

# Health-related fuel poverty schemes in Scotland

January 2017



Shelter  
Scotland

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## About the Authors

### Shelter Scotland:

Shelter Scotland helps over half a million people every year struggling with bad housing or homelessness through our advice, support and legal services. And we campaign to make sure that, one day, no one will have to turn to us for help.

We're here so no one has to fight bad housing or homelessness on their own.

### Energy Action Scotland:

Energy Action Scotland is the national charity which campaigns to end fuel poverty and work to promote warm, dry homes for all.

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Many thanks to Juliette Burroughs at National Energy Action for sharing advice and information from NEA's experiences in producing their survey.

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## Introduction

The health effects of fuel poverty, and living in a cold and damp home are well documented<sup>1</sup>. Cold homes are linked to cardiovascular, respiratory and mental health problems, and children in cold homes are twice as likely to suffer respiratory problems<sup>2</sup>. In addition, living in a cold home can increase the incidence of common colds and flu, and exacerbate conditions such as arthritis and rheumatism, and in its most extreme form, cold homes can account for some of the 2,850 Excess Winter Deaths (EWD) in Scotland last year<sup>3</sup>.

Because of this, there have been many efforts to engage the health sector in tackling the plight of cold homes and assist the 748,000 households who live in fuel poverty in Scotland<sup>4</sup>. Some schemes of assistance are available for households with certain health conditions, others seek referrals from health practitioners to identify people in need of support, and efforts are being made to add to the existing bank of knowledge on the health impacts of assistance, particularly that which includes the installation of a physical energy efficiency measure (e.g. insulation) in the home. In addition, two major fuel poverty reports published last year by the Scottish Fuel Poverty Strategic Working Group<sup>5</sup> and the Scottish Rural Fuel Poverty Task Force<sup>6</sup>, both recommended greater partnership working with the health sector to tackle fuel poverty and guidance to directors of public health issued by the Scottish Public Health Network also focused on the role of the health sector<sup>7</sup>.

In September 2016, Shelter Scotland and Energy Action Scotland partnered to create a catalogue of health-related fuel poverty schemes. This was based on a similar project in England, when in December 2014, the former Department of Energy and Climate Change commissioned National Energy Action (NEA) to carry out an online survey to catalogue local schemes that were targeting individuals with health problems for energy efficiency measures and other fuel poverty interventions<sup>8</sup>. Acknowledging the potential benefit of this catalogue, and the lack of a similar document cataloguing schemes north of the border, Shelter Scotland and Energy Action Scotland set out to create a Scottish version.

The survey was launched in October 2016 and disseminated to stakeholders through Energy Action Scotland and Shelter Scotland contacts and through other stakeholder networks. The survey closed in mid-November. Thirty-one responses were recorded, of which 25 are included in

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<sup>1</sup> For example, Arnot J. (2016) Fuel Poverty: Overview, [http://www.scotphn.net/wp-content/uploads/2016/11/2016\\_10\\_31-Fuel-Poverty-JA-Lit-review.pdf](http://www.scotphn.net/wp-content/uploads/2016/11/2016_10_31-Fuel-Poverty-JA-Lit-review.pdf); NICE, (2015) Excess winter deaths and morbidity and the health risks associated with cold homes. [www.nice.org.uk/guidance/ng6/resources/excess-winter-deaths-and-morbidity-and-the-health-risks-associated-with-cold-homes-51043484869](http://www.nice.org.uk/guidance/ng6/resources/excess-winter-deaths-and-morbidity-and-the-health-risks-associated-with-cold-homes-51043484869); Marmot Review Team. (2011) The Health Impacts of Cold Homes and Fuel Poverty. London: Friends of the Earth England, Wales and Northern Ireland, [www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty-full-report.pdf](http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty-full-report.pdf)

<sup>2</sup> UK Health Prevention First Forum, 2014, Fuel Poverty: How to improve health and wellbeing through action on affordable warmth, <http://www.ukhealthforum.org.uk/prevention/fuel-poverty/?entryid43=34642>

<sup>3</sup> National Records of Scotland, Winter Mortality in Scotland 2015/16 <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/winter-mortality> and, for example, Arnot J. (2016) Fuel Poverty: Overview, [http://www.scotphn.net/wp-content/uploads/2016/11/2016\\_10\\_31-Fuel-Poverty-JA-Lit-review.pdf](http://www.scotphn.net/wp-content/uploads/2016/11/2016_10_31-Fuel-Poverty-JA-Lit-review.pdf)

<sup>4</sup> Scottish Government, Scottish House Condition Survey 2015, <http://www.gov.scot/Publications/2016/12/1539>

<sup>5</sup> Scottish Fuel Poverty Strategic Working Group (2016), A Scotland without fuel poverty is a fairer Scotland: Four steps to achieving sustainable, affordable and attainable warmth and energy use for all, <http://www.gov.scot/Publications/2016/10/2273>

<sup>6</sup> Scottish Rural Fuel Poverty Task Force (2016), An Action Plan to Deliver Affordable Warmth in Rural Scotland, <http://www.gov.scot/Publications/2016/10/2017>

<sup>7</sup> ScotPHN (2016) Addressing Fuel Poverty, Guidance for Directors of Public Health on taking action in support of: A Scotland without fuel poverty is a fairer Scotland: Four steps to achieving sustainable, affordable and attainable warmth and energy use for all (Report of the Scottish Fuel Poverty Strategic Working Group to the Cabinet Secretary for Communities, Social Security and Equalities, October 2016) [http://www.scotphn.net/wp-content/uploads/2016/11/2016\\_11\\_02-Addressing-Fuel-Poverty-DPH-Guidance-Final-1.pdf](http://www.scotphn.net/wp-content/uploads/2016/11/2016_11_02-Addressing-Fuel-Poverty-DPH-Guidance-Final-1.pdf)

<sup>8</sup> Available at <https://www.gov.uk/government/publications/catalogue-of-health-related-fuel-poverty-schemes>

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the main catalogue, and 6 are included in the appendix where no health-related component could be identified.

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## About this catalogue

The survey collected data on 5 distinct areas, as well as basic information regarding the scheme (name, lead organisation, estimated target reach, area covered).

1. Services provided: What the scheme provides for example energy efficiency measures, advice, referrals to other services, or anything else.
2. Household profile: Does the scheme target specific health conditions?
3. Health sector involvement: How many health professionals had made referrals into the scheme, and how; how specific conditions were targeted (e.g. through referrals or data sharing); whether the scheme received any funding from the health sector, and any other involvement.
4. Data sharing: Is data shared and if so what data, between who, and how; and have schemes had any difficulty in sharing data?
5. Challenges and successes: What have the key successes and challenges of the scheme been?
6. Evaluation: Is the scheme evaluated, and is this evaluation published? Does the scheme report on and monitor specific outcomes including those related to health conditions and wider health sector savings such as days spent in hospital?

There was also an opportunity for respondents to provide any other information they felt relevant.

Information has been presented as provided by the respondent, aside from minor edits and changing it from first person to third person plural. No verification of any information has taken place although clarification was sought from respondents on some points.

Schemes were included in the main part of the catalogue if they had a specific health element, such as targeting specific health conditions, had involvement from the health sector, had healthcare professionals making referrals to the scheme, or had funding from health. The survey captured some fuel poverty schemes without a specific health element. These are listed in appendix 2.

Certain schemes were then identified to take part in a follow up interview with the aim of gathering some more in-depth information to supplement the information provided in the survey responses. Schemes were selected if they had indicated they were willing to take part in a follow up discussion, **and** if they had any funding from the health sector, had strong working relationships with health practitioners, high numbers of health referrals, or had conducted or planned to conduct in-depth evaluation of the health benefits to their beneficiaries. Of the 8 schemes identified, 5 were willing and able to do interviews in the agreed timescale. Interviews took around 30 minutes by telephone and were semi-structured. A submission from Home Energy Scotland on their work across Scotland was also presented in a follow up interview format. Information gathered from case studies was again presented as provided by the respondent, and interviewees were given the opportunity to approve the information before it was published.

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## Affordable Warmth for Argyll

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**Lead organisation:** ALIEnergy

**Geographic scope:** Local authority area

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

**Website:**

<http://www.alienergy.org.uk/affordable-warmth/>

**Scheme start date:** June 2013

**Locality:** Mostly rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** 40-59%

### Services provided

✓	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Email form
	Online referral portal
	Other

**Method used to identify and target households with health conditions:**

No specific method is used

**Any other involvement from the health sector?** As members of Argyll and Bute Advice Network, their regional online confidential referral service, the health sector is actively encouraged to cross-refer clients via this trusted conduit.

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## Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Partner organisations receive consented confidential contact details of vulnerable clients.
- The scheme uses a data sharing protocol/agreement and household consent to share data.
- No data sharing difficulties were highlighted.

## Challenges and successes

**Challenges to implementing scheme:** Encouraging health professionals to sign up to Argyll and Bute Advice Network has been challenging.

**Key successes of scheme and reasons behind them:** Excellent management of Argyll and Bute Advice Network by colleagues has ensured that the scheme complies with all guidance requirements such as confidentiality.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:** No pre-defined choices selected. Scheme does measure and report against client financial and social gain.

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## Affordable Warmth for Carers

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**Lead organisation:** ALIEnergy

**Geographic scope:** Local authority area

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

**Website:**

<http://www.alienergy.org.uk/affordable-warmth/>

**Scheme start date:** October 2014

**Locality:** Mostly rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** Data unavailable

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The scheme can provide a tailored practical toolkit containing items such as radiator foil, energy monitor, low energy light bulbs etc.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary.

### Health sector involvement

**Funding from health sector?** Yes. The scheme received £500 from four local Health and Wellbeing Networks.

#### Referrals from health sector:

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make the referral
Data not available	Helpline / telephone
	Email form
	Online referral portal

#### Method used to identify and target households with health conditions:

No specific method is used

**Any other involvement from the health sector?** No

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## Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Client contact details are shared via confidential referral routes.
- The scheme uses a data sharing protocol/agreement and household consent.
- No data sharing difficulties were highlighted.

## Challenges and successes

**Challenges to implementing scheme:** Keeping up with demand!

**Key successes of scheme and reasons behind them:** Offering tangible energy-saving items makes this scheme instantly visible.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	n/a

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## Affordable Warmth for Health

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**Lead organisation:** ALIEnergy

**Geographic scope:** Local authority area

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

**Website:**

<http://www.alienergy.org.uk/affordable-warmth/>

**Scheme start date:** January 2016

**Locality:** Mostly rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
20-29	Helpline / telephone
	Email form
	Online referral portal

**Method used to identify and target households with health conditions:**

- ✓ Referral – GP
- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral – energy supplier
- ✓ Referral - registered social landlord
- ✓ Other (no further information provided)

**Any other involvement from the health sector?** No

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## Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Client contact details are shared between confidential referrers.
- The scheme uses a data sharing protocol/agreement and household consent.
- No data sharing difficulties were highlighted.

## Challenges and successes

**Challenges to implementing scheme:** The scheme experienced huge difficulty in engaging health professionals for reasons including that they were far too busy or had changing jobs or changing areas of work which make it difficult for them to predict future training needs.

**Key successes of scheme and reasons behind them:** None provided.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	n/a

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## Area Based Schemes Wall Insulation Evaluation

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**Lead organisation:** Energy Agency  
**Geographic scope:** Local authority area  
**Estimated annual target reach:** 100-499  
**Website:**

[http://www.energyagency.org.uk/en/evaluation-project\\_46663/](http://www.energyagency.org.uk/en/evaluation-project_46663/)

**Scheme start date:** 2015  
**Locality:** Both urban and rural  
**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

→ A CASE STUDY ON THIS PROJECT IS AVAILABLE ON PAGE 63

### Services provided

	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
	Energy-related advice
	Referral to energy-related grants, support and advice
	Referral to other services

**Other services:** The purpose of the project is to assess the impact of energy-efficiency upgrades on homes and home occupiers participating in Home Energy Efficiency Programmes (Area Based Schemes) throughout South and East Ayrshire. The energy-efficiency measures included are external wall insulation and internal wall insulation.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions necessary

### Health sector involvement

**Funding from health sector?** Yes. Support from NHS Public Health (Ayrshire & Arran) for full-time research officer.

#### Referrals from health sector:

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
n/a	n/a

#### Method used to identify and target households with health conditions:

No specific method is used

**Any other involvement from the health sector?** NHS Public Health personnel are on the project steering group.

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## Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

## Challenges and successes

**Challenges to implementing scheme:** The short lead-in times for the intervention (dictated by the funding mechanisms and programme of works) has limited the number of eligible participants for evaluation.

**Key successes of scheme and reasons behind them:** There has been a good level of engagement with households and relatively high response rates have been achieved. The majority of participants to date have given positive feedback on the scheme. Although health improvements were not the primary aim of the intervention, there has been some anecdotal evidence of health improvements relating to pre-existing conditions (e.g. arthritis and respiratory problems) and improvements in general mood/wellbeing.

## Evaluation

**Evaluated scheme?** Yes. Evaluation will be published.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client's own assessment	Reduction in GP visits
	Reduction in hospital admissions
	Reduction in days in hospital
	Monetary savings

## Other comments

The project is still on-going and a final report will be published in Spring 2017. The study consists of 2 elements:

a) Prospective cohort study: to quantitatively measure the impact of the insulation scheme in relation to improvements in energy efficiency, the health of the occupants and any other significant benefits by conducting a before and after study on a sub-sample of properties throughout South and East Ayrshire.

b) Retrospective cohort study: to qualitatively measure the impact of area-based schemes on the lives of the occupants by conducting post-intervention assessments on a randomised sample of all those who have previously participated in the scheme.

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# British Gas Energy Trust - Healthy Homes

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**Lead organisation:** Shelter Scotland

**Scheme start date:** December 2015

**Geographic scope:** National

**Locality:** Both urban and rural

**Estimated annual target reach:** No target

**Proportion of estimated annual target**

**Website:** [shelterscotland.org](http://shelterscotland.org)

**reach estimated to be households with a health condition:** Over 80%

## Services provided

<input type="checkbox"/>	Low cost energy efficiency measures
<input type="checkbox"/>	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
<input type="checkbox"/>	Medium to high cost energy efficiency measures: funding them directly
<input type="checkbox"/>	Energy-related advice
<input checked="" type="checkbox"/>	Referral to energy-related grants, support and advice
<input checked="" type="checkbox"/>	Referral to other services

**Other services:** The project has developed a training course for health and social care practitioners to encourage referrals in to agencies for support for their patients in or at risk of fuel poverty.

## Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

## Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Other

## Method used to identify and target households with health conditions:

- ✓ Other: This project is a training course which targets frontline health and social care practitioners to increase their knowledge and confidence around issues of fuel poverty and health, to enable and encourage them to refer patients they're working with to schemes and projects run by other suppliers. As such, households with health conditions are identified and targeted through their contact with health professionals.

**Any other involvement from the health sector?** 151 staff have signed up to the training - 101 employed directly by NHS.

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## Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

## Challenges and successes

**Challenges to implementing scheme:** The scheme has found one challenge is getting buy in at the right levels, as well as overcoming technical barriers and practical issues such as time for staff to complete training.

**Key successes of scheme and reasons behind them:** The scheme has experienced enthusiastic uptake of training and very good numbers of staff completing the evaluation process, which has provided good feedback on the pilot to help shape future training opportunities.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is published at online.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Professional assessment	n/a

## Other comments

The scheme involves a training programme for frontline health and social care practitioners, and therefore is one step removed from other schemes directly providing advice/assistance for individuals in or at risk of fuel poverty. The scheme aims to empower and enable practitioners to identify patients in fuel poverty, provide some low level behavioural advice to these patients and to refer on to other organisations/schemes providing advice/assistance. Benefits to the patients are therefore seen through the practitioners' improved knowledge/confidence/their statements of advice and referrals made/their impression of any improvements in their patients' health.

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# British Gas Energy Trust – Money and Fuel Debt Advice

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## Service

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**Lead organisation:** Shelter Scotland  
**Geographic scope:** National  
**Estimated annual target reach:** 500-999  
**Website:** [shelterscotland.org](http://shelterscotland.org)

**Scheme start date:** October 2013  
**Locality:** Both urban and rural  
**Proportion of estimated annual target reach estimated to be households with a health condition:** 40-59%

## Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
	Referral to other services

**Other services:** The scheme also makes applications to energy trusts to wipe off fuel debt and for energy efficient white goods and funeral payments, as well as energy efficiency advice, and money advice including support and advice on how to deal with debt and money worries.

## Household profile

- The scheme does not target specific health conditions
- Formal verification of health conditions is necessary, for example through disability benefits.

The scheme seeks to confirm whether the client has any health conditions or disabilities as they may then be prioritised for the majority of trust fund applications that might be made on their behalf. Benefit award letters or letters from health or social care professionals are submitted as evidence for trust fund applications. Though the scheme provider does not target specific health conditions, they therefore record information on this and adjust their advice accordingly. For example, emergency credit applications can only be made if the client has some kind of health condition such as the need for electricity to keep their medication in the fridge or to use medical equipment, or if it is affecting their mental health. For emergency credit applications, no formal verification or evidence is needed.

## Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Not recorded by respondent	Email form

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**Method used to identify and target households with health conditions:**

- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral – energy supplier

**Any other involvement from the health sector?** Co-location of services in some areas for example attending flu clinics, and advertising services in NHS newsletters.

**Data sharing**

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

**Challenges and successes**

**Challenges to implementing scheme:** Giving advice and support to all those who need it has been a challenge.

**Key successes of scheme and reasons behind them:** Successes include writing off debt in vast sums of money for the most vulnerable of clients, obtaining boilers and white goods for those most in need, and managing debt for the majority of clients.

**Evaluation**

**Evaluated scheme?** Yes. Evaluation is published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

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## Citrus Energy Lemon Aid

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**Lead organisation:** Citrus Energy

**Geographic scope:** National

**Estimated annual target reach:** 1000-5000

**Website:**

<http://citrusenergy.businesscatalyst.com/lemonaid.html>

**Scheme start date:** October 2013

**Locality:** Both urban and rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

→ A CASE STUDY ON THIS PROJECT IS AVAILABLE ON PAGE 63

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services
✓	Other

**Other services:** The scheme deals with all issues of energy advice, fuel poverty, meter type changes for people with health conditions, and provides advocacy services for all energy related matters. Referring partnerships with over 100 partner agencies including social services, Macmillan, etc. Scheme also has a telephone-based handholding switching service with free impartial advice on saving money on energy bills.

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
More than 40	Helpline / telephone
	Paper form
	Email form

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**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral - registered social landlord
- ✓ Other: home visits

**Any other involvement from the health sector?** No

**Data sharing**

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Only with consent to make an onward referral for further assistance like income maximisation or Warmer Homes Scotland for example.
- The scheme uses a data sharing protocol/agreement.
- No data sharing difficulties were highlighted.

**Challenges and successes**

**Challenges to implementing scheme:** The challenge was making people aware of the scheme. There was leafleting and events however the most effective method was building a good reputation and word of mouth.

**Key successes of scheme and reasons behind them:** The service provider had anticipated making referrals out to other organisations, however the reverse has been true and they receive at least 20/30 new referrals a day to assist people getting back on supply. The service provider has partnerships with many care and support agencies and won the Social Enterprise Scotland Prove It Award for Social Impact in 2014 and the CIH – Sustainability award in 2015. The biggest successes they have had are helping people get a new start free of energy debt, and warm homes. The main reasons for the service provider's success is they have specialised in a complicated field where they have a wealth of industry knowledge being used to resolve issues for real people.

**Evaluation**

**Evaluated scheme?** Yes. Evaluation is published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Professional assessment	Reduction in GP visits
	Reduction in hospital admissions
	Reduction in days in hospital
	Monetary savings

The scheme has had two social return on investment studies carried out which are available to view on request.

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## Connect4Renfrewshire

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**Lead organisation:** Linstone Housing  
**Geographic scope:** Smaller than local authority area  
**Estimated annual target reach:** 1000-5000  
**Website:** <http://www.linstone.co.uk/our-houses/help-with-your-tenancy/connect4renfrewshire/>

**Scheme start date:** December 2013  
**Locality:** Mostly urban  
**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** Connect4Renfrewshire is an umbrella mechanism that harnesses the best of existing local provision. Connect4Renfrewshire part funds a member of staff at Energy Advocacy Renfrewshire, which provides expedited access to their service. Connect4Renfrewshire manages the caseload of this member of staff for any Connect4Renfrewshire referrals and works very closely with that staff member including conducting joint visits.

### Household profile

The health conditions the scheme targets include:

- ✓ Mental health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Paper form
	Email form

**Method used to identify and target households with health conditions:**

No specific method is used.

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The scheme does not target mental health conditions as such, but the scheme provider does work with mental health organisations including Recovery Across Mental Health. Criteria for access to the scheme is simply that the client is resident in a specific area and has an identified need, which can be identified through another agency in the partnership or self-reported and that may include a mental health condition, either diagnosed or self-reported.

**Any other involvement from the health sector?** None specified.

**Data sharing**

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Basic information between partners.
- The scheme uses household consent to share data.
- No data sharing difficulties were highlighted.

**Challenges and successes**

**Challenges to implementing scheme:** None provided

**Key successes of scheme and reasons behind them:** None provided

**Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	Reduction in GP visits

The scheme measures financial gain to the client, and also works alongside community connectors in the social prescribing unit in Johnstone and Linwood who in turn note reductions in GP visits.

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## Cosy Homes East Sutherland Scheme (CHESS)

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**Lead organisation:** Kyle of Sutherland Development Trust

**Geographic scope:** Smaller than local authority area

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

**Website:** <http://www.kyleofsutherland.co.uk/>

**Scheme start date:** January 2016

**Locality:** Mostly rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

### Services provided

	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Under 10	Helpline / telephone

**Method used to identify and target households with health conditions:**

No specific method is used.

**Any other involvement from the health sector?** District nurses have information on the scheme, although no referrals have been made through them yet.

### Data sharing

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

- The scheme shares data or has shared data.
  - The scheme has data from a previous project run by The Kyle of Sutherland Development Trust, Greening Kyle, which gave them a head start in identifying people in genuine need of help.
- The scheme uses a data sharing protocol/agreement to share data.

- No data sharing difficulties were highlighted.

## Challenges and successes

### Challenges to implementing scheme:

- The delay between recommending measures and the installation has been a challenge: there are only 3 - 5 local contractors so it has taken time to complete.
- Another challenge has been learning how to co-ordinate with Home Energy Scotland/Warmworks. They may install Liquid Petroleum Gas boilers, whilst CHESS could put in new windows. The scheme provider should have worked more closely with Home Energy Scotland/Warmworks on the timescale, so that there would be less disruption to the householder.
- Installing measures in traditional housing: thick granite walls, rooms in roof etc has also presented a challenge.

### Key successes of scheme and reasons behind them:

- Building a trusted relationship with vulnerable clients in genuine need and helping them through the process; which has been empowering for clients, and resulted in warmer and cosier homes. Many have mental health problems and depression and having a warmer home has been 'life changing'. For example, one client, in her 70s, who had no money for oil and had no heating, sat on her stairs and wept when CHESS filled her oil tank and when they told her that the project would replace her failed double glazed windows and doors.
- Referring clients onto other agencies, such as Highland Care and Repair, CAB, White Goods Funds and Home Energy Scotland.
- The main reason for success is that the scheme provider is a known, local and trusted organisation. Clients feel safe with CHESS.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client's own assessment	Reduction in GP visits
	Reduction in days in hospital

## Other comments

The project was initially funded for a year which the scheme provider felt was too short given the time it takes to build a client base, install measures and see the results. After giving feedback to the funder, the scheme was extended for another three months. Whilst this will enable CHESS to help more people, a longer project (2-3 years) would have a bigger impact on fuel poverty and its related issues.

Whilst the scheme does not specifically target individuals with health conditions, in the initial visit they undertake a survey and ask health related questions as included below. Clients then

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receive a higher score increasing their eligibility for support for the scheme if they have health problems.

Health related questions asked by scheme provider:

**Health**

*In general, would the client say that their health is: Excellent / Very Good / Good / Fair / Poor*

- Client has a respiratory illness*
- Client has cardiovascular disease*
- Client has a mental illness that affects their day to day living*
- Client has dementia*
- Client has other health problems that are affected by their housing conditions*
- Client has mobility issues*

**Health Services**

- Client has had unplanned hospital admissions in past 12 months due to illness listed above*

*Number:* \_\_\_\_\_

- Client has had planned hospital admissions in past 12 months due to illnesses listed above*

*Number:* \_\_\_\_\_

- Client has had emergency GP appointments in past 12 months due to illness listed above*

*Number:* \_\_\_\_\_

- Client has had planned GP appointments in past 12 months due to illnesses listed above*

*Number:* \_\_\_\_\_

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## Energy Advocacy Renfrewshire

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**Lead organisation:** Renfrewshire Council  
**Geographic scope:** Local authority area  
**Estimated annual target reach:** 1000-5000  
**Website:**

<http://www.renfrewshire.gov.uk/article/2738/Energy-advice-and-advocacy>

**Scheme start date:** June 2014  
**Locality:** Both urban and rural  
**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

➔ A CASE STUDY ON THIS PROJECT IS AVAILABLE ON PAGE 67

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The energy advocates resolve any issues presented by the clients with the aim to support them and empower them to avoid further issues.

### Household profile

The health conditions the scheme targets include:

- ✓ Injury (including accidental falls)
- ✓ Mental health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Email form

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral - registered social landlord

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**Any other involvement from the health sector?** The advocates undertake joint visits with health professionals. Referrals and support is two-way between the advocates and health staff with both referring into and supporting each other.

## **Data sharing**

- The scheme shares data or has shared data to identify, target and/or refer households.
  - The scheme only shares, with consent the client's name, address and contact details. Each agency collects the data required from the client and holds it independently. This approach minimises data sharing and data protection risk.
- No data sharing difficulties were highlighted.

## **Challenges and successes**

**Challenges to implementing scheme:** Securing funding.

**Key successes of scheme and reasons behind them:** The service delivers more than twice the money into the community than it costs. The successes are the individual cases.

## **Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

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## Healthy Heating

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**Lead organisation:** Citizens Advice & Rights Fife

**Geographic scope:** Local authority area

**Estimated annual target reach:** Under 100

**Website:** <http://www.carfweb.org/news-and-updates/healthy-heating-project>

**Scheme start date:** April 2016

**Locality:** Both urban and rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

**→ A CASE STUDY ON THIS PROJECT IS AVAILABLE ON PAGE 69**

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Other services:

- Full income maximisation assistance including benefit checks and assistance to apply for any potential entitlements.
- Financial inclusion advice and assistance including budgeting advice, advice on opening and operating basic bank accounts.
- Miscellaneous ancillary assistance including applications for disabled parking badge, priority service registration with utility companies.
- Advice and information relating to switching utility tariff or supplier.

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

### Referrals from health sector:

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Under 10	Helpline / telephone
	Paper form
	Email form

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
	Online referral portal

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – third sector agency / advice worker
- ✓ Other: Referred by other internal advisers

**Any other involvement from the health sector?** Promote service to patients attending stroke or cardio rehabilitation sessions. Allow scheme to deliver group sessions at stroke clubs and other health related support groups.

**Data sharing**

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

**Challenges and successes**

**Challenges to implementing scheme:** Obtaining funding to deliver the project is always a challenge. Client engagement has been difficult as their attention can focus on recovery or attending medical appointments at early stages of engagement with health professionals. Once engagement began with healthcare professionals and they understood the benefit of the service offered, the scheme was able to overcome the barriers faced. Obtaining the initial engagement with healthcare professionals did take longer than they would have liked but once established this has grown beyond the initial contacts as the health professionals share information among others in similar roles.

**Key successes of scheme and reasons behind them:** The scheme offers the service on a home visit basis to remove any physical barriers to engagement. This is costly in time and resources but the service delivers a higher level of engagement and results for clients. It also offers the opportunity to identify any other issues that they may require assistance with and ensure the appropriate adviser or agency is able to progress this.

**Evaluation**

**Evaluated scheme?** No

**Outcomes measured and reported against:** No pre-defined outcomes selected.

The scheme reports on client financial gains, energy saving measures installed, budgeting advice provided in addition to the number of referrals made to specialist advisers such as money advisers or tribunal representation and external organisations. The scheme also undertakes a number of general awareness raising activities that cannot measure exact impact but the scheme has been able to demonstrate an increase in the number of hits the organisation's website has received on energy related topics and an increase in engagement on fuel related topics on their

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social media pages. Promotion of the Warm Home Discount Scheme is the second most popular post for the organisation.

### **Other comments**

This project is in addition to another fuel poverty related project (Cosy Kingdom). Although both of these projects are 'specialised' with a focus on fuel poverty, a client contacting any adviser in their organisation can receive advice and assistance with fuel related issues. The dedicated projects also undertake regular awareness raising activities to their colleagues across the organisation.

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## Heat Heroes for Older People

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**Lead organisation:** Changeworks

**Geographic scope:** Local authority area

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

**Website:**

<http://www.changeworks.org.uk/what-we-do/energy-and-fuel-poverty/energy-projects>

**Scheme start date:** April 2013

**Locality:** Mostly urban

**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

### Services provided

✓	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The scheme also involves in-depth fuel billing and fuel debt advice; support and advocacy; and skills development to better understand controls, bills, meters, dampness prevention, dealing with suppliers and how to make the best use of the system.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** Yes. The scheme receives funding from what was originally referred to as the Change Fund: NHS funding administered through the local authority. Over the several years of annual renewal, the fund has been called Change-Innovation, and Change-Integration funding, believed to be from the same original source.

### Referrals from health sector:

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
More than 40	Helpline / telephone
	Paper form
	Email form
	Online referral portal

### Method used to identify and target households with health conditions:

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker

- ✓ Other: Promoting self-referrals, volunteer engagement

**Any other involvement from the health sector?** None specified.

### Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - The scheme uses a data sharing protocol/agreement and household consent to share data. Householders provide their data to the scheme provider, and consent to them holding their data. If the scheme provider refers outward they gain further consent from the household. Referring organisations obtain permission from the householder to refer people to the scheme.
- No data sharing difficulties were highlighted.

### Challenges and successes

#### Challenges to implementing scheme:

The project model includes the use of a team of volunteers, which in itself presents a set of challenges. While an advice project which does not use volunteering would be more straightforward, with this project model, the scheme has additional tasks in recruiting, training, supporting and developing a team of volunteers. While this is an additional 'deliverables' element of this project, the return on this investment in time is very much worth the extra effort. The scheme is able to reach many more householders, who might otherwise be difficult to reach due to immobility or social isolation. The volunteers are often from the same peer group, so have the added relatability needed to engage hard to reach householders. Volunteers carry out delivery of a basic level of advice and assess the householders' need for more in depth support. If this is required, they are provided with a further home visit by the on-staff advisor. Heat Heroes volunteers are recruited carefully and fully trained. They generally have stayed with the organisation for several years as they invest in their development and they enjoy their roles.

#### Key successes of scheme and reasons behind them:

The scheme has helped nearly 2000 householders to achieve affordable warmth, and to alleviate the worsening of physical and mental health conditions, which can be caused by fuel poverty.

The scheme has retained a very active and enthusiastic team of volunteers and has recruited on-staff advisors from their volunteer pool. The scheme provider's experience with volunteering for this project has contributed to a deeper understanding of volunteer needs, which in turn has helped them to be reaccredited for the Investors in Volunteers award. The project's volunteers have won volunteering awards over the years.

### Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

#### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client's own assessment	Reduction in GP visits
	Reduction in hospital admissions

Impact on pre-existing health condition	Health sector savings
	Reduction in days in hospital
	Monetary savings

This year the scheme provider has been able to utilise a metric for NHS savings, which was developed by their local authority funder.

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## Home Energy Scotland Area Based Scheme: Shetland area

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**Lead organisation:** Shetland Islands Council

**Scheme start date:** July 2013

**Geographic scope:** Local authority area

**Locality:** Mostly rural

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

**Proportion of estimated annual target reach estimated to be households with a health condition:** Less than 20%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The scheme provides grants for home energy efficiency works following a full Green Deal Advice Report. They give energy advice in the home and refer for benefit checks via their local Citizens Advice Bureau and through Home Energy Scotland. They also refer direct to the Warmer Homes Scotland scheme for additional grant funding if the household is in receipt of passport benefits and the required works are extensive.

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Other

### Method used to identify and target households with health conditions:

- ✓ Referral – GP
- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Other (no further information provided)

**Any other involvement from the health sector?** The local Health Promotion Team have advised their contacts and pass on leaflets and posters asking patients to contact the scheme. The scheme has also recently contacted the Macmillan Nursing Team for direct referrals.

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## Data sharing

- The scheme shares data or has shared data to identify, target or refer households.
  - The scheme’s local Citizens Advice Bureau refers clients to them as do their local social work teams. The data mainly consists of the person’s name and address only.
- The scheme uses household consent to share data.
- No data sharing difficulties were highlighted.

## Challenges and successes

**Challenges to implementing scheme:** Lack of local installers accredited to PAS2030 (installer certification) leads to a time delay in works being actioned. The pattern of referring is also patchy – the scheme provider suspects a number of clients are not being referred.

**Key successes of scheme and reasons behind them:** Where works have been completed the scheme has seen considerable changes in client demeanour and have been advised by clients that they have felt so much better. The main reason is that the client can now afford to heat their home and the positive effect of heat and comfort at home has then improved their physical and mental welfare.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client’s own assessment	
Scheme provider’s assessment	

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## Home Energy Scotland health-related fuel poverty initiatives

**Lead organisation:** Home Energy Scotland (funded by the Scottish Government and managed by Energy Saving Trust)

**Geographic scope:** National

**Estimated annual target reach:** Over 5000

**Website:** [homeenergyscotland.org.uk](http://homeenergyscotland.org.uk)

**Scheme start date:** April 2009

**Locality:** Both urban and rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** Data not available

→ A CASE STUDY ON THIS PROJECT IS AVAILABLE ON PAGE 71

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Other Services:

The Scottish Government's Home Energy Scotland advice network provides free, impartial, tailored advice and support to all Scottish households, including specific support for fuel poor households to help them reduce their fuel bills, make their homes warmer and more comfortable and increase their income. The support provided to fuel poor households includes energy advice, benefit checks, tariff support and help accessing Government and other energy efficiency schemes which provide heating and insulation at no or low cost. Home Energy Scotland also refers fuel poor households to other sources of appropriate fuel poverty support including money and debt advice and energy advocacy projects. Advice is delivered over the phone, by email, in writing and face to face, both in the community and in the home.

All of the support Home Energy Scotland provides to fuel poor households, often through partnerships with, for example, community groups and local authorities, impacts positively on those households' health – however this submission and associated case study focuses just on Home Energy Scotland's work with partners who have a specific health focus.

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

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**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
30-39: this is a low estimate and includes only NHS and community connector health professionals with a Home Energy Scotland referral portal log on	Helpline / telephone
	Email form
	Online referral portal

**Method used to identify and target households with health conditions:**

- ✓ Referral – GP
- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral - registered social landlord
- ✓ Other: Co location of services with health to provide awareness raising to staff and patients
- ✓ Other: Outreach in healthcare settings

**Any other involvement from the health sector?** See case study for information on different projects.

Home Energy Scotland worked with a range of other advice providers and the NHS to develop a logic model (available on request). This model recognises the links between fuel poverty and ill health and has, as an intermediate outcome: more people/families able to retain/maintain affordable, safe, warm, damp free housing. NHS recognises that all of the work carried out by Home Energy Scotland and other fuel poverty advice and support services are a critical part of improving long term health outcomes and provides a foundation for Home Energy Scotland's on-going work to integrate energy advice into health services.

**Data sharing**

- The scheme shares data or has shared data to identify, target and/or refer households.
  - The arrangements between Home Energy Scotland and health sector partners involve data sharing agreements to allow individual patient/householder data to be shared with the householder's consent. A key tool is the Home Energy Scotland online referral portal, which is available for use by all organisations who work with fuel poor households and provides a fast, secure route to referring households and patients to Home Energy Scotland.
- The scheme uses a data sharing protocol/agreement and household consent.
- No data sharing difficulties were highlighted.

**Challenges and successes**

**Challenges to implementing scheme:** See case study

**Key successes of scheme and reasons behind them:** See case study

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## Evaluation

**Evaluated scheme?** Yes. Evaluation on some schemes is published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	n/a

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## Macmillan ICJ support

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**Lead organisation:** Glasgow City Council

**Geographic scope:** Local authority area

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

**Website:** <https://www.thewisegroup.co.uk/>

**Scheme start date:** September 2015

**Locality:** Mostly urban

**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

The health conditions the scheme targets include:

- ✓ Cancer
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
20-29	Email form

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional

**Any other involvement from the health sector?** None specified.

### Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Householder data from healthcare professionals is shared with project partners for support and the supply of appropriate energy efficiency measures.
- The scheme uses a data sharing protocol/agreement and householder consent to share data.
- No data sharing difficulties were highlighted.

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## **Challenges and successes**

**Challenges to implementing scheme:** Timescales for kick off and delivery of phase 1 were a challenge. There was a need to allocate the budget set aside for measures in a short space of time.

**Key successes of scheme and reasons behind them:** One success is the high level of debt write-off for supported customers. Huge savings have also been made to Macmillan grant fund and welfare fund as well due to the skill of advisors writing off debt or applying for other hardship funds.

## **Evaluation**

**Evaluated scheme?** Yes. Evaluation is published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

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## Make It Happen

**Lead organisation:** Local Energy Action Plan

**Geographic scope:** Smaller than local authority area

**Estimated annual target reach:** Under 100

**Website:**

<http://www.myleaproject.org/energy-advice/>

**Scheme start date:** October 2014

**Locality:** Mostly rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** 20-39%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Under 10	Helpline / telephone
	Email form
	Online referral portal

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker

**Any other involvement from the health sector?** The scheme provider is currently broadening the scheme and working more directly with NHS referral services. This is in development.

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## Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Only basic data as agreed by data sharing agreement through client referrals, e.g. name, address, contact details, date of birth, reason for referral, anything relevant to referral.
- The scheme uses a data sharing protocol/agreement and household consent to share data.

**Data sharing difficulties:** The scheme shares data and refers to Home Energy Scotland (HES) but they have found it very difficult in the past to get follow up data from HES as to the progress of their clients through government schemes. They hope this will be more transparent with the new HES online referral portal.

## Challenges and successes

**Challenges to implementing scheme:** Challenges include getting funding to install practical measures which make a real difference to vulnerable and fuel poor households; and building up trust and relationships in certain Scottish Index of Multiple Deprivation areas which have been traditionally let down by other services (government schemes etc.).

**Key successes of scheme and reasons behind them:** Installing practical energy efficiency measures and making real changes for those vulnerable and in fuel poverty by reducing their energy bills and helping them to be more comfortable at home is a key success of the scheme.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is published.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client's own assessment	

The scheme also measures internal and external temperatures in homes as an indication of health effects.

## Other comments

The scheme provider is currently developing this scheme across wider Renfrewshire and it could be easily expanded further by their experienced team if funding were available.

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## Money Matters BGET GP Health Service Project

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**Lead organisation:** Money Matters Money Advice Centre

**Geographic scope:** Local authority area

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

**Website:** <http://www.moneymattersweb.co.uk/>

**Scheme start date:** August 2015

**Locality:** Mostly urban

**Proportion of estimated annual target reach estimated to be**

**households with a health condition:**  
Over 80%

### Services provided

<input type="checkbox"/>	Low cost energy efficiency measures
<input type="checkbox"/>	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
<input type="checkbox"/>	Medium to high cost energy efficiency measures: funding them directly
<input checked="" type="checkbox"/>	Energy-related advice
<input checked="" type="checkbox"/>	Referral to energy-related grants, support and advice
<input type="checkbox"/>	Referral to other services

**Other services:** The scheme also involves help with debt, not just fuel debt; welfare rights advice and income maximisation and access to emergency credit vouchers for Scottish Gas customers to use for prepayment meters. They also apply to a variety of energy company trust funds (including, for example, British Gas Energy Trust and SSE's Priority Assistance Fund) on behalf of clients for grants for fuel debt, white goods, bankruptcy fees and funeral costs.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
More than 40	Online referral portal

**Method used to identify and target households with health conditions:**

- ✓ Referral – GP
- ✓ Referral – other healthcare professional

**Any other involvement from the health sector?** None specified.

### Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

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## Challenges and successes

**Challenges to implementing scheme:** The scheme has worked with the NHS in Glasgow to set up a referral mechanism: GPs and frontline health service providers identify those in need of help and refer them on.

**Key successes of scheme and reasons behind them:** The scheme has seen large financial gains for their clients over the initial year of the project - mainly in obtaining additional welfare benefits for them, but also in helping reduce and deal with debts, energy switching and grants.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client's own assessment	

The scheme completes quarterly monitoring reports for their funder, British Gas Energy Trust, managed by Charis.

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## Stay Warm, Stay Well

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**Lead organisation:** Energy Action Scotland

**Geographic scope:** National

**Estimated annual target reach:** Over 5000

**Website:** [www.eas.org.uk](http://www.eas.org.uk)

**Scheme start date:** September 2016

**Locality:** Both urban and rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** Data unavailable

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
	Energy-related advice
	Referral to energy-related grants, support and advice
	Referral to other services

**Other services:** The scheme involves training frontline workers on fuel poverty, on cold, damp homes and related health issues, enabling them to support vulnerable clients more effectively and highlighting sources of advice and support. Training will be provided for approximately 250 staff throughout Scotland.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
n/a	n/a

**Method used to identify and target households with health conditions:**

No specific method is used

**Any other involvement from the health sector?** The scheme involves training frontline workers with a responsibility for people's health and wellbeing.

### Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

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## **Challenges and successes**

**Challenges to implementing scheme:** None identified.

**Key successes of scheme and reasons behind them:** Facilitating more effective fuel poverty-related support for vulnerable and hard to reach clients. Creating a more confident workforce of trusted intermediaries able to provide face to face advice and advocacy and effective referral and signposting.

## **Evaluation**

**Evaluated scheme?** Yes. Report includes evaluation, available on request.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

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## THAW Orkney

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**Lead organisation:** THAW Orkney  
**Geographic scope:** Local authority area  
**Estimated annual target reach:** 100-499  
**Website:** [www.thaworkney.co.uk](http://www.thaworkney.co.uk)

**Scheme start date:** December 2015  
**Locality:** Mostly rural  
**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Under 10	Paper form
	Email form

**Method used to identify and target households with health conditions:**

- ✓ Other (no further information provided)

**Any other involvement from the health sector?** Joint publicity / staff liaison / staff training

### Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - The scheme shares data with appropriate agencies and has a data protection statement signed by every client.
- The scheme uses household consent to share data.
- No data sharing difficulties were highlighted.

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## Challenges and successes

**Challenges to implementing scheme:** A challenge was that the scheme started from scratch – there was no infrastructure at all in the beginning, it was a new concept, referral protocols needed to be established, and because it was a new service, publicity was needed to attract clients and beneficiaries.

**Key successes of scheme and reasons behind them:** Demand is more than the scheme provider is able to supply, their publicity is too good and demand in relation to fuel poverty problems is the highest in Scotland.

## Evaluation

**Evaluated scheme?** Yes.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	

The scheme is at the time of writing in Phase 1 of an independent social return on investment research project.

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## The Energy Advisory Service

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**Lead organisation:** Tighean Innse Gall (TIG)  
**Geographic scope:** Local authority  
**Estimated annual target reach:** 100-499  
**Website:** [www.tighean.co.uk](http://www.tighean.co.uk)

**Scheme start date:** Start date for health engagement still to be confirmed but likely early 2017  
**Locality:** Mostly rural  
**Proportion of estimated annual target reach estimated to be households with a health condition:** 20-39%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

The Energy Advisory Service is a live service, but the health engagement aspect of the scheme is a work in progress.

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- Formal verification of health conditions is necessary through GP certification.

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Not applicable at this stage	Helpline / telephone
	Paper form
	Other: online referral from GP

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral – energy supplier
- ✓ Other (no further information provided)

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**Any other involvement from the health sector?** The scheme provider is exploring with Western Isles Health Board new ways of building into the IT system for GP and healthcare professionals to make a referral straight onto their own system for energy efficiency measures surveys. The scheme is also looking at sharing data from Tighean Innse Gall, the local housing agency, and Comhairle nan Eilean Siar, the local authority, from fuel poverty and house condition surveys with Western Isles Health Board data on multiple ailments.

## Data sharing

- The scheme tried but failed to share data to identify, target and/or refer households.
  - The scheme is looking at ways of sharing data right now to overcome previous data sharing issues.

**Data sharing difficulties:** The scheme's fuel poverty survey of every household across the Outer Hebrides had a 22% completion and return rate. However, at the bottom it said: 'We will not share...', thus ruling out sharing with the health board. Similarly, health organisations cannot simply hand information to third parties without individual agreement of the patient.

## Challenges and successes

**Challenges to implementing scheme:** The scheme is currently reviewing options to include health professionals, as previously it was assumed that if they shared data with health professionals, the health professionals would share health knowledge of individuals with them.

**Key successes of scheme and reasons behind them:** The real success will be integration of health needs with fuel poverty and energy efficiency requirements of individuals and homes. The reasons behind this are that fuel poverty measures affect the wellbeing of people and can have effects on health conditions. The scheme provider wants to establish that this is demonstrable in the Outer Hebrides.

## Evaluation

**Evaluated scheme?** Not at this stage.

**Outcomes measured and reported against:** No pre-defined outcomes measured or reported against at this stage.

## Other comments

The scheme is a work in progress and TIG have been working on this with support from the Western Isles Health Board, to tackle these issues. TIG have been supported by Professor Christine Liddell from Ulster University and she has visited them, with TIG visiting Northern Ireland as well. They are working on overlaying fuel poverty and health data to demonstrate any 'spikes', such as significance of certain types of illness from health information, with confirmed fuel poverty in the household, along with potential for energy efficiency measures in the home.

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## Warm and Well Edinburgh

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**Lead organisation:** Changeworks  
**Geographic scope:** Local authority area  
**Estimated annual target reach:** 100-499  
**Website:**  
<http://www.changeworks.org.uk/what-we-do/energy-and-fuel-poverty/energy-projects>

**Scheme start date:** October 2015  
**Locality:** Mostly urban  
**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The scheme also provides in-depth fuel billing and fuel debt advice, support and advocacy; as well as skills development to better understand heating controls, bills, meters, dampness prevention, dealing with energy suppliers, and best use of heating systems. In addition, this project includes a partnership with the Edinburgh Advice Shop, and therefore provides access to money advice, benefits checks, welfare rights, income maximisation advice as part of the project.

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

#### Referrals from health sector:

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Helpline / telephone
	Paper form
	Email form

#### Method used to identify and target households with health conditions:

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Other: Partner agency (advice shop) completes a short questionnaire to determine health issues pre-advice, and to determine eligibility for the project.

**Any other involvement from the health sector?** The scheme has used British Gas Energy Trust’s ‘Healthy Homes’ questionnaire and National Institute of Clinical Excellence Guidelines to develop questionnaires used both before the advice (to gather project eligibility data and gather baseline evaluation data), and also used after the advice, to collect health-related impact and outcomes data (allowing time after the advice is provided for the impacts of it to be felt).

**Data sharing**

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Householders provide their data, and consent for the project partners (Changeworks and/or the Edinburgh Advice Shop) to hold their data, depending on which element of the project they access. If the scheme refers outward, they gain further consent from the household to do so.
- The scheme uses household consent to share data.
- No data sharing difficulties were highlighted.

**Challenges and successes**

**Challenges to implementing scheme:** As energy advisors, or in the case of the scheme’s partners, money advisors, it can feel intrusive to ask in-depth health-related questions. Advisors therefore must explain that in order to measure the health impacts they must collect baseline health data. Most clients are fine with this once it is explained, however some decline to provide this information, as is their right to do so.

**Key successes of scheme and reasons behind them:** It has been a complex project to set up, given a partnership with different organisations who work in different subject areas, record data differently, and have different timescales. Getting buy-in from partner agency staff to the scheme was difficult in that they were being asked to do additional administration tasks and data gathering to their usual remit, however over time this has been well accepted and staff can see the benefit of the advice for householders.

**Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Own assessment	Reduction in GP visits
Scheme provider’s assessment	Reduction in hospital admissions
	Reduction in days in hospital
	Monetary savings

In partnering with the Edinburgh Advice Shop the scheme provider has been able to marry up in-depth energy and fuel poverty prevention specialism with other money and debt advice, to provide a holistic level of support (addressing fuel poverty in the context of the client’s wider money advice needs).

**Other comments**

Although the evaluation of this project will be for the project funders and partners, the scheme provider will publish a link to the final report and evaluation at project end (April 2017).

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## Warm and Well (Midlothian Council)

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**Lead organisation:** Changeworks

**Geographic scope:** Local authority area

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

**Website:**

<http://www.changeworks.org.uk/what-we-do/energy-and-fuel-poverty/energy-projects>

**Scheme start date:** 2002

**Locality:** Mostly rural

**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

### Services provided

✓	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
More than 40	Helpline / telephone
	Email form
	Online referral portal

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral - registered social landlord

**Any other involvement from the health sector?** Warm and Well used to have a steering group made up of health professionals but this was no longer felt necessary due to the established nature of the project.

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## Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Data is shared between referral agency and Changeworks.
- The scheme uses a data sharing protocol/agreement and household consent to share data.
- No data sharing difficulties were highlighted.

## Challenges and successes

**Challenges to implementing scheme:** A challenge is maintaining a constant presence in the eyes of health staff, particularly NHS staff; the scheme is constantly promoting the project otherwise they are forgotten about.

**Key successes of scheme and reasons behind them:** A key success is having a fund to pay for measures for householders that fall between the gaps in the qualifying criteria for Scottish Government/local authority assistance.

## Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

### Outcomes measured and reported against:

Impact on pre-existing health condition	Health sector savings
Client's own assessment	

The scheme assesses householders' feelings of confidence around understanding fuel bills, understanding and controlling heating and hot water, dealing with fuel suppliers and negotiating payment plans and supplier switching. The scheme also assesses householders' comfort within their home with regards to warmth.

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## Warm at Home

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**Lead organisation:** Energy Action Scotland

**Scheme start date:** September 2016

**Geographic scope:** Selected local authority areas

**Locality:** Both urban and rural

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

**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

**Website:** [www.eas.org.uk](http://www.eas.org.uk)

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
	Referral to energy-related grants, support and advice
	Referral to other services

**Other services:** Energy-related crisis grants.

### Household profile

The health conditions the scheme targets include:

- ✓ Cancer
- ✓ Some other long-term and life-limiting health conditions
- Formal verification of health conditions is necessary through other healthcare professional certification.

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Data not available	Email form

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority

**Any other involvement from the health sector?** Partner organisation is Macmillan Cancer Support.

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### Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

### Challenges and successes

**Challenges to implementing scheme:** None.

**Key successes of scheme and reasons behind them:** Providing support for those not qualifying or eligible for other energy efficiency schemes or grants.

### Evaluation

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	
Professional assessment	

The scheme targets those with a physical condition (cancer) but also looks at impact on, for example, quality of life, comfort levels, stress reduction, etc.

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## Warm Healthy Homes

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**Lead organisation:** Energy Action Scotland

**Scheme start date:** October 2015

**Geographic scope:** Local authority area

**Locality:** Both urban and rural

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

**Proportion of estimated annual target**

**Website:** [www.eas.org.uk](http://www.eas.org.uk)

**reach estimated to be households with a health condition:** Over 80%

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** Training for frontline workers and health professionals. Awareness-raising events for local residents and community groups.

### Household profile

- Multiple health conditions are targeted by the scheme.

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Data not available	Helpline/telephone
	Email form
	Other

**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – third sector agency / advice worker

**Any other involvement from the health sector?** None specified.

### Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.

- 
- Data is shared amongst various organisations involved in delivery e.g. Care & Repair, Citizens Advice Bureaux, voluntary organisations, Macmillan staff, installation companies - to ensure a holistic and integrated service with minimum disruption to client.
  - The scheme uses household consent / other to share data.
  - No data sharing difficulties were highlighted.

## **Challenges and successes**

**Challenges to implementing scheme:** Getting commitment from NHS at the right level.

**Key successes of scheme and reasons behind them:** Reaching a 'hard to reach' client group via trusted intermediaries. Ability to provide face-to-face advice. Providing support for fuel poor/at risk clients not eligible for other schemes.

## **Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

## Warm Recovery

**Lead organisation:** Changeworks  
**Geographic scope:** Local authority area  
**Estimated annual target reach:** 100-499  
**Website:**  
<http://www.changeworks.org.uk/what-we-do/energy-and-fuel-poverty/energy-projects>

**Scheme start date:** April 2015  
**Locality:** Mostly urban  
**Proportion of estimated annual target reach estimated to be households with a health condition:** Over 80%

→ A CASE STUDY ON THIS PROJECT IS AVAILABLE ON PAGE 74

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** Warm Recovery supports people to have improved skills/confidence to:

- Understand heating systems
- Save money on energy bills/be affordably warm
- Manage energy bills, read meters, communicate with suppliers
- Access better tariffs and payment plans
- Access energy efficiency measures (e.g. insulation/heating grants) and trust funds to tackle fuel debt
- Combat condensation and dampness

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** Yes – from Edinburgh and Lothians Health Foundation.

#### Referrals from health sector:

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-19	Helpline / telephone
	Paper form
	Email form

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**Method used to identify and target households with health conditions:**

- ✓ Referral – other healthcare professional
- ✓ Referral – local authority
- ✓ Referral – third sector agency / advice worker
- ✓ Referral – registered social landlord

**Any other involvement from the health sector?** Yes, the service is listed with various local health-related hubs (e.g. Local Opportunities for Older People (LOOP) networks), third sector hospital discharge interface which is still in infancy).

**Data sharing**

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

**Challenges and successes**

**Challenges to implementing scheme:** NHS referrals have been difficult to set up due to NHS concerns about data protection and IT issues. Referrals from NHS need a formalised referral pathway, requiring Changeworks to acquire an NHS email address. Key contacts within NHS have been difficult to get hold of due to being very busy.

**Key successes of scheme and reasons behind them:**

- Setting up a simplified referral process with the Community Respiratory Team. This was gained through continued conversations with a key CRT contact and exploring the difficulties of acquiring an NHS email address.
- Involvement in the third sector hospital discharge interface. This programme is in its infancy and Changeworks has been involved from the start and as such are in close contact with key members of staff (e.g. Team Leader of the Community Wellbeing Team). This has resulted in referrals starting to come through and arranging a training session on 'fuel poverty awareness and links to health' to relevant staff.
- Their Home Energy Scotland advice team colleagues will be starting to refer particularly vulnerable cases who require deeper advice or home visits that they receive through their NHS staff referral portal.
- Changeworks delivers training to NHS staff through the Health Improvement Team organised training programme on Fuel Poverty Awareness and Health Impacts - this training is seen as very relevant and useful to those who attend and as such has been delivered 4 times.

**Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

Edinburgh Voluntary Organisations Council have provided a metric for savings to the NHS: the scheme is considering whether to use it for this project. The scheme provider is thinking of doing a health professional referral survey at project end.

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## **Follow up interview: Area Based Schemes Wall Insulation**

### **Evaluation**

- Interviewee job title: Research Officer
- Interviewee organisation: Energy Agency

The project consists of an evaluation of the area based scheme installing wall insulation in South and East Ayrshire. There are two parts to the project: a prospective evaluation of ongoing work and a retrospective evaluation of work that has already taken place.

The project was initiated from early discussions between the Energy Agency and NHS Ayrshire and Arran on the potential health benefits of energy efficiency improvements to existing housing. A steering group was set up including representatives from NHS Ayrshire and Arran, the two local authorities, and the Energy Agency (the lead scheme provider). The project was developed further when the public health department of NHS Ayrshire and Arran led a literature review on energy efficiency improvements and health. There was recognition that the method of recording outcomes at present could be improved, i.e. moving from a focus on the number of houses treated and measures installed, to recording the impact that such measures have on a household, including the impact on household health. The steering group developed a proposal for the project, which aimed to understand the impact of energy efficiency improvements on health and inform the design of future programmes, and also appointed the Research Officer, funded from the area based scheme fund from the Scottish Government. The steering group continues to meet every two months.

In practice, the Research Officer conducts a visit to the house and goes through general household questions, including questions about comfort and warmth at home, and a health questionnaire. This is based on a standard health survey (SF-36) and focuses on how the householders have been feeling in the past four weeks. Additional questions, mostly adapted from the Scottish Health Survey, look at long-term health conditions including hospital and GP visits in the past year, and smoking habits.

The retrospective part of the project is now completed, and a report is available though as yet has not been widely shared. The prospective part of the project is now at the stage of conducting household visits after insulation has been installed. This research should be published by Easter 2017.

The funding model for area based schemes creates some complications for the project. To conduct pre- and post- fitting questionnaires and to have a proper control group, the organisation needs to know who is going to receive funding for external wall insulation but this is made difficult by restricted public future commitments by the government.

The project has had good response rates, particularly with households involved in the prospective evaluation of ongoing work. The model for this part of the project allows the Research Officer to contact the household who will be receiving the measure straight away. The officer makes clear that involvement in the evaluation is voluntary, however generally households have been responsive. The officer thinks that households accept the evaluation is part and parcel of the insulation. The backing of the NHS for the project, and inclusion of their logo on correspondence, also encourages participation.

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The project is exploring the possibility of data linkage with some health data, most likely at an aggregated group rather than individual level. The Research Officer has also engaged a new group of households to visit in 2017, and expects to report on this further data at the end of 2017.

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## **Follow up interview: Citrus Energy Lemon Aid**

- Interviewee job title: Deputy Operations Manager
- Interviewee organisation: Citrus Energy

Citrus Energy is a subsidiary of Cunninghame Housing Association, and operates as a social enterprise. The service offered to domestic properties is free, funded from the profit from the commercial side. It is available to all households across Scotland, not just Cunninghame Housing Association tenants. They run a void service for letting agents across the country, including managing previous tenant debt, checking meter types, any health conditions the tenant may have and assessing whether a prepayment meter (PPM) is suitable for the new tenant. Citrus Energy Lemon Aid is their fuel poverty service, named as such because Citrus is 'refreshingly different'. Citrus Energy Lemon Aid currently receives funding from the Scottish Government. The service tries to source alternatives to PPMs, such as fuel direct, to combat the high volume of self-disconnections. They also offer a switching service, looking holistically at the needs of the client, and apply for the Warm Home Discount on behalf of their clients too. The scheme offers home visits in Ayrshire and telephone advice elsewhere.

The service has built up around 70 different referral partnerships, including Macmillan, local hospices, social services, through care and after care, Barnardos, and Quarriers, amongst others. These relationships are two-way and the scheme regularly refers clients on for additional support outwith their energy remit.

One such relationship has developed with Macmillan who are represented on the Ayrshire Money Matters team and this has led to referrals into the Lemon Aid scheme as well as developing awareness amongst the Macmillan helpline team. Another relationship with a local hospice developed after the scheme assisted the partner of a hospice patient, securing them a new boiler and central heating system within three days. The patient informed the hospice of this and the hospice, seeing the benefit of this service, contacted the scheme to develop this further. Again, this has resulted in referrals from professionals who have seen the benefit of this service for their clients/patients.

The scheme provider attends lots of events and meetings to spread the word about their service. Advertising is important but they have found word of mouth is most successful. After initially finding it slow to get referrals they are now receiving lots, and have had a resulting huge increase in capacity in three years: growing from three members of staff to twenty-six.

Citrus Energy Lemon Aid attribute their success to their passionate and knowledgeable staff, and that the staff employed have had life experiences allowing them to understand and empathise with what the clients they're working with are going through. They also only deal with energy, allowing them to build up expert knowledge in that focused area. The scheme provider has worked to build up trust with the health service, overcoming some of the health service's concerns around confidentiality. In addition, Citrus Energy Lemon Aid invested in a social return on investment (SROI) study to report on the benefits of the work they undertake and use this report (accessible on request from the organisation) as evidence of their value.

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In the first year, they reported a £5.73 return on every £1 spent, and in the second year this had risen to a £6 return.

The scheme commented on the value of their SROI report, and believe that this is something other services should invest in to help show their worth and secure further funding. At present, they feel the impact of fuel poverty on mental and physical health and how help in this area can result in health benefits, is not reported as much as it should be – and the scheme has a particular interest in the anxiety and social inclusion side of this.

There are hopes in future to expand the scheme within the NHS more directly, for example tackling issues of patients being discharged from hospital. One such example they provided was a patient discharged on dialysis who was on a PPM, with no credit on it when he arrived at his accommodation. The scheme provider believes that the planned discharge process is an ideal stage to become involved with the patient and tackle issues around energy, for example the suitability of a PPM for individuals with particular conditions, or debts accrued whilst in hospital, so that energy issues are resolved before the patient is discharged and returns home.

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## **Follow up interview: Energy Advocacy Renfrewshire**

- Interviewee job title: Energy Officer
- Interviewee organisation: Renfrewshire Council

Energy Advocacy Renfrewshire makes available universal provision of energy advice to all Renfrewshire residents. Clients are provided with face to face energy advice, usually in their home, and supported to deal with complex energy issues. For example, advice is provided on how to read meters, debt on meters, Warmer Homes Scotland scheme applications, dealing with disputes and problems with utility companies, and support with switching provider.

The scheme has an open referral system, and anyone in Renfrewshire can self-refer by sending an email to the Energy Management Unit. Partner organisations can complete a single page referral form with client contact details, their signed consent and space is also provided for the referrer to note key issues. Partner organisations include foodbanks, memory clinics, council services, and registered social housing providers. In particular, two relationships have been built up with Recovery Across Mental Health (RAMH) and a Renfrewshire head injury clinic, and Energy Advocacy Renfrewshire has developed a tailored response for these services. One Energy Advocate specialises in referrals from the head injuries clinic, knows what their needs are and understands their capacity to deal with energy issues. Joint visits with the RAMH officer and the Energy Advocate are arranged, and the relationship here is two-way: Energy Advocacy Renfrewshire refers their clients into RAMH too. This is particularly important given energy issues can both cause stress and anxiety as well as exacerbate existing mental health issues. Having a two-way relationship has resulted in benefits for the patient and has helped relations between the two agencies.

Referrals into the service from a variety of organisations have occurred through speaking to people and building up relationships in the local area, to determine need and work out in practice how to work together. With the integration of health and social care in Scotland in 2016, a new officer has been appointed in the health board with responsibility to integrate all non-health services, for example dealing with bed blocking issues and ensuring support for health and wellbeing when patients are discharged from hospital. The scheme has benefitted from this post being in existence, and has seen an increase in referrals and awareness of their services. The respondent commented on the importance of having the right individual, in the right place, at the right time.

The scheme ascribed their success to building relationships and the benefits of providing personalised, face-to-face support with mindfulness of the significance of advocacy. They commented that fuel poverty has been treated in the past as a bricks and mortar problem, rather than a people problem. The scheme provides value for money and has in the past year seen a community benefit of £350,000 for a spend of £250,000 over the same period.

One challenge for the scheme has been funding and limited capacity to respond to the wider need in the community. The respondent would like to see the Scottish Government provide ring-fenced funding to local authorities to develop an energy advice service on their own patch in response to local need. This could be in partnership with Home Energy Scotland but crucially the council should be given ownership of and accountability for the service, and the

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responsibility would be with the local authority to ensure the service was as effective as possible.

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## **Follow up interview: Healthy Heating**

- Interviewee job title: Financial Inclusion Coordinator
- Interviewee organisation: Citizens Advice and Rights Fife (CARF)

Healthy Heating is funded until 31<sup>st</sup> March 2017 by Citizens Advice Scotland to provide an element of additionality to the current Citizens Advice Bureau (CAB) offering. CARF identified that individuals with health conditions have a higher risk of fuel poverty, and therefore focus on this group for their project. An advisor was appointed to provide support around fuel poverty and energy efficiency, mainly via home visits, focusing on income maximisation as a solution to fuel poverty. This includes, for example, a benefits check, assistance in applying for any identified benefits, and support through the mandatory reconsideration and appeal processes with support from the rest of the CAB. The advisor will also make subsidiary applications for the client. For example, in addition to the Warm Home Discount the advisor can might apply for a blue badge, clothing grants or free school meals, all with the aim of maximising household income. The advisor provides energy advice, information and support to switch energy supplier or tariff, as well as financial capability work to skill up the client for future for when any new energy contracts come to an end. Energy saving tips and information on working heating systems are supplied, and referrals into Home Energy Scotland for government schemes are also completed via the Fife Online Referral Tool (FORT). The project also works very closely with a Cosy Kingdom project which provides a handyman service to fit energy saving lightbulbs, radiator panels, window insulation and thermal lined curtains.

CARF are represented on and chair the Healthy Heating and Poverty Partnership Steering Group. This includes representatives from Fife Council (their lead officer for fuel poverty and lead officer for maintenance), a representative from the alliance of local housing associations as well as each individual housing association, SSE, Citrus Energy, NHS Fife, and Cosy Kingdom. This has enabled joint working and sharing of good practice as well as identification of gaps in provision or where resources should be targeted – for example, on individuals with health conditions.

The project has pursued many options for identifying households with health conditions to benefit from the scheme. The organisation had some existing contacts with stroke and cardiac nurses from a previous project, and therefore this was a natural area to focus on. The advisor in post approached the rehabilitation nurses with details of the project, who were fully on board and started referring in on the first week. The Healthy Heating advisor also works closely with and receives referrals from other CARF health-related projects, including a Macmillan project, the Fife Young Families Money Advice Project (a partnership with Enable Scotland providing support for families with disabled children) and also works with the Patient Advice and Support Service (PASS) advisor who deals with NHS complaints. The project has also undertaken information sessions with a carers group at a dementia and Alzheimer's centre, and a stroke club. This has allowed three routes into individuals: targeting health professionals to refer, targeting other agencies who work with individuals with health conditions to refer, and targeting patients directly.

The scheme managed to receive health care referrals very early in the project and has successfully managed to reach individuals with health conditions. Existing contacts helped

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here as did directing resources to healthcare professionals who are focused on the rehabilitation of their patients, where it is part of their role and their patients are clearly in need. The scheme would like to work with other healthcare professionals who may not have such a direct rehabilitation focus, but this is more difficult because the fuel poverty angle is slightly outwith their day-to-day work, which when combined with heavy workloads, makes it harder to engage with these professionals.

Although the nature of funding for the scheme has not required a full evaluation of health benefits, the scheme has had very positive feedback from referrers and patients and they will include this in their end of project report.

Patients with existing health conditions can be, understandably, focused on their recovery and their health condition can make it more difficult to keep appointments or travel far or leave their home at all. The project has overcome this by offering home visits. This is beneficial to clients, though resource and time intensive for the organisation and, combined with the rurality of Fife, means the scheme is limited in the number of people it can assist. One way the scheme has dealt with this is by using methods such as social media and website posts to reach and target further clients who may not use the scheme for one-to-one advice, but who might still benefit from having advice such as information on the Warm Home Discount highlighted so they can apply themselves.

Funding is always a challenge – both securing it and also the lack of continuity and last minute award decisions making it difficult to plan projects in advance.

CARF hope to be able to secure further funding to continue the project in future. They would also like to be able to target resources further upstream in prevention activities, for example working with GPs, dentists and midwives, and supporting young people and helping to avoid households experiencing fuel poverty in the first place.

CARF also hope that other schemes will involve financial inclusion and financial capability work as part of their offering, like they do. For example, they help clients set up an email address so they can receive paperless billing, set up a bank account so a direct debit can be used, as well as offering financial capability training and financial education. These efforts to tackle digital and financial exclusion are an integral part of the advice and support provided to clients, and helps the scheme to empower clients and 'future proof' their wellbeing.

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## **Follow up interview: Home Energy Scotland health-related fuel poverty initiatives**

- Interviewee job title: Head of Home Energy Scotland
- Interviewee organisation: Energy Saving Trust

Home Energy Scotland is funded by the Scottish Government, managed by the Energy Saving Trust and delivered through a network of five regional advice centres delivered by the Energy Agency, Changeworks, Scarf and the Wise Group. It provides a one-stop shop for households experiencing fuel poverty – providing a single point of access to the full range of help available.

Home Energy Scotland works at both a strategic level, with Scottish Government and NHS Health Scotland, and at a local level, with GP practices and NHS Boards as well as other local partners, to enable patients and NHS staff to access support from Home Energy Scotland.

Home Energy Scotland is in dialogue with NHS Health Scotland, the Health Promoting Health Service (HPHS) network and NHS Health Visiting Leads, about building pathways to Home Energy Scotland support for both patients and NHS staff. Examples of specific initiatives already underway or in planning include but are not limited to:

### **NHS Greater Glasgow and Clyde**

Home Energy Scotland has had a partnership agreement in place with NHS Greater Glasgow and Clyde since mid-2015. Some of the initial activities delivered through this partnership are below and many others are being planned.

The initial focus of the partnership was on Home Energy Scotland providing energy advice directly within the Victoria, Queen Elizabeth and University Hospitals through their patient information centres. Home Energy Scotland has been attending one of these three patient information centres every fortnight to deliver energy advice directly to patients. In addition to advising patients and distributing information about Home Energy Scotland services through the centres, this activity has resulted in growing numbers of referrals of patients to Home Energy Scotland from NHS staff working in these three hospitals.

Another initiative was at the Royal Hospital for Children as part of their Child Disability Living Allowance (DLA) campaign in late 2015/early 2016 which encouraged parents to claim Child DLA. Home Energy Scotland had a stand within the Royal Hospital for Children on three dates during this campaign and advised 155 patients. This was a very successful way of engaging with patients and further initiatives of this type are being planned.

Case studies of the benefits to patients of the support provided through these activities are being shared widely across the NHS to encourage replication in other areas.

### **NHS Highland**

Home Energy Scotland has worked with NHS Highland in Sutherland to create a referral pathway to Home Energy Scotland for patients discharged from hospital. Patients are referred through the Home Energy Scotland online referral portal.

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To enable this referral route, Home Energy Scotland and NHS Highland entered into an NHS information sharing agreement, NHS staff at Migdale and Lawson Memorial hospitals were trained in use of the portal and evaluation criteria were set.

Home Energy Scotland will review the success of the pilot early in 2017 with a view to replicating the model in other NHS areas if successful.

Home Energy Scotland also has a regular outreach presence at the outpatient clinic at Raigmore Hospital – providing energy advice to patients and their relatives.

### **NHS Grampian**

Since September 2015, Home Energy Scotland has been providing advice for two hours every week at a stand within Aberdeen Community Health and Care Village. The Community Health and Care Village is run by NHS Grampian and is an urban community hospital (without inpatient beds) delivering diagnostic and treatment services for the people of Aberdeen and Grampian.

Home Energy Scotland jointly staffs the stand with the local financial support referral service Cash in Your Pocket (CIYP) – so that patients benefit from Home Energy Scotland's energy and income maximisation advice as well as referral to local and national energy efficiency schemes, whilst at the same time receiving financial support through CIYP.

Home Energy Scotland is also working with NHS Grampian on Making every Opportunity Count (MeOC) - an integrated approach to multi-agency, inequalities-sensitive prevention and self-care. It builds on proof of concept within NHS Grampian to improve person-centred approaches by enabling services users to live as well as they can.

### **GP practices**

From mid-October to mid-November 2015, Home Energy Scotland took part in a pilot delivering energy advice within Craigmillar Medical Practice. A Home Energy Scotland advisor approached people in the surgery waiting area to engage them in an energy advice conversation; following this, patients were provided with energy advice and offered a phone call from a Home Energy Scotland advice centre to have a more detailed discussion. The purpose of the pilot was to determine the benefits of providing energy advice directly within medical practices.

656 patients were reached during this campaign and 512 were provided with energy advice – 75% of these people had never received support from Home Energy Scotland previously. Some of the people who engaged with Home Energy Scotland through this pilot reported very good outcomes including feeling warmer and a lot more relaxed at home as a result of the energy advice which they received.

This pilot highlighted that carrying out outreach in GP practices enabled Home Energy Scotland to reach households in need. It also allowed Home Energy Scotland advisors to engage with local GPs and nurses and make them aware of how to refer into Home Energy Scotland, so they could then make referrals at other times. Following the pilot, Home Energy Scotland is attending flu clinics across Scotland to make contact with fuel poor households and provide them with support.

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Many GP practices in areas of deprivation are establishing community connector projects, whereby support staff are located in the surgeries to provide additional support to vulnerable patients identified by GPs. Examples including the Alliance-run Link Worker project in Glasgow and the network of community connectors in South West Scotland. Home Energy Scotland has provided training on the Home Energy Scotland referral portal to all of the Link Workers in Glasgow who are now making referrals through this route.

**Work with NHS Health Scotland and Scottish Government on supporting young families in fuel poverty**

Home Energy Scotland has provided content to NHS Health Scotland for health visitor training being developed in support of the new Universal Health Visiting Pathway, which identifies fuel poverty as an issue that health visitors should identify and be offering families routes to support on. The information includes how to identify people who could benefit from fuel poverty advice services, how to make a referral through the Home Energy Scotland portal and case studies. This information has been included in the NHS financial inclusion toolkit and e-learning module on child poverty.

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## **Follow up interview: Warm Recovery**

- Interviewee job title: Affordable Warmth Team Manager
- Interviewee organisation: Changeworks

The scheme applied for funding from the Edinburgh and Lothians Health Foundation. Originally conceived as a three-year project, due to funding constraints the project was redesigned and a pared down version of the scheme was developed. The intention was for an advisor to spend one day a week for the first 6 months seeking to make contacts with the health sector. Two specific groups had been identified prior to the funding application: the respiratory unit at the Astley Ainslie Hospital and the discharge hub at the Royal Infirmary. In the following 12 months, the advisor would provide a range of advice to patients referred into the service, supporting people to have improved skills and confidence to understand heating systems, save money on energy bills, access better tariffs, combat condensation and dampness, amongst other things. However, due to a number of obstacles, namely heavy NHS workloads and data protection concerns, in practice the set up phase took nearly 12 months.

The project sought to work with the respiratory team at the Astley Ainslie. The aim was to help the respiratory team, who work in patients' homes, recognise when there was a heating or energy use issue, and ask the patient if they wished to be referred to Changeworks for an energy advice home visit. The NHS, with the client's permission, would then provide the patient's name and contact details to Changeworks who would be able to support them as outlined above. There was concern that this presented a data protection issue, and it took a considerable period of time to resolve this to the satisfaction of all parties. Options explored included escalating the query/issue to relevant NHS managers, exploring the possibility of the Changeworks advisor being assigned an NHS email address, consulting with other third sector agencies who had set up successful referral pathways with the health unit, and conducting a series of meetings and briefings with staff in the unit to allay their concerns. In the end, all agreed that because the NHS staff would be gaining the client's stated permission to be referred to Changeworks (and because no medical or personal details were required for the referral), there should be no impediment to making the referral. A referral tool was developed and in the last two months (October and November 2016) referrals have started coming in, to the extent that the adviser now has a waiting list. Patients received much needed support in time for the colder winter months.

The project also targeted the discharge hub at the Royal Infirmary to establish a referral route there. This has not however come to fruition, in part due to difficulty identifying and establishing a working relationship with the relevant operational staff who would facilitate this. Meanwhile, this has to some extent been superseded by another parallel and wider ranging effort to establish referral protocols between the NHS and the third sector. The Local Opportunities for Older People (LOOPs) project has developed a programme through which Changeworks are now also receiving referrals. The LOOPs discharge project enables NHS staff to source further support for patients and refer to the third sector via a referral hub on a much more streamlined basis. It supports patients to access support in the community, and is reducing reliance on the NHS. Changeworks' fuel poverty prevention and energy advice is just one of those support providers, who together with other providers, can better support each client's particular needs. The Changeworks Warm Recovery project advisor

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delivered training alongside LOOPs staff to a group of city-wide falls prevention agency managers. Referrals have now started flowing from these agencies.

Given the longer set up time, there are now only 6 months left of funding from time of writing (November 2016) for the scheme to undertake client work. However, the referral networks being established will enable those who need support to get it even after the project concludes, since the Changeworks Affordable Warmth team will continue to provide this service through other funding channels and health-related projects. Warm Recovery is only one in a suite of several health projects run by Changeworks – these are all listed in the catalogue.

Although a perhaps overly cautious interpretation of data protection created barriers to referrals (which other agencies who are data protection aware and compliant did not struggle with), another obstacle has been engaging with health staff who have very heavy workloads already. Although health professionals had an intellectual awareness of the issue and understood the negative health impacts of fuel poverty, acting on this information was another step which they struggled to integrate into their routines and discussions with patients.

However, by directly addressing the specific concerns and barriers experienced by busy health professionals (and through a degree of perseverance and patience needed to make this work), the respiratory team now have a fuller understanding of the benefits that can be achieved for their patients. They also have an easier way to access this support, with full confidence that they are remaining compliant with data protection. In fact, evidence of their success is shown by the respiratory team having identified another NHS team for the Changeworks advisors to engage with in future.

In conclusion, the Changeworks Affordable Warmth team will continue to provide fuel poverty prevention and affordable warmth support to patients, and hopes to secure further funding to expand the project time scale and increase staff capacity to support more patients in future.

Changeworks will utilise a 'Savings to the NHS' metric created by Edinburgh Voluntary Organisations Council to provide additional evaluation and impact reporting to the Edinburgh and Lothians Health Board funder at the end of the project. They would be keen to work with others in the sector to explore what social care savings may be achieved through a streamlined and joined up third sector, with NHS collaboration.

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## **Appendix 1: Health catalogue survey**

The survey was distributed using the online survey provider 'wufoo'. All questions asked within the survey are listed below:

### **Section 1: Your details**

#### **1.1 Name**

#### **1.2 Job title**

#### **1.3 Organisation name**

#### **1.4 Organisation type**

- Local authority
- For profit company
- Third sector organisation
- Other (please state below)
- Social housing provider
- Community Group
- Health or social care body

#### **1.5 Contact email**

#### **1.6 Contact phone number**

### **Section 2: Scheme overview**

#### **2.1 Scheme name**

#### **2.2 Are you the lead organisation involved in the scheme?**

- Yes
- No

#### **2.3 What geographical area does your scheme cover?**

- National
- Local authority area
- Regional
- Smaller than local authority area

#### **2.4 Is the area rural or urban?**

- Mostly rural
- Both urban and rural
- Mostly urban

#### **2.5 When did the scheme start operating? (please provide a month and year, if possible)**

#### **2.6 How long will the scheme run for?**

#### **2.7 What is the scheme's estimated annual target household reach?**

- Under 100
- 100-499
- 500-999
- 1000-5000
- Over 5000
- No target
- I don't know

#### **2.8 Does your scheme only target and reach households with health conditions?**

- 
- Yes
  - No

**2.9 What proportion of the scheme's estimated annual target reach is estimated to be households with a health condition?**

- Less than 20%
- 20 - 39%
- 40 - 59%
- 60 - 80%
- Over 80%
- I don't know

**Section 3: Services provided**

**3.1 What type of services does the scheme provide? (please check all that apply)**

- Low-cost energy efficiency measures
- Medium to high-cost energy efficiency measures: supporting access through other schemes and providers
- Other (please detail below)
- Medium to high-cost energy efficiency measures: funding them directly
- Energy-related advice
- Referral to energy-related grants, support and advice
- Referral to other services

**3.2 Please provide further details of the above, if you would like:**

**Section 4: Household profile**

**4.1 Which health conditions does the scheme target? (check all that apply)**

- The scheme does not target specific health conditions
- Arthritis: osteoarthritis, rheumatoid arthritis, other
- Cancer
- Circulatory disease: cardiovascular disease, heart disease, stroke, other
- Dementia: Alzheimer's disease, other
- Diabetes
- Disability: limited mobility, other
- Injury (including accidental falls)
- Long-term illnesses
- Mental health conditions
- Neurological condition: multiple sclerosis, Parkinson's disease, other
- Multiple targeted

**4.2 Does the scheme require formal verification of health conditions?**

- Yes – GP certification
- Yes – other healthcare professional certification
- Yes – other (e.g. disability benefit)

- 
- No
  - I don't know

## **Section 5: Health sector involvement**

### **Health funding**

#### **5.1 Does the scheme have any funding from the health sector?**

- Yes
- No

### **Health referrals**

#### **5.2 What method is used to identify and target households with health conditions?**

**(please check all that apply)**

- No specific method is used.
- Referral - GP
- Referral - other healthcare professional
- Referral - local authority
- Referral - third sector agency/advice worker
- Referral - energy supplier
- Referral - registered social landlord
- Data sharing and/or matching
- Other (please specify, for example promoting self-referrals)

#### **5.3 How many healthcare professionals have made referrals to the scheme since its inception?**

- None
- Under 10
- 10 – 19
- 20 – 29
- 30 – 39
- Over 40
- Don't know

#### **5.4 What methods are used by healthcare professionals to refer to the scheme?**

**(please check all that apply)**

- Paper form
- Email form
- Helpline/telephone
- Online referral portal
- Other

#### **Any other health involvement?**

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**5.5 Is the health sector involved in the scheme in any other way? Please provide details if you can.**

## **Section 6: Data Sharing**

**6.1 Do you share data to identify, target and/or refer households to the scheme?**

- Yes – we share data/have shared data
- No – we don't share data/haven't tried
- No – we tried to share data but failed
- I don't know

**6.2 What methods are used to share data?**

- Data sharing protocol/agreement
- Household consent
- Other (please detail below)

**6.3 Has there been any difficulties in sharing data amongst partners?**

- Yes (please detail below)
- No
- I don't know

## **Section 7: Challenges and successes**

**7.1 What challenges have there been in implementing the scheme?**

**7.2 What key successes has the scheme had, and what were the main reasons for these successes, in your opinion?**

## **Section 8: Evaluation**

**8.1 Is this scheme evaluated?**

- Yes
- No

**8.2 If yes, is this evaluation published? (e.g. made public on your website)**

- Yes
- No

**8.3 Do you measure against the following outcomes?**

- Impact on pre-existing health condition - client's own assessment
- Impact on pre-existing health condition - professional assessment
- Impact on pre-existing health condition - scheme provider's assessment
- Health sector savings - reduction in GP visits
- Health sector savings - reduction in hospital admissions
- Health sector savings - reduction in days in hospital
- Health sector savings - monetary savings

**8.4 Any other outcomes or details you wish to share?**

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## **Section 9: Almost there!**

**9.1 Is there anything else you'd like to tell us?**

**9.2 Would you be happy for someone from the project team to contact you for a further follow up phone interview? If your answer is 'yes', you may be contacted to arrange a 15 – 20 minute phone interview.**

- Yes
- No thanks

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## **Appendix 2: Non health-related fuel poverty schemes**

### **2.1 Introduction**

Six responses to the survey were recorded where no significant health-related component could be identified. In many cases, these schemes still highlighted their links in working with clients who might have a specific health condition, or that the support of the scheme may result in improvements to client's health. They did not, however, target specific health conditions or have substantial involvement from the health sector, for instance through funding or targeting healthcare professionals to make referrals to the scheme. The schemes therefore did not meet our criteria for inclusion within the main catalogue, and as such were included in this appendix.

## 2.2 Aberdeen Heat & Power District Heating

**Lead organisation:** Aberdeen Heat & Power  
**Geographic scope:** Local authority area  
**Estimated annual target reach:** Over 5000  
**Website:**  
<http://www.aberdeenheatandpower.co.uk/>

**Scheme start date:** July 2002  
**Locality:** Mostly urban  
**Proportion of estimated annual target reach estimated to be households with a health condition:** Data unavailable

### Services provided

✓	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
	Energy-related advice
	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The provision of affordable heat to multi-storey blocks of flats principally but also some low rise sheltered accommodation and now connecting to new low rise housing.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from the health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
n/a	n/a

**Method used to identify and target households with health conditions:**

No response provided by respondent.

**Any other involvement from the health sector?** None identified.

### Data sharing

- Respondent does not know if the scheme shares data to identify, target and/or refer households.

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## Challenges and successes

**Challenges to implementing scheme:** Funding for district heating schemes is notoriously difficult. The schemes in Aberdeen have been largely funded through local authority capital housing programme and external grant, primarily to alleviate fuel poverty. Practical challenges have arisen in installation of underground piping through streets and also retro-fitting of heating systems in multi storey blocks.

**Key successes of scheme and reasons behind them:** Key successes include - lower cost heat supply to over 3000 flats on district and community housing schemes spread over 33 blocks connected to low carbon district heating schemes and a further 9 blocks connected to community heating schemes. The aim is to extend this to the remaining 18 blocks across the city. This provides a controllable heat when compared to previous electric heating systems which people could not afford to run and were quite inefficient. The schemes also reduce the carbon footprint of the properties and bring them up to the Energy Efficiency Standard for Social Housing. Through bringing efficient and affordable heating it is believed that spin off benefits occur - health improvements through reduction in under-heated and damp conditions, social benefits through comfortable and affordable heating conditions, less churn (turnover of occupancy) and it has even been suggested that there has been a reduction in local crime, although this has not been qualified.

## Evaluation

**Evaluated scheme?** No

## Other comments

District heating is seen as national priority for urban and rural communities to improve heating standards in homes and improve housing standards through provision of affordable and controllable heating.

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## 2.3 Almond Energy Action

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**Lead organisation:** Almond Housing Association

**Geographic scope:** Smaller than local authority area

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

**Website:** <http://www.almondha.org.uk/almond-energy-action/>

**Scheme start date:** April 2015

**Locality:** Both urban and rural

**Proportion of estimated annual target reach estimated to be households with a health condition:**  
Data unavailable

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- The scheme does not target specific health conditions
- Formal verification of health conditions is not necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
None	n/a

**Method used to identify and target households with health conditions:**

No specific method is used

**Any other involvement from the health sector?** No

### Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - The scheme shares data with Changeworks who deliver the energy advice service for them.
- The scheme uses a data sharing protocol/agreement and household consent to share data.
- No data sharing difficulties were highlighted.

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## **Challenges and successes**

**Challenges to implementing scheme:** Tenant engagement has been a challenge – knowing the scheme is working in areas of high fuel poverty and trying to reach the people affected.

**Key successes of scheme and reasons behind them:** The scheme was able to assist over 240 householders in the first year which was a great success. A lot of this success is due to the great working relationship between the scheme and Changeworks as well as a proactive approach of trying to target tenants instead of waiting for them to come to the scheme.

## **Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

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## 2.4 Beat the Clock

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**Lead organisation:** Dundee Energy Efficiency Advice Project

**Geographic scope:** Local authority area

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

**Website:**

<https://www.dundee.gov.uk/housing/energy-advice>

**Scheme start date:** October 2009

**Locality:** Mostly urban

**Proportion of estimated annual target reach estimated to be households with a health condition:** 20-39%

### Services provided

<input type="checkbox"/>	Low cost energy efficiency measures
<input type="checkbox"/>	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
<input type="checkbox"/>	Medium to high cost energy efficiency measures: funding them directly
<input checked="" type="checkbox"/>	Energy-related advice
<input type="checkbox"/>	Referral to energy-related grants, support and advice
<input checked="" type="checkbox"/>	Referral to other services

**Other services:** Clients are referred for income maximisation checks as part of the service.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
Under 10	Email form

**Method used to identify and target households with health conditions:**

- ✓ Referral – local authority

**Any other involvement from the health sector?** No

### Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

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## **Challenges and successes**

**Challenges to implementing scheme:** None.

**Key successes of scheme and reasons behind them:** As part of the service, advisors ensure the client's heating programmer is set for winter and also reset with time change. In addition, advisors ensure all clients qualifying are receiving the Warm Home Discount.

## **Evaluation**

**Evaluated scheme?** No.

**Outcomes measured and reported against:** No pre-defined choices selected.

## 2.5 Financial Support

**Lead organisation:** Maryhill Housing Association  
**Geographic scope:** Smaller than local authority area  
**Estimated annual target reach:** 1000-5000  
**Website:**  
[http://www.maryhill.org.uk/tenants/welfare\\_rights%20c.html](http://www.maryhill.org.uk/tenants/welfare_rights%20c.html)

**Scheme start date:** June 2014  
**Locality:** Mostly urban  
**Proportion of estimated annual target reach estimated to be households with a health condition:** 60-80%

### Services provided

✓	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** Financial advice including assistance with completing benefit forms

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
10-20, plus further referrals from support workers from addiction agencies, mental health organisations, Cordia and occupational therapists	Helpline / telephone
	Email form

**Method used to identify and target households with health conditions:**

No specific method is used

### Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

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## **Challenges and successes**

**Challenges to implementing scheme:** Reaching working households has been a challenge as many still believe poverty only relates to people entitled to benefits.

**Key successes of scheme and reasons behind them:** A successful partnership with Citrus Energy.

## **Evaluation**

**Evaluated scheme?** Yes. Evaluation is not published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

## 2.6 South Seeds Energy Reduction Service

**Lead organisation:** South Seeds  
**Geographic scope:** Smaller than local authority area  
**Estimated annual target reach:** 100-499  
**Website:** [www.southseeds.org](http://www.southseeds.org)

**Scheme start date:** 2011  
**Locality:** Mostly urban  
**Proportion of estimated annual target reach estimated to be households with a health condition:** Data unavailable

### Services provided

✓	Low cost energy efficiency measures
✓	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
✓	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

### Household profile

- ✓ Multiple health conditions are targeted by the scheme
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
None	

**Method used to identify and target households with health conditions:**

No specific method is used

**Any other involvement from the health sector?** The scheme does not specifically target households/individuals with health conditions but the scheme often engages with such households through the work they do.

### Data sharing

- The scheme does not share data to identify, target and/or refer households and hasn't tried.

### Challenges and successes

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**Challenges to implementing scheme:** Engaging private sector landlords; dealing with energy companies.

**Key successes of scheme and reasons behind them:** Clearing people's energy debt; getting vulnerable households new central heating systems installed; applying for the Warm Home Discount scheme on behalf of clients; supporting people to use their heating systems more effectively.

## **Evaluation**

**Evaluated scheme?** Yes. Evaluation is published.

**Outcomes measured and reported against:** No pre-defined outcomes selected.

Scheme is not evaluated based on health outcomes.

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## 2.7 Starting Out Project

**Lead organisation:** Glenoaks Housing Association

**Geographic scope:** Smaller than local authority area

**Estimated annual target reach:** 1000-5000

**Website:** <http://www.glenoaks.org.uk/starting-out-project.html>

**Scheme start date:** April 2015

**Locality:** Mostly urban

**Proportion of estimated annual target reach estimated to be households with a health condition:** 20-39%

### Services provided

	Low cost energy efficiency measures
	Medium to high cost energy efficiency measures: supporting access through other schemes and providers
	Medium to high cost energy efficiency measures: funding them directly
✓	Energy-related advice
✓	Referral to energy-related grants, support and advice
✓	Referral to other services

**Other services:** The scheme provides energy advice services to new and existing tenants. The scheme helps tenants understand tariffs, meters and budgeting for fuel; provides advice on acquiring and the cost of running household appliances and payment methods for fuel. The scheme also negotiates with energy suppliers; addressing energy account errors as well as accessing services available from fuel suppliers and consumer bodies.

### Household profile

- The scheme does not target specific health conditions
- No formal verification of health conditions is necessary

### Health sector involvement

**Funding from health sector?** No

**Referrals from health sector:**

No. healthcare professionals making referrals to the scheme since inception	Method used by healthcare professionals to make referrals
None	

**Method used to identify and target households with health conditions:**

No specific method is used

**Any other involvement from the health sector?** The scheme identifies vulnerable tenants and make referrals onto the health care professionals.

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## Data sharing

- The scheme shares data or has shared data to identify, target and/or refer households.
  - Internal data and they make referrals onto other agencies as appropriate providing the tenant has agreed to data being shared.
- The scheme uses a data sharing protocol/agreement and household consent to share data.
- No data sharing difficulties were highlighted.

## Challenges and successes

**Challenges to implementing scheme:** A challenge is providing appropriate and timely support for vulnerable tenants.

**Key successes of scheme and reasons behind them:** Being able to support a tenant to return home from hospital - with the project arranging to have meters changed from pre-paid to credit and assisting the tenant to bank online and to manage payments for fuel online.

## Evaluation

**Evaluated scheme?** No

**Outcomes measured and reported against:**

Impact on pre-existing health condition	Health sector savings
Client's own assessment	Reduction in days in hospital

The service is currently looking at a social return on investment study as the services they provide are cost effective.

## Other comments

The project is not just about fuel poverty - they look at financial capability and digital inclusion to enhance tenants lives.