers. This chasing, along with other communications, for example, to revise the VAT rate to the 5% rate charged for energy-saving products and to negotiate the price, was particularly time consuming.

> "Was very pleased with the way the grant was paid direct to the contractor so I didn’t have to deal with it.”

Grant recipient

Obtaining quotes for small measures, such as installing LEDs, draught proofing and radiator foil, was particularly challenging, a solution to which could be to install small measures as part of the home visits. Further complications arose from one installer going into administration part way through the project, which required 10 residents to obtain new quotes and two outstanding payments to be coordinated with the appointed insolvency practitioners.
These issues were compounded by the fact that 77 different installers completed work funded by the project. This meant that the funding, invoicing and payment process had to be explained 77 times. Installers struggled most with the invoicing process, which required them to send a number of additional documents to verify that the grant was ready to be paid. These documents included a customer satisfaction form, contract, invoice and evidence of Building Regulations compliance or membership of a Competent Person Scheme where necessary. As a lot of the companies chosen by residents were very small or sole traders, they tended to have more informal practices of verbal quotes and no written contracts, meaning they found the grant process laborious and sometimes confusing.

Over 20% of installs missed their deadline for submitting documentation for payment, despite two months being allowed between a grant offer and the deadline for providing these documents. One installer was so unresponsive that they missed the final invoicing deadline and were not paid for the work that was completed, despite being contacted by phone, email and post and offered two deadline extensions. Some of these late payments could have been prevented by being stricter on the timescales from the outset and restricting the number of times a resident could change their mind about measures to be installed or the contractor to be used.

Further complications also arose from the need to have freeholder consent where a grant was offered to a leaseholder. In a number of cases, lack of cooperation from the freeholder prevented measures being installed altogether. In one case, a freeholder explicitly blocked the installation of fully ECO funded cavity wall insulation in a property with uninsulated cavities. Even in cases where the freeholder agreed to measures being installed, some tried to charge an administration fee for providing their written consent and further time had to be spent negotiating a waiver of the fee.

A key learning from the project would therefore be to be sure about exactly what paperwork is required from the outset in order to minimise unnecessary administration both for installers and for the grant manager, in terms of checking and chasing documentation. A number of residents have also fed back that they would have found it helpful for NEF to provide a list of approved installers that they could choose from. Although this would involve a not insignificant amount of work to select installers, this may be a worthwhile investment of resources to smooth the process and reduce the work involved further down the line.

Communication with residents

Challenges also arose from communications with residents themselves. Unanticipated issues included residents going in and out of hospital on a regular basis and being almost impossible to contact for months at a time. This is perhaps an unavoidable consequence of focusing the eligibility criteria on certain health conditions. As a further demonstration of the challenges of...
focusing on particularly vulnerable and unwell residents, four (3%) residents referred to the scheme passed away during the project, and at least one moved to a care home.

In addition, some residents had no access to a telephone, meaning processes had to be redesigned to be completed by post instead, requiring the production of bespoke documentation. There were also two residents who could not read or write and therefore needed a lot of additional support from Citizens Advice or family members to understand and complete the necessary paperwork.

Many of the project beneficiaries were elderly (75% were over 65) and needed more general support with the process too, and in these cases the project allowed for an advocate (often a family member, but in some cases a close friend or neighbour) to be nominated to be the point of contact. This approach worked well, and some suggested it would be worthwhile to allow advocates to sign contracts, agreements and satisfaction forms on behalf of the resident too, although the contractual implications of this would need to be investigated before adopting this practice.

Feedback from residents has indicated that the single-point-of-contact worked well and helped to build trust. Many commented that they liked to know the person they were talking to on the other end of the phone, and having one staff member as the telephone contact also meant that the person they spoke to was aware of all previous conversations and could therefore provide a better service for the resident. There was also evidence that informing residents of the name of the person from the council or Citizens Advice who would be in touch with them when a referral was made helped to build trust and made it more likely that they would remember what the call was about when they were contacted by one of the project partners. Although effort was made to update residents on progress on a regular basis, a number of residents commented that more communication would have been helpful, suggesting more time should be allowed for making courtesy calls.
5. BUILDING RELATIONSHIPS WITH HEALTH AND SOCIAL CARE

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver energy efficiency measures totalling £200,000</td>
<td>£200,000</td>
<td>£222,402.88</td>
</tr>
<tr>
<td>Deliver energy efficiency measures for 200 residents</td>
<td>200</td>
<td>107</td>
</tr>
<tr>
<td>Deliver 10 training sessions for frontline health and social care staff</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Deliver training sessions for 150 frontline health and social care staff</td>
<td>150</td>
<td>241</td>
</tr>
<tr>
<td>Residents supported by Citizens Advice caseworkers</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Engage 2,000 residents through outreach events</td>
<td>2,000</td>
<td>2,985</td>
</tr>
</tbody>
</table>

A crucial part of Better Housing, Better Health involved engaging local health and social care professionals to raise awareness about how to identify those at risk from the health impacts of cold homes and to encourage referrals to scheme. This was especially important as many professionals often visit patients within their own home, so would be able to assess the condition and temperature of the property.

Building relationships

Health links in Oxfordshire were already well established through having the Clinical Commissioning Group (CCG) and the County Council’s Public Health representatives on the Steering Group for the project. This meant that contacts for relevant teams in Oxfordshire were easily accessible and the partners were able to provide support in distributing publicity, for example through arranging emails to be sent to all GP practices.

In contrast, links with professionals in Buckinghamshire were much less established. This often meant that trying to arrange training sessions within the county was more difficult due to being passed between different contacts within an organisation and having to use an element of trial and error to find the most relevant person to speak with. These challenges were reflected in the lower rate of referrals in Buckinghamshire (40% of total referrals) compared to Oxfordshire (60% of total referrals).

Making referrals

While establishing the referral mechanism we discovered various requirements and processes that needed to be fulfilled for different NHS bodies. For example, the referral form had to be approved by Oxfordshire CCG’s Clinical Ratification Group and the CCG also had to check NEF’s email security to allow referrals to be made. We found that different CCGs have different ways of working, so while, for instance, we could attend locality team meetings for GPs in one area, another area did not allow any external people to attend their meetings.

Once the referral mechanism was up and running, some health professionals were reluctant to make referrals, particularly GPs who often said they did not have time. One GP in Buckinghamshire even suggested that we needed to discuss the project with the local medical committees who manage GP
contracts, as they saw it as non-NHS work falling outside of their contract. The project found that health and social care professionals who more frequently visited clients within their homes, such as community nurses, tended to respond much more positively to the project, and a key learning was that perhaps focusing on these types of professionals may have been more beneficial in generating external referrals.

In some cases, residents were charged for the completion of referral forms. In cases where this happened in Oxfordshire, the CCG assisted with contacting relevant GP practices to explain that the CCG was part of the project and clients should not be charged, but this issue was more difficult to remedy in Buckinghamshire. In total £96 was paid by five residents for referrals to Better Housing, Better Health.

**Training delivery**

In addition to raising awareness through emails and phone calls to key contacts, a series of training sessions were delivered to engage relevant teams. It was decided that rather than organise standalone sessions where there would be the potential for low attendance, the training would be incorporated into pre-organised team meetings, making it as convenient as possible for health and social care professionals to hear about the scheme. Focusing on shorter sessions enabled a larger number of sessions to be delivered overall – instead of the original target to deliver 10 sessions to engage 150 people, we delivered 20 sessions engaging 241 people.

Although this worked well, as it only required a small amount of staff time, it was sometimes time consuming contacting team leads individually to arrange the sessions. Despite this, incorporation into meetings usually meant that attendance was fairly high and all attendees were encouraged to spread the word to those who were unable to make the session. Overall, 16 referrals were received as a direct result of the training sessions.

A learning from this part of the project was that it may be worth using a video or online training in addition to physical training sessions. This would have resulted in even more flexibility for staff who were unable to attend sessions and may have encouraged a larger number of external referrals to the scheme.

**Feedback on the scheme**

At the end of the project a short feedback survey was sent to the health and social care professionals who made referrals to the scheme. The response rate for referred clients was 93%

"I found the whole process a good one and much easier than I had expected, referral process was quick and easy and when I left messages for BHBH I was always called back quickly."

Health professional
this survey was very low, with just four people responding, which is disappointing but perhaps unsurprising given the demands on their time.

“I was really pleased with how the referral was dealt with and managed. The client was not always able to provide all the info that was needed, but BHBH worked with key people in client’s life when this was needed.”

Health professional

The key results were that 75% of respondents stated that the outcome for their client exceeded or greatly exceeded their expectations and 75% were satisfied or very satisfied with the process involved. 100% said they would recommend Better Housing, Better Health to other health or social care professionals who have clients with a health condition which may be impacted by living in a cold or damp home, although all respondents also said it was too soon to tell if the outcome had improved their client’s health or wellbeing or that they had not been in contact with the client to assess any improvements.
6. ENERGY ADVICE AND INCOME MAXIMISATION

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver energy efficiency measures totalling £200,000</td>
<td>£200,000</td>
<td>£222,402.88</td>
</tr>
<tr>
<td>Deliver energy efficiency measures for 200 residents</td>
<td>200</td>
<td>107</td>
</tr>
<tr>
<td>Deliver 10 training sessions for frontline health and social care staff</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Deliver training sessions for 150 frontline health and social care staff</td>
<td>150</td>
<td>241</td>
</tr>
<tr>
<td>Residents supported by Citizens Advice caseworkers</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Engage 2,000 residents through outreach events</td>
<td>2,000</td>
<td>2,985</td>
</tr>
</tbody>
</table>

The physical conditions of the property are not always the only reason that a householder finds themselves at risk from the health impacts of a cold home. A vital part of the project included funding for Citizens Advice caseworkers to provide energy advice, assisting with switching energy tariff or supplier, fuel debt mediation and benefits assessments. With one caseworker covering Buckinghamshire and two sharing the role in Oxfordshire, a named contact could be given to residents which proved valuable in reassuring that the support on offer was genuine.

Referrals to caseworkers

At the start of the project, delivery against the targets for support from Citizens Advice was lagging behind compared to some other targets. This was largely because there was a delay in the recruitment process in Oxfordshire due to two initial failed recruitment rounds.

In order to boost referral numbers from Better Housing, Better Health, the decision was taken to make the Citizens Advice support an ‘opt out’ option for all Affordable Warmth callers, rather than ‘opt in’. This meant that all residents that contacted the helpline were told that as part of the service they would be referred to their local Citizens Advice caseworker for further financial and energy saving support. Only in circumstances where the resident explicitly refused would they not be referred. This approach worked well, and saw an increase in referrals across both counties. In total 295 referrals were made from NEF to the Citizens Advice caseworkers, with the remaining clients identified internally within Citizens Advice, through outreach events or referrals from other external organisations, such as Prevention Matters and the Fire & Rescue Service.

51% of referrals made to the caseworkers were for residents over the age of 65 – an older age profile than usually seeks assistance from Citizens Advice, as they tend to be harder to reach and less likely to visit a Citizens Advice office. This was a very positive learning from the project and demonstrates the importance of networks of organisations collaborating to support vulnerable residents. The age profile of the referrals to Citizens Advice reflects the age profile of referrals to Better Housing, Better Health, for which 75% were over the age of 65.
Home visits

A further important aspect enabled by the project was the provision of home visits, which Citizens Advice does not usually have the resources to routinely offer. Home visits allowed support to be provided for harder to reach groups and also meant that elderly individuals felt more comfortable opening up about financial issues with a specialist advisor in a familiar environment.

Being a project primarily focused around health and fuel poverty, residents with high levels of vulnerabilities were to be expected. However, the caseworkers noted that the health aspect in particular led to more clients with mental health issues (e.g. anxiety) being referred, often requiring multiple home visits. In particular, the Buckinghamshire caseworker reported that approximately 50% of those visited received at least two visits, with some needing more than five. With local centres across both counties not being able to offer these visits, caseworkers were often having to travel long distances to reach clients.

Benefits assessments

Benefits assessments were arguably the most successful aspect of the support provided by Citizens Advice and in some cases even opened up further means tested grant funding for capital improvements. By the end of the project, 366 benefit checks were completed leading to £469,039 in confirmed additional benefits income for beneficiaries across both counties. There is still benefits income yet to be confirmed, and this is estimated to be at around £529,869, which would mean a total of £998,908 gained in additional benefits income if all outstanding applications are successful.

Some of the outcomes for individual residents were truly life changing, with one beneficiary assisted to successfully apply for benefits totalling £16,000 per year (see Case Study 7 in Appendix B below). This aspect of the project clearly paid for itself, with £12 gained in additional benefits income for every £1 spent on the Citizens Advice support.

A key learning from this part of the project was that benefits applications are very time consuming and that one year is not long enough for this type of work. On average, benefit applications were taking approximately ten weeks and clearing debt even longer, at between six and nine months. Even at the end of the project, some of the more complex cases are still not complete.
Energy advice and assistance with fuel bills

Additional income was also gained through caseworkers providing energy saving advice and assessing whether residents were currently on the best energy tariff. In total, 229 people benefitted from energy saving advice and 131 were able to switch or get a better deal from their supplier. However, with a number of common myths associated with switching supplier, it was sometimes challenging trying to encourage residents of the benefits, with older residents in particular reluctant to switch. In addition, helping residents to switch proved to be very time consuming, often with waiting times of over 15 minutes when contacting suppliers by phone and calls lasting as long as two hours.

Many were also unaware as to whether they were listed on their supplier’s Priority Services Register (PSR). The high levels of vulnerable residents referred has meant that caseworkers have supported many in ensuring they are listed on their supplier’s PSR, making it even easier for them to interact with their energy supplier in the future.

A large proportion of the residents referred to the caseworkers received multiple outcomes, saving money on their energy bills through advice or switching as well as increasing their income through a benefits assessment.
7. OUTREACH EVENTS

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver energy efficiency measures totalling £200,000</td>
<td>£200,000</td>
<td>£222,402.88</td>
</tr>
<tr>
<td>Deliver energy efficiency measures for 200 residents</td>
<td>200</td>
<td>107</td>
</tr>
<tr>
<td>Deliver 10 training sessions for frontline health and social care staff</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Deliver training sessions for 150 frontline health and social care staff</td>
<td>150</td>
<td>241</td>
</tr>
<tr>
<td>Residents supported by Citizens Advice caseworkers</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Engage 2,000 residents through outreach event</td>
<td>2,000</td>
<td>2,985</td>
</tr>
</tbody>
</table>

2,985 residents engaged through outreach events

Outreach events were delivered through the Affordable Warmth Network to support Better Housing, Better Health by providing further advice for residents and to generate referrals. Over the project, 91 outreach events were completed engaging a total of 2,985 residents around ways to keep warm and well and providing literature that promoted Better Housing, Better Health.

The majority of the outreach events were very successful. Events were complimented by the use of the Better Housing, Better Health banner, leaflets aimed at the general public and branded thermometer cards that further emphasised the importance of ensuring a household temperature of between 18 and 21 degrees.
8. OUTCOMES FOR BENEFICIARIES

Health and wellbeing survey results

A health and wellbeing survey was completed for grant customers before and after capital improvements were installed. The survey was developed in collaboration with partners from Public Health and Oxfordshire Clinical Commissioning Group and was largely based on questions from the Healthy Homes Health Survey provided by the British Gas Energy Trust. Questions and wording were also taken from validated survey questions from the PROMIS (Patient Reported Outcome Measurement Information System) global health survey, which helped to ensure that results are comparable with other studies.

In total 107 ‘before’ surveys were completed. The results demonstrated that our eligibility criteria successfully targeted people who were very heavy users of health services. 90% of people surveyed had at least one GP appointment and/or one hospital appointment in the last three months, 11% had over 10 visits to the GP, practice nurse or hospital in the last three months, and a further 22% had been to A&E at least once. 25% of referrals suffered from both a respiratory illness and a cardiovascular disease, and 24% of respondents reported that they also suffer from anxiety and/or depression. Therefore a significant number of residents suffered from a comorbidity. The number of residents suffering from anxiety and/or depression is also likely to be higher than reported, as 36% chose not to respond to the relevant survey question.

84 ‘after’ surveys were completed for residents who had a grant for capital improvements, representing a 79% response rate. 71% of respondents reported an improvement in at least one health or wellbeing measure three months after having improvements made to their home, and 69% reported a reduction in use of at least one health service.

The most common improvement compared to responses in the ‘before’ survey was in residents’ quality of life, followed by general health and frequency of visits to the GP for a fixed appointment.

Overall the results are relatively inconclusive on the basis of answers to each individual survey question. This perhaps reflects the disparate nature of the health conditions of different residents, the issues in their property and the improvements made, as well as the interplay of various factors outside of the control of the project. The value of the results is also limited by the fact that the project only lasted for a calendar year. The evaluation would have been more valuable if the project had been confirmed in time for baseline data to be collected during winter 2015/16 and lasted long enough for the ‘after’ surveys to be completed one year on, rather than just three months after the install.

“Last year I had to sit wrapped in blankets to keep warm as I was unable to get upstairs to put the heating on. This funding really helped to bridge a gap and helped at least to keep the house reliably warm which is crucial for my condition. We are extremely grateful for the help we have received.”

Grant recipient
Given that many of the ‘after’ evaluation surveys were carried out before the 2016/17 heating season had got fully underway, a further follow up health and wellbeing survey was completed with residents who had responded to the ‘after’ evaluation survey in 2016. 23 responses to the survey were obtained. The results showed that 75% of these residents had improved in at least one health or wellbeing measure, up from 67% in the initial ‘after’ evaluation survey, and 67% reported a reduction in use of at least one health service, up from 58%. This implies an upward trend in improvements in health and wellbeing.

We found that the impact appeared to be particularly great where we were able to lever in additional funding and provided extra support for particularly vulnerable residents. This is well illustrated by the case study of Mr N in Appendix A who was bereaved and had lost hope, and needed a lot of extra support to complete the paperwork.

This resident was helped to secure £1,000 from his local authority, in addition to £2,500 directly from Better Housing, Better Health, and with help from our Citizens Advice caseworkers, he was also awarded Pension Credit, which enabled him to access a further grant of £3,000.

Comments in his feedback survey demonstrate how schemes like this not only have physical health benefits but also mental health benefits. His comments included: “I feel a sense of ecstatic joy to be helped by people who have given me back my hope.” Similar mental health benefits are reflected in the quote from another of the case studies opposite. These mental health benefits were unanticipated, but are also difficult to quantify.

**Savings to the NHS and society**

As explained in Section 4 above, most home visits took the form of a Housing Health and Safety Rating System (HHSRS) inspection, which allowed us, in the majority of cases, to calculate the value of measures installed in terms of health cost savings using the Housing Health Cost Calculator (HHCC). The HHCC uses data from the English Housing Survey on statistical risks of incidents and health impacts in the home, combined with data from the NHS on treatment costs to estimate the savings to the NHS and society from mitigating or significantly reducing housing hazards.

These savings were calculated for 65 (61%) of the completed installs and the results showed that the installs will save the NHS £65,601 per year (£1,009 per property per year on average), with wider savings to society of £163,987.50 per year (£2,523 per property per year on average). These results imply that the installs for the total 107 residents who received grant funding for capital improvements could save the NHS £107,989 per year, with wider savings to society of £269,961 per year.
The average grant was £2,080, meaning the ‘payback’ for the NHS savings is just two years and the investments pay for themselves in under a year if the wider savings to society are taken into account.

An analysis of health conditions, ages, measures installed and the estimated savings for each property shows that the largest savings appear to correspond with replacing broken boilers or installing a central heating system where there was previously no central heating. This is to be expected, as these properties are most likely to have had a Category 1 hazard for excess cold under the HHSRS before the measures were installed.

However, the approach for calculating the savings has varied greatly between local authorities and the HHCC estimated very different levels of savings for similar interventions in different cases. This further reinforces that it would have been worthwhile to bring the local authorities together for a training session at the start of the project to ensure everyone was on the same page about the approach for the home visits and for using the HHCC.

It also suggests that further guidance on use of the HHCC would be beneficial. It is particularly felt that the HHCC in its current form underestimates the health impacts of alleviating severe damp and mould. It is worth noting that some of the local authorities’ recommendations would have had a limited impact on HHSRS ratings (and therefore savings calculated using the HHCC) where the recommendations were made primarily on the basis of improving energy efficiency and affordable warmth, rather than on tackling specific HHSRS hazards.

Feedback on the scheme

Overall, feedback on the scheme from residents was very positive. 94% were happy or very happy with the completed installation and no respondents reported that they were unhappy with the capital work. 95% would recommend Better Housing, Better Health to other people with a health condition which may be impacted by living in a cold or damp home.

The proportion of residents who were satisfied with the improvements made to their home in terms of the impact on their health, warmth and thermal comfort, and energy savings is shown in Figures 14, 15 and 16 below. These results suggest that the biggest impact was seen in terms of improvements to warmth and thermal comfort, followed by health, and lastly energy savings.

These results somewhat mirror the results from the health and wellbeing survey, which showed that improvements in ‘quality of life’ were most common of all reported improvements in health and wellbeing. The fact that the lowest impact was seen in terms of energy savings is unsurprising, given that a significant number of residents were underheating their homes or had broken heating systems when the referral was made, and so interventions to improve their health would be expected to increase rather than cut their energy bills. In addition, work carried out to tackle damp and mould is likely to have had little or no impact on fuel use.
The project aimed to learn as much about the process of operating a health and housing referral scheme as about the types of interventions that are likely to be successful. In terms of the process, 67% were very satisfied, 22% satisfied, 7% neither satisfied nor dissatisfied and 2% dissatisfied. The reasons highlighted by those that were dissatisfied were, firstly, in a case where the form from the local authority home visit was misplaced, resulting in a two month delay in agreeing the measures to be funded through the scheme, and, secondly, in a case where a resident struggled to find an installer who was willing to accept the grant as payment. This highlights the importance of open communication both between the project partners and the single-point-of-contact and the resident, and also relates to the same suggestion highlighted in Section 4 above about providing a list of installers for residents.

The outcomes for beneficiaries and some individuals stories are further illustrated by the case studies in Appendix A and B below, and in the following video: https://youtu.be/gTpitJYiso8
9. CONCLUSIONS

Better Housing, Better Health made a positive difference to the health and wellbeing of hundreds of residents. In some cases this difference was truly life changing, as illustrated by the case studies in Appendix A and B. There was evidence of mental health benefits in addition to physical health benefits, and the combination of income maximisation support alongside capital improvements ensured that the biggest and most sustainable difference could be made for residents. The fact that the scheme was meeting or exceeding almost all targets very early on clearly demonstrates the need and demand for support in this area.

The evaluation of the project suggests that the difference made will lead to substantial savings to the NHS and society, further supporting the rationale for the NHS to look at patients’ health holistically and to consider options for prevention and social prescribing in addition to conventional clinical interventions. The project funding allowed time to be invested in establishing critical relationships with health and social care personnel at a variety of levels and from a range of different service areas. This relationship building simply would not have been possible but for this project and provides a solid foundation from which to build provision for tackling the health impacts of cold homes and fuel poverty in the future.

In addition to learning about the outcomes that can be achieved, the project also demonstrated how a large scale health and housing referral scheme can operate in practice. While there are some improvements that could be made to the process, for instance in terms of assisting residents to find installers and to clarify the approach for the local authority home visits, the overwhelming majority of residents, local authorities and health and social care professionals were very satisfied with the process and provided positive feedback on the scheme.

The single-point-of-contact was key to this success, as the contact, usually a single named member of staff, was able to build relationships and trust with residents and health and social care professionals. Buy in from the local authorities was also critical, as the home visits were central to the process, the coordination of top up funding greatly increased the support that could be offered, and the assistance with promoting and advising on the scheme enhanced the roll out and impact of the project. However, the process was more resource intensive than anticipated, largely due to the very vulnerable nature of the residents referred to the scheme. It is believed that many installations would simply not have taken place without the additional hand holding provided.

The conclusions and learnings that can be drawn are ultimately limited by the time and resource constraints set by the project. Central to this was the fact that funding was only available for one calendar year and the timing of the commencement of the project in December 2015 meant that the majority of referrals were received in spring 2016, preventing baseline data being collected during winter 2015/16. It is recommended that future programmes seeking to investigate interventions aimed at tackling the health impacts of cold homes and fuel poverty consider a longer funding period that allows the evaluation to be completed a year after the intervention has been completed. This would enable a more useful and valid comparison to be made.
Tools to robustly quantify health and wellbeing outcomes are still lacking. Further and deeper collaboration with health services will not only allow the benefits of tackling the health impacts of cold homes to be further tested and thereby better understood, but will also provide the potential to analyse the quantitative benefits in more detail, if results reported from beneficiaries can be combined with data directly from the health service.

**Next steps for Better Housing, Better Health**

While Better Housing, Better Health has undoubtedly made great progress in forging relationships with the health service and raising the profile of social prescribing and tackling the health impacts of cold homes, the future of the service is uncertain. Referrals will continue to be accepted from health and social care professionals, but without the resources to provide the level of support that the project demonstrated is needed and a clear offer to encourage referrals to be made, it is expected that limited support will be able to be offered and incoming referrals will be relatively low.

Opportunities for continuation funding are actively being pursued, but it is currently a particularly challenging environment to secure funding for such a service, even if the case can be made on an invest-to-save basis to the NHS. This is especially true for funding for capital improvements. Although the health impacts of cold homes are receiving increasing attention and recognition by the health service, not least through the publication of the NICE guidelines, cold homes are still not a priority for a service which is coming under increasing pressure to make savings and where social prescribing and ill health prevention has yet to become embedded within organisational culture.
APPENDIX A: CASE STUDIES – CAPITAL MEASURES

The eight case studies below illustrate just some of the outcomes for beneficiaries who received funding for capital measures.
Mrs K, Cherwell

Mrs K is 69 and suffers from a cardiovascular disease. Her ageing heating system was assessed as causing a danger to her health and draughty doors and windows with rotten wooden frames were doing little to keep out the cold weather, making her house freezing cold.

Mrs K was referred to Better Housing, Better Health by her GP. She was awarded £2,500 from the scheme and assisted to secure an extra £5,000 in grant funding from her local authority. Together these enabled her to replace her hazardous heating system and most draughty doors and windows, along with installing an extractor fan to help to reduce mould growth in her bathroom.

The house can now be kept much warmer, thanks to doors and windows that shut properly, and Mrs K can rest happy that her heating system is no longer a risk to her health.

“I feel much warmer and happy to have a heating system that works and is safe”
Mr M, Cherwell

Mr M is 68 and suffers with reoccurring chest problems and has recently had a heart attack and pneumonia. The house was damp and mould was present in a number of rooms, which were adding to chest complications for both Mr M and his son. A local health professional informed Mr M of Better Housing, Better Health and that he may be eligible for support to help tackle the damp problems within his house.

Mr M was referred to Better Housing, Better Health by his GP. He was awarded £1,352.88 from the scheme which enabled the installation of a whole house ventilation unit and extractor fan in the bathroom.

Since the improvements were made, Mr M has not suffered a return of any serious chest complaints. The home feels warmer, more comfortable and is now mould free. Mr M not only feels better physically, but also mentally and is now able to walk further and enjoy life more.

“My home feels warm and comfortable and is now mould free. I feel happier in myself and able to walk further and enjoy life more.”

“Myself and my family can’t thank Better Housing, Better Health enough and hope many more people get the opportunity to have the help we have had.”
Mr N, High Wycombe

When his wife developed Alzheimer’s at just 42 years old, Mr N stopped working to look after her and their eight-year-old daughter full time. After five years of day and night nursing he collapsed with a stroke and was left paralysed down his left side. His wife died two years later.

With little income and poor mobility, Mr N was unable to look after the house and it soon started to fall apart. First the boiler broke, then the doors and windows rotted away so that it was so cold in the winter that he had to huddle in an artic jacket and blankets to keep warm. He lost all hope and felt very alone.

Mr N’s social worker referred him to Better Housing, Better Health, worried about his high risk of cold-related illnesses and concerned that the conditions in his home may cause his health to deteriorate further.

Mr N was helped to secure £1,000 from his local authority, in addition to £2,500 directly from Better Housing, Better Health, to replace his rotten doors and windows. With support from the scheme’s Citizens Advice caseworker, Mr N was awarded Pension Credit, which enabled him to access a further grant of £3,000 for a new boiler.

For the first time in many years, Mr N can properly heat his home and be free from the wintry gales which put his health and wellbeing on the line.

“I stare at the windows and doors with a smile on my face and I feel a sense of ecstatic joy to be helped by people who have given me back my hope”
Mr R, Vale of White Horse

Mr R is 68 and suffers from ischaemic heart disease. His old metal framed single glazed windows were draughty and allowed heat to easily escape from the house, making it freezing cold in winter. After suffering a heart attack, keeping warm became an even greater concern, so Mr R sought help from the National Energy Foundation’s Affordable Warmth Network.

He was helped to get a £2,250 Green Deal Communities grant, in addition to a £2,250 grant from Better Housing, Better Health, following a referral being made by his GP. This funding enabled all of his windows to be replaced with modern UPVC double glazing.

The new windows have made an incredible difference. There are now no draughts and the house will be able to be kept much warmer. Mr R noticed a lack of condensation immediately, which will prevent the growth of black mould that had previously exacerbated his respiratory condition. The new windows are also much easier to open to allow better ventilation, and Mr R now benefits from reduced noise and no more farm dust blowing in through his old defective windows.

“My improved health on a daily basis has already given me reason to feel I may enjoy a far better winter”
Mrs S, South Oxfordshire

Mrs S is 93 and suffers from congestive cardiac failure. She lives in a bungalow which was heated by an old, unreliable oil fired boiler, despite having a mains gas connection. She had limited controls for her heating and had to get out of bed in the cold every morning to manually turn on the boiler to warm up the house.

Mrs S was referred to Better Housing, Better Health by her GP. She was awarded £2,500 from the scheme and helped to secure an extra £1,000 in grant funding from her local authority. Together these enabled her to replace her oil boiler with a mains gas boiler with good heating controls.

The bungalow is now much warmer, especially in the bathroom and the toilet where there was previously no heating whatsoever. Mrs S’s daughter has been able to set the new thermostat so the heating comes on automatically in the morning, when the house gets too cold and in the afternoon when Mrs S arrives back from the day centre.

The new heating system should be cheaper to run than the old oil system, and Mrs S and her daughter now have no need to worry about her being left with no heating without warning.

“It's taken the worry out of when the old boiler will stop working and all the problems that will have caused, and I know mum is now always warm, which will keep her healthier and happier.

“Thank you so much for making this possible. We are both so grateful – there was no way mum could have afforded the work without Better Housing, Better Health.”

Mrs S's daughter
Mrs S, Oxford City

Mrs S is 85 years old and suffers from both COPD and ischaemic heart disease. She had no central heating, and single glazed windows meant that any heat from her few wall-mounted gas heaters quickly escaped from the house. She contacted the National Energy Foundation’s Affordable Warmth Helpline looking for help with keeping warm.

Mrs S was referred to Better Housing, Better Health by her GP. She was awarded £2,500 directly from the scheme and assisted to secure an extra £6,500 in grant funding from her local authority and £750 from Foundations Independent Living Trust. This combined funding enabled a central heating system to be installed and for all her single glazed windows to be replaced with double glazing.

Thanks to the central heating and double glazing, Mrs S no longer lives in a freezing cold home and has already noticed that it is much warmer and more comfortable. Mrs S is delighted with the improvements and never expected to be eligible for the support she received.

“Phoning you was the best thing I did. My improvements are a godsend. Very comfortable and happy. I never thought I could be so lucky.”
Mr T, South Oxfordshire

Mr T is 78 and suffers with advanced COPD. He lived in a park home with no insulation, so was extremely cold during the winter. Mr T was desperately seeking grant funding to help with the cost of insulating his home, and was put in contact with the National Energy Foundation’s Affordable Warmth Helpline by Age Concern.

Mr T was referred to Better Housing, Better Health by his GP and was awarded £2,500 from the scheme. This funding, along with a customer contribution, allowed external wall insulation to be installed.

The work was completed in just three and a half days and is already making the home a lot warmer. Mr T has noticed the biggest impact on his health from the improvements during cold spells and is confident that his energy bills will also be reduced thanks to greater heat retention provided by the insulation.

“I can’t give enough praise for the help given by Better Housing, Better Health. My home is now a lot warmer.”
Mrs T, Vale of White Horse

Mrs T is 79 and suffers from cardiac failure. She lived in a park home which was freezing cold in the winter due to a lack of insulation. She had been desperately searching for grant funding for external wall insulation to make her home warmer for nearly a year when she contacted the National Energy Foundation’s Affordable Warmth Helpline and was advised that she was eligible for support from Better Housing, Better Health.

Mrs T was referred to Better Housing, Better Health by her GP. She was awarded £2,500 from the scheme and helped to secure an extra £1,000 in grant funding from her local authority. This funding, along with a modest customer contribution, enabled the installation of four inches of external wall insulation.

The insulation made an immediate and noticeable difference. Mrs T finds that the house feels cooler in summer and warmer in winter. After spending such a long time searching for the help she needed, Mrs T is delighted to have a warm and cosy home ready for winter.

“It’s been an excellent improvement – the house feels cooler in summer and warmer in winter”
APPENDIX B: CASE STUDIES – CITIZENS ADVICE SUPPORT

The eight case studies below illustrate just some of the outcomes for beneficiaries who received support from the Citizens Advice caseworkers.
Case Study 1 - Chiltern Citizens Advice

The resident was of pensionable age and living alone in a mobile home. She suffered with chronic kidney disease, resulting in an underactive thyroid, reduced energy levels and was at high risk of falls. Her home was cold and damp and her hot water cylinder was broken.

She was referred to the Citizens Advice caseworker by the National Energy Foundation’s Affordable Warmth Network for a benefits check, as her income stream was limited and she was relying only on a small pension.

Benefits check

The resident was already in receipt of the State Pension, a small occupational pension and a 25% single person reduction in her Council Tax. During the consultation, it became apparent that the client would be entitled to a number of benefits as a result of her income level and difficulties undertaking personal tasks due to her health condition.

The resident was supported to successfully apply for Attendance Allowance at £55.10 per week, but her Pension Credit application was initially declined. It took some time for the Pension Credit claim to be resolved due to internal procedural problems at DWP, requiring intervention from the caseworker.

Five months after her initial appointment, the resident was awarded Pension Credit Savings and Guarantee elements, both of which were backdated. As a result of receiving the Pension Credit Guarantee element she was also awarded full Council Tax Reduction.

Overall, the caseworker helped to increase the resident’s ongoing weekly income by 45% to £325.14 per week (resulting in £5,259.80 additional income per year). Furthermore, the resident also received significant credits of £636.64.
Case Study 2 - Chiltern Citizens Advice

This elderly gentleman was living in fuel poverty with his wife in a council property. He was referred to Citizens Advice with a view to switching energy supplier. He had previously been in contact with an advisor regarding issues relating to debt and benefits and as part of these discussions it was decided that he would benefit from energy advice.

Energy bills

The resident was on a duel fuel standard variable tariff with British Gas with no exit fee and did not currently have any fuel debts. He decided that he did not want to have a paperless account or pay by direct debit. Using a price comparison site, the client was shown the potential savings he could make if he switched supplier. It was decided that the client would like to switch to a fixed tariff and was confident that he would be able to do this himself.

Due to his low income, the resident would also be entitled to £140 credit to his electricity bill through the Warm Home Discount and was completely unaware of this. Although the application deadline had passed, the client is now informed of when this is likely to reopen and the process for making an application.

Outcome

By switching supplier the client was able to make potential savings of £248.10 per year. The client should also qualify for the Warm Home Discount on the broader group criteria when the registers re-open, which would provide a further £140 credit to his electricity bill.
Case Study 3 - Chiltern Citizens Advice

The client’s husband made a self-referral on behalf of his wife, and was looking for assistance with making an Attendance Allowance claim. As the client was unable to get out of the house, a home visit was arranged.

The client had difficulty dressing and moving around and the husband was her main carer. The property was owned outright with no mortgage or home improvement loans. The total monthly income was around £3,300, including £100 per week of State Pension. They had substantial savings and no service charge or ground rent was payable.

Benefits check

The client was assisted with filling out the Attendance Allowance form and was awarded the higher rate of Attendance Allowance at £82.30 per week and received arrears of £329.20.

Energy bills

The client was interested to know about savings that could be made by switching tariff or supplier and had switched from British Gas to First Utility in the past. The client had dual fuel with First Utility and paid by direct debit with an internet managed account.

The client was talked through the Citizens Advice comparison tool and the difference between fixed and variable tariffs. The only tariff that the client and her husband were interested in was the EDF Blue + Price Promise 2017, which could potentially save them £170.67 per annum less the exit fee of £60. The client was left to think about it
Case Study 4 - Chiltern Citizens Advice

The client suffers from high blood pressure, is hard of hearing and has polymyalgia, which cripples her and makes personal tasks difficult. Her husband has had a heart bypass and suffers from emphysema.

Benefits check

In view of the client’s health condition, she was assisted in making applications for Attendance Allowance and was awarded the higher rate of £82.30 per week. In addition, both residents were awarded Carer’s Allowance, which although would not result in any money being paid due to the overlapping benefit rules, enabled them to include two carer premiums and two severe disability premiums in their application for Pension Credit. From May 2016, the client was awarded Guarantee and Savings Pension Credit of £46.35 per week. This then entitled them to full Council Tax Reduction of £1,585.72 per year and they also received a credit note for £308.

Energy bills

The resident was currently on a dual fuel fixed term one year contract with E.ON. A price comparison was undertaken and she was most interested in switching to Sainsbury’s Energy fixed price tariff, which could save them £203.61 per year. She was made aware of the Priority Services Register and the fact that if the application for Pension Credit was successful, she would automatically be entitled to the Warm Home Discount.

Outcome

Overall, the client’s income was increased by £128.65 per week. She also received a Better Housing, Better Health grant for a new boiler and was assisted with successfully applying for a Blue Badge.
Case Study 5 – Chiltern Citizens Advice

The client lives with his wife who has no source of income. He suffers with a back problem, angina and arthritis, and has had several operations on his shoulder and neck. A referral was made from the National Energy Foundation’s Affordable Warmth Network for a benefits and fuel check.

Benefits check

The resident was already in receipt of income related Employment Support Allowance and Personal Independent Payment (PIP) at the enhanced rate for both mobility and daily living. Their two sons and daughter in law also lived with them, one working full time, one claiming Jobseeker’s Allowance and the daughter in law receiving Carer’s Allowance for looking after the client. Other than this, the client had no other savings and did not pay Council Tax. His wife was also in the process of appealing a PIP claim.

The client’s wife was told that her PIP appeal was successful and was awarded the enhanced rate of mobility and standard rate for care. While the client was informed that this would enabled him to take advantage of an additional carer premium of £34.60 per week, he chose to allow his son to claim the Carer’s Allowance so that he could move from Jobseeker’s Allowance to Income Support.

Energy bills

The client was on a dual fuel tariff from Southern Electric and was paying £73 per month for electricity and £126 for gas. They were on the standard tariff with no exit fee and did not have economy 7. The resident was on the Priority Services Register and had already applied for the Warm Home Discount and was expecting to receive this.

A potential saving of £765.10 per year through switching supplier was identified. The client opted to undertake the switch himself. An additional saving of £140 was expected from the Warm Home Discount.
Case Study 6 - Chiltern Citizens Advice

The client is in her eighties and lives with her husband, who is in his nineties, in their own house. Her husband suffers from Alzheimer’s and a heart condition, and the client has a serious lung condition.

She was referred by the National Energy Foundation’s Affordable Warmth Network for energy and benefits advice. At the time of the referral they were not claiming any benefits and were struggling to live on their state retirement pensions and the husband’s small work pension.

The Citizens Advice caseworker made several home visits and assisted them both with successful claims for Attendance Allowance. They were also helped to get a reduction in their Council Tax, due to the husband’s severe mental impairment, and assisted to apply for council tax benefit. As a result, their income was increased by a total of over £9,000, £7,000 of which will be ongoing annually.

The Citizens Advice caseworker also did a full energy price comparison for them, and helped them to save £417 on their annual fuel bills by switching. They were also assisted with applying for a grant for a new boiler and double glazing.
Case Study 7 - Oxford Citizens Advice

Mr D is 73 and lives with his wife in their own home. Mr D has a kidney problem and attends dialysis clinic three times per week. He has had a heart bypass and has very poor eyesight, with vision in only one eye, and impaired hearing. His wife, aged 83, suffers from arthritis, rheumatism, poor eyesight and had a stroke in 2015. She is in need of constant care.

The couple had very high heating bills and were paying an interest only mortgage when they were referred to Citizens Advice. They were on a very limited income and in receipt of Pension Credit (savings element only), some Council Tax Reduction and Attendance Allowance for Mr D’s wife. They had applied to British Gas, who supply their gas and electricity, for help and possibly a new boiler, but were told that they did not qualify as they were not in receipt of Guaranteed Pension Credit.

Energy bills

Mr D’s gas and electricity was supplied by British Gas. An energy comparison was carried out using Energylinx, which quoted potential savings of £330.44 per year by switching supplier. Mr D followed this advice and is very happy with the service of his new supplier.

Benefits check

Mr D was assisted to apply for Carer’s Allowance for caring for his wife, giving him an extra £36.55 premium on his Pension Credit and putting him into the guaranteed credit element. This then automatically gave him full Council Tax Reduction of £28 per week.

He was also helped to apply for Attendance Allowance for himself. The application was initially turned down, but assistance was provided to apply for mandatory reconsideration, which resulted in a change in the decision and an award of £82.33 per week (the higher rate). The Attendance Allowance award then entitled him to two Severe Disability Premiums totalling £123.70.
Finally, as Mr D was then in receipt of Attendance Allowance in his own right, his wife was also able to apply for Carer’s Allowance, as she also assists him, leading to another Carer’s premium on the Pension Credit of **£36.55**. Assistance has been provided with this application and they are awaiting the outcome, but it is expected to be granted, as Mr D fulfils the criteria.

Overall, the Citizens Advice caseworkers were able to increase Mr and Mrs D’s benefits by **£307.13** per week (£16,000 per year).

**Capital measures**

Mr D also received a Better Housing, Better Health grant to replace his 17 year old inefficient boiler, which is also expected to reduce his heating costs and help him and his wife stay warm and well.
Case Study 8 - Oxford Citizens Advice

Mrs A lives alone in her own house. She is 69 with physical and mental health problems. She suffers from cardiovascular disease and problems with mobility. Her partner died in 2007 when her mental health started deteriorating. She is getting daily help from her son and daughter who live close to her, is paying them for their assistance and is struggling financially. Her total income is £230 a week from her state pension. Over the course of two home visits we assisted with the following issues.

Energy bills

Mrs A had a duel fuel deal with E-on and payments were made through monthly direct debit. We received her annual consumption figures from E-on and agreed we would check online comparison sites to see whether she could get a better deal.

We visited Mrs A again with all the information and found out she could save £179.30 per year by switching supplier. We contacted the new supplier and helped her switch and put her on the Priority Register service.

Benefits check

As Mrs A has care needs and health issues we offered to help her to apply for Attendance Allowance (AA). This was initially turned down so we appealed with the support of a letter from Mrs A’s GP. The appeal was successful and Mrs A has now started receiving AA £82.30 per week. The additional income gives her greater financial resilience and the ability to buy in more help to remain in her own home.

We also secured her Winter Fuel Payment of £200, 25% reduction on Council Tax for single occupancy and Council Tax Support.
Other help

We have linked Mrs A in with local services provided by Oxfordshire Mind who can offer her five sessions with them to help her to deal with her health issues. She has had a grant from BHBH for installation of thermostatic radiator valves, an additional radiator and some remedial damp works. We are also investigating Disabled Facilities Grant to help Mrs A with a level access shower.

Summary of outcomes

Mrs A has additional income of just over £4,000 a year, a better deal from her energy supplier, and assistance with measures in her home. Her mental health is improving as a result of us linking her in with support services from Oxfordshire Mind. She is very appreciative of the support she has received from the project.