



Action for Warm Homes

WARM AND HEALTHY HOMES FUND



Critical Reflections & Impacts

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- WHO estimate 30% of winter deaths are caused by cold housing
 - equates to over 9,600 frail and vulnerable people
 - **80 per day**
- As much as **£1.36 billion** is being spent by the NHS each year as a result of people living in cold homes
- Energy efficiency improvements have a **tangible impact** on physical & mental health, thermal comfort and providing affordable warmth





Action for Warm Homes

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HOMES FUND**



- Designed to align and put into practice NG6 recommendations
- Build partnerships with health sector
- WHHF consists of 2 strands:
 - Partnerships (large measures)
 - Small Measures
- Grants awarded to 22 partners (GB)
- Health-based eligibility criteria
- Innovative ability to assess householders 'at risk'
- NEA reports to a Fund Control Committee



Key achievements (to 31 March 2017)

- WHHF provided energy efficiency interventions to **2,319 GB households**
- **93%** experienced increased SAP
- Partners levered in **£2.035m** match/gap funding
- **81%** of partners thought WHHF had enabled them to better develop **referrals/partnerships with health practitioners**
- Trained **1,156 advisors/practitioners** reaching approx. **388,416 service users** each year
- Helped **1,144 householders** prepare for keeping warm & well

Diverse referral pathways

Dudley Home Improvement Service

- Established referral routes with a hospital's Cardiology Ward and DFG applicants
- Shared housing stock data with the Council
- Enabled specific targeting of householders aligned to WHHF criteria

HEET

- Work almost exclusively through referrals rather than running advice stalls/events
- Takes time to build and maintain a diverse, well-briefed and trusted referral network – feedback is key to its success

St Helens District Council

- Worked with the IASH team which facilitated access to health services including GPs
- Issued a mailshot to selected patients, followed up with a visit to offer assistance under WHHF and other services e.g. benefits check

East Sussex County Council

- Operate a SPOC WHC service offering preventative, year-round support
- Set-up and 'buy in'

“Our children’s friends used to sit in the house with their hats and scarves and you could see their breath.

I used to dread the winter coming...having the central heating installed has made a huge difference to all of our lives. Now we think – how on earth did we cope with this?

My mental health has improved considerably now that we don’t have to worry about staying warm...the help we received, it has been life changing.”



Ability to assist householders 'at risk'

Having been contacted by her GP, Mrs B was referred for assistance. It was identified that Mrs B's 40-year-old boiler was not working and required an extra radiator in the living room to maintain a healthy room temperature. The couple's annual income was £16,324 (**£314 over the WHHF's low-income threshold**) and they had no financial means to replace the boiler.

Without NEA's ability to assess this case based on their **level of need**, this couple would have been ineligible for assistance and therefore left without adequate heating.

Due to the severity of their health conditions (COPD and diabetes), the likelihood of requiring access or readmission to primary or secondary care health services last winter would have been very high. **Our WHHF partner was able to use the 'at risk' element of the WHHF criteria to provide Mr and Mrs B with a new boiler.**

Lessons/challenges

- Additional **time and resource** is often required
- Encouraging referrals for small/low cost interventions and take-up
- Positive evidence of NG6 being implemented, however there are still challenges at a local level (**data sharing, engagement with the health sector**)
- Ensuring **VFM** and contractor capacity against competing priorities
- Project administration and revenue funding

WHHF has shown that...

- **Health-based eligibility criteria** enables support to be targeted to the most vulnerable (90% of partners thought it worked well in practice)
- **77%** of households were reached via third party referrals, highlighting the importance of **localised referral networks**
- Providing feedback to the referrer **builds the quality of future referrals & demonstrates tangible outcomes**
- Partners have an appetite to share experiences/learnings
- Vulnerable householders often cannot afford to contribute towards costs
- Set up times can be protracted; recurrent funding streams would allow **greater planning & year-round support**



<https://www.youtube.com/watch?v=vf4UM3RI3iY>

Looking forward...

- Interim Impact Report & case studies: www.nea.org.uk/hip/warm-and-healthy-homes
- WHHF delivery will continue in five localities over winter 2017/18
- Exploring the option for longer-term evaluation with a sample of WHHF householders
- Updated Fuel Poverty and Health catalogue in 2018



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