

Impact Report



Introduction



'Warm & Well in North Yorkshire', funded by British Gas Energy Trust's Healthy Homes Fund, ran between November 2015 and December 2016 with 4 objectives:

- **Reach vulnerable households and people**
- **Raise awareness of the impact of cold homes on health**
- **Refer to the right service or support**
- **Respond to the needs of households and individuals**

The project was a consortium consisting of 30 partners from the public, private and voluntary sectors, and led by Community First Yorkshire (formerly known as Rural Action Yorkshire), and was the first time many of us had worked together on this scale.

Focusing on the issue of fuel poverty across a predominantly rural North Yorkshire, Warm & Well partners aimed ultimately to reduce the number of cold homes, cold people, and cold deaths.

By working together in a large partnership towards the same goals, we were able to achieve a wider reach than ever before into communities and households across the 7 districts of the county.

We put the project together in line with NICE Guidelines ('Excess Winter Deaths and illness and the health risks associated with cold homes') and recommendations from North Yorkshire County Council Public Health ('Seasonal Winter Health Strategy 2015 – 2020'). This ensured that we were delivering the right support to the right people at the right time – all with the aim of helping to reduce fuel poverty across our region.

Working this way – and delivering the most effective interventions to households at risk of or experiencing unaffordable warmth – meant we reached over 4,000 people during our project's lifetime and trained over 300 frontline workers.

On top of this we were able to generate over £86,000 worth of financial savings and gains for householders and healthcare, and deliver hundreds of practical and energy-related measures.

We also created and piloted a 'winter health single point of contact' – a single point of access for support

around fuel poverty, this was the first of its kind for the region.

Our cross-sector and multi-partner approach was crucial in enabling the success of Warm & Well and our ability to reach the most vulnerable people among us.

As well as reaching thousands of cold homes through visits and events, we've been able to reduce energy consumption, create more warm homes, and ensure more people are able to confidently respond to fuel poverty at home, at work, and in their communities.

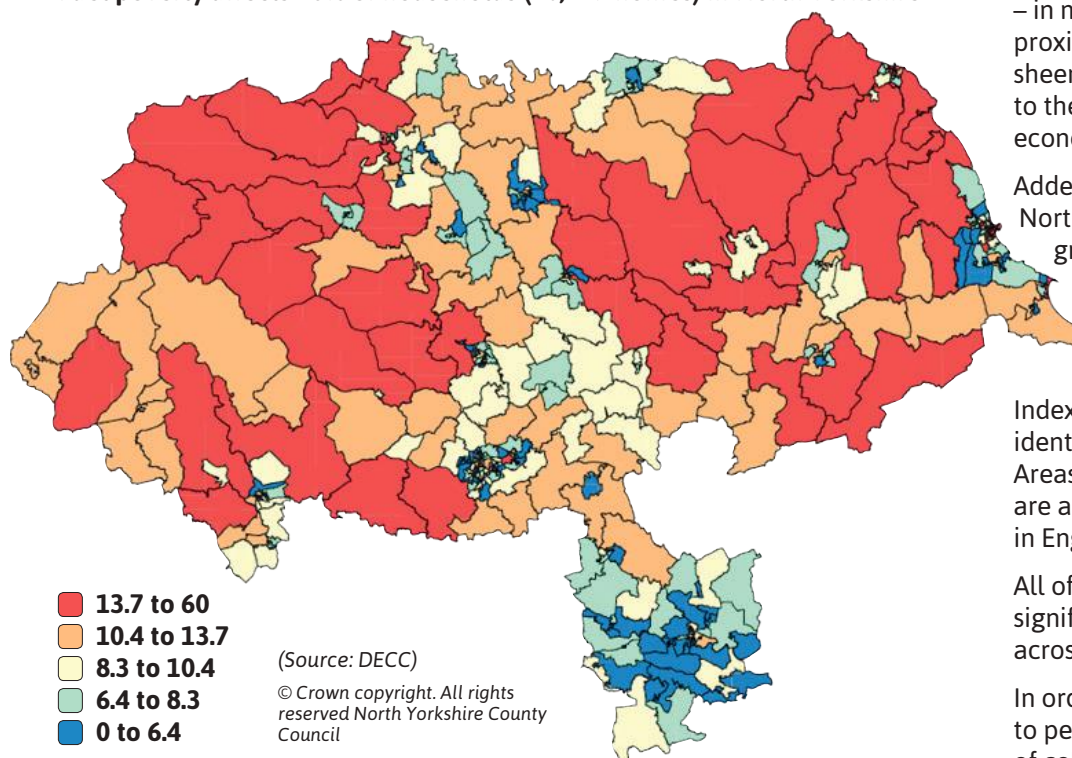
In this report, we will demonstrate our work, our outcomes, and how we came to create the impact that we have had. By reading on you will find out about the people we supported, the difference this has made to their lives, and the challenges we overcame to ensure that our work's legacy continues for years to come.

Pictured above: Volunteers in Hambleton, North Yorkshire, present their knitted draught excluders.

Fuel Poverty in North Yorkshire

Percentage of Homes in Fuel Poverty, 2010-2012

Fuel poverty affects 10% of households (26,229 homes) in North Yorkshire



There are over 26,000 homes across North Yorkshire living in fuel poverty – 10% of the population – and this does not include the additional numbers at risk of falling below the warmth ‘breadline.’

There are an average of 200 to 400 winter deaths as a result of the cold weather every year in our region and a further 3,000 emergency hospital admissions. Yorkshire and Humber has some of the worst winter mortality rates in England and Wales.

With poor or hard-to-treat housing stock, particularly in the countryside and rural areas, residents struggle to heat and insulate their homes in an efficient and affordable way that allows them to keep warm, well, and safe in winter. The pressure on health services to pick up the pieces is on an unprecedented and unsustainable scale.

More and more, the health sector and local authorities must look for alternative methods to combat the crisis of fuel poverty in the UK. In many regions, such as ours, the voluntary sector has stepped up to

perform this role of intervention and prevention.

North Yorkshire is a vast area – the largest county in England – consisting of 7 districts with their own local authority and an additional county council. There are 5 Clinical Commissioning Groups (CCGs) creating a complex health structure for its 603,000 residents. By 2037 it is expected that as much as 30% of the population will be over-65 and at increased risk of health problems relating to excess cold.

Fuel poverty is caused by three main factors:

- **Energy-inefficient homes**
- **High energy costs**
- **Low incomes**

Data shows that the districts of Ryedale, Richmondshire and

Scarborough have the worst rates of fuel poverty across the region – in many cases due to their close proximity to the coastline or their sheer rural composition. It is also due to the problem of low incomes and economic disparities in these areas.

Added to this, many homes across North Yorkshire are off the mains gas grid, and rely on more expensive forms of fuel such as oil, LPG and wood. Despite its reputation for appearing to be an affluent part of the country, the 2010 Index of Multiple Deprivation (IMD) identified 18 Lower Super Output Areas across North Yorkshire which are amongst the 20% most deprived in England.

All of this has combined to create significant hidden pockets of poverty across the region.

In order to make a positive difference to people’s health, reduce the number of cold homes and tackle fuel poverty, we needed to use a multi faceted approach throughout the project.

It was critical that we included a large number of enthusiastic partners who all had different, yet complementary roles in helping us to achieve our shared outcomes.’

More than a third of Excess Winter Deaths are caused by respiratory diseases.

Women are more likely to be affected by Excess Winter Deaths than men.

Early data for 2015/16 gives Wales as having the highest Excess Winter Mortality index followed by Yorkshire and Humber.



What we did



Fuel poverty has a range of negative effects relating to practical and financial circumstances, as well as to physical and mental health. It was important from the start that we addressed these issues and their complex, overlapping nature.

We needed a range of activities and projects delivered by a diversity of organisations and workers that would get to the heart of fuel poverty's impact on cold homes.

We ran a person-centred service where the needs of the beneficiary led our work. This meant throughout the project it was necessary to hone our activities in order to meet demand where it was highest whilst remaining cost-effective and in budget.

The availability of significant funding from British Gas Energy Trust, complemented by winter health grants from Public Health, enabled us to provide important and long-lasting interventions into homes and lives across the region.

At a glance, we ran or attended 172 awareness events, 43 GP flu clinics, 30 training sessions, 585 home visits, and 225 one-to-one appointments. On top of this we were able to provide telephone support, signposting, and resources to professionals, beneficiaries, and anyone who came into contact with us. All in all, we reached 4,415 beneficiaries through our work.

Not only did we face down the challenge of cold homes and cold people in North Yorkshire, but we are now able to demonstrate the clear outcomes we had for our clients, as well as draw awareness to the marriage of health and wellbeing with fuel poverty and the complex scenarios this creates.



Warm & Well was able to offer:

- ✓ Practical and financial help to stay warm and healthy
- ✓ Home visits and one-to-one support to look at how homes can be made more energy-efficient, where savings can be made, or incomes maximised
- ✓ Talks, events, and information sessions on a wide range of topics relating to fuel poverty, energy awareness, switching, and good winter health
- ✓ Support for community initiatives in the areas of winter weather schemes or hardship funds for vulnerable residents
- ✓ Advice and guidance around health and wellbeing, including Top Tips on keeping warm and well and examples of healthy eating and habits
- ✓ Crisis funding and access to grants for those in need
- ✓ Media and public campaigns around Warm Home Discounts, making referrals, and volunteer-made draught excluders – as well as a range of other awareness drives
- ✓ Training and awareness for frontline workers and staff so that they can identify and treat the signs and symptoms of fuel poverty
- ✓ A 'cold comic' and lesson plans for primary schools bringing the message to a new audience in a new and unique way
- ✓ A winter health 'single point of contact' providing a referral gateway into the project for beneficiaries and professionals.

At the frontline of fuel poverty

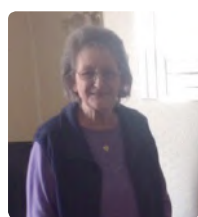
Fuel poverty and cold homes affect people from all walks of life in different ways. There is no single typical experience.



Some clients we met had not had any heating or hot water for 5 years, others were thousands of pounds in debt with their utility companies; some were regular users of food banks and vouchers, while others were simply afraid to turn their heating on or didn't know how to use their heating controls.

Our interventions ranged from major ones – such as the replacement of broken boilers and storage heaters – to minor ones, such as draught-proofing, fitting radiator reflector panels, or providing emergency credit top-ups to those on prepayment meters.

We captured their stories so that we could demonstrate our impact at the same time as shining a spotlight on the effects of fuel poverty in the quality of life for so many in our region.



Barbara, 74, Scarborough

Barbara lives alone in a poorly-insulated and listed property

and was struggling to keep warm and afford her very high electricity bills. Following her referral into the project by her nurse, we assisted her to reduce her bills – saving Barbara £34 a month in future. That's £408 a year!

We also signed Barbara up to the Priority Services Register, so that in future her meter readings would always be accurate and she would receive priority care in the case of a power cut.

The gas fire which was normally used to keep warm in the front room was broken, and Barbara could not afford to fix this or to service her boiler to ensure it was still safe and efficient. The project was able to fund both of these measures providing peace of mind and improved health around the home.

"It's much more snug and warm in the front room with the fire," said Barbara. "It has renewed my faith in human beings. I did not think anyone cared anymore and they do."



Gordon, 83, Scarborough

Gordon is an 83 year old widower living alone with cold-related

illnesses. He has no savings and receives Guaranteed Pension Credit, meaning he finds it very hard to make ends meet each month.

Unfortunately, Gordon's boiler had broken down and needed urgent repairs and he had no way of funding this himself. After contacting his council, Gordon was put in touch with Warm & Well and we were able to intervene.

At the same time as fixing Gordon's boiler, we added him to the Priority Services Register and also looked at his energy bills. We quickly found that he could save £883 a year by switching his provider and Gordon was happy that we assisted him to do this.

"My boiler broke down and I was desperate and worried sick," said Gordon, "I contacted my council who transferred me to Warm & Well due to my old age. The support was excellent and I even got my monthly direct debit reduced from £226 to £160! It feels really good to know I have saved money on my energy bills for an old man to buy more sweets!"



Heather, 49, Richmondshire

Heather is single and lives rurally in an old cottage with solid walls

and old storage heaters. The storage heaters were not working properly and causing excess cold and high energy bills.

Due to personal circumstances, Heather had become unemployed and was experiencing financial difficulties. This in turn was affecting her emotional and mental health.

Richmondshire District Council put Heather in touch with the project who conducted a home visit to provide advice and guidance on using the storage heaters correctly, but we also agreed to help secure funding to replace them. The project funded part of this replacement and Heather funded the remaining sum.

As well as replacing the heaters, we referred Heather for energy advice around switching her electricity provider and applying for the one-off Warm Home Discount grant of £140, which we thought she would be eligible for.

"I was fearful of what would or would not happen if I hadn't been able to find help," said Heather. "Speaking about my situation has lessened my general fear of uncertainty I've had in the past. Thank you very much for an excellent service. I am not sure what I would have done without your help."

66

It has renewed my faith in human beings. I did not think anyone cared anymore and they do."

Our impact



The funding for Warm & Well in North Yorkshire meant we could reach over 4,000 people across the region who may otherwise have received no help, support or awareness around fuel poverty.

We were able to reach another 7,000 through our attendance at flu clinics, where we handed out information about our work and how to make referrals into the project – as well as answering any queries there and then.

All in all, the awareness that we have been able to create around fuel poverty and cold homes is very significant, and this is reflected through the volume of referrals into our single point of contact (over 750 referrals throughout the lifetime of the project – roughly 70 per month).

| | |
|--|--------------|
| Beneficiaries: | 4,415 |
| Additional recipients of information: | 7,389 |
| Referrals: | 771 |
| Crisis or hardship interventions: | 403 |



70 referrals a month
Nearly a quarter of referrals were from homes off the mains gas grid

The high number of referrals into Warm & Well offers evidence of the urgency for fuel poverty intervention and prevention across our region, but also across the UK.

The most commonly stated reasons by our clients for seeking support around fuel poverty were:

- **They were in receipt of benefits or on a low income**
- **They could not afford their energy bills or had debts**
- **They had problems heating their homes**
- **They had a long-term illness or disability or lived with someone who did**
- **They were 75 years old or older**
- **They had a history of mental health problems**

Many clients faced multiple issues that contributed to their inability to keep warm and well during cold and wintry weather.

Nearly a quarter of referrals came from households that were not connected to the mains gas grid (22.9%) which demonstrates the real problem of affordable warmth in rural communities.

Support was in demand across North Yorkshire, though fewer numbers were seen in Craven district towards the North West. There was especially good coverage along the coast, concentrated in the large towns of Scarborough, Filey and Whitby. Generally, we saw high volumes of households in the market towns across the region, but this was offset by the number of rural homes we also supported.

Creating a winter health 'single point of contact' – the first of its kind for North Yorkshire – enabled us to provide a simple but effective way of taking referrals and encouraging frontline workers to refer to us as well as enabling self-referrals.

It also gave us a window of opportunity into understanding the demographics of fuel poor households across the region, reinforcing the fact that no experience is the same and that this is a problem which affects people from every walk of life and background.

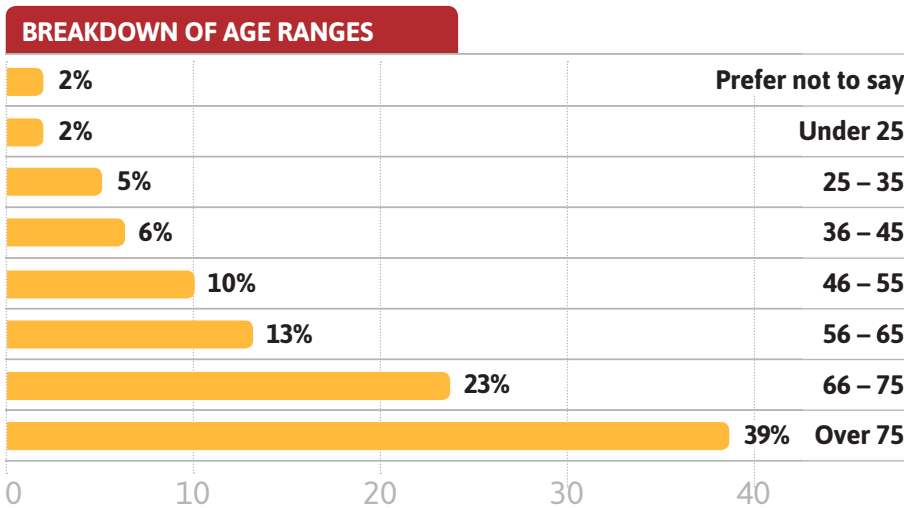
Our impact

Who did we reach?

The top 3 age groups we supported under the project were:

1. Those aged over 75 years old
2. Those aged 66 – 75 years old
3. Those aged 56 – 65 years old

Over one third of those supported were over 75, and nearly one quarter aged between 66 – 75 years old. That means 62% of our 4,415 beneficiaries were over the age of 65.




Of the beneficiaries we supported over 75 years old, our data also shows us that **71% of these were female. In contrast 29% of over 75s seen were male.** This correlates with our finding that we provided support to a disproportionate number of women on the project who were perhaps more willing to come forward for help. We do not conclude that fuel poverty affects women in disproportionate numbers to men and there may be a number of reasons for why we supported more women. **In line with expectations for North Yorkshire, the vast majority of beneficiaries came from a White-British background, with only 2% from other ethnicities.**

Don't forget

People aged over 75 are more likely to suffer with long term health conditions which may be exacerbated by cold weather. They may also be in receipt of benefits such as Pension Credit or Attendance Allowance and struggling to afford their energy bills.

They are also less likely to be digitally-skilled and they may be more likely to be in receipt of paper billing and find themselves on standard energy tariffs, which are considerably more expensive than others and would mean their bills were higher on average than other households. All of this could account for the strong representation of over 75s we saw on the project.

Fuel poverty affects some of the most vulnerable in our society: older people may also be troubled by loneliness, bereavement, isolation, low incomes and health conditions. These issues can also be prevalent across all age groups.



Over a third of beneficiaries were over 75 years old.
Nearly three quarters of over 75s supported were female, with more women affected than men by Excess Winter Deaths.

Health and Fuel Poverty

It became clear to see the link between health and fuel poverty throughout our work, with the majority of beneficiaries self-identifying as having a long term illness, disability, or health problem that worsened due to winter conditions.

71.5% - almost three quarters - of the people we saw said they suffered from a range of physical or mental health problems, directly affected by the cold. These were wide-ranging: anything from arthritis, asthma, COPD, heart problems, underactive thyroids, lung disease and brain injuries, to brittle bones, strokes, depression, anxiety, PTSD, dementia, amputations, alcoholism and cancer or a terminal illness.

Having an existing medical condition and living in a home which is inadequately heated is a difficult situation to be in. It can lead to poor emotional health and cause or exacerbate physical illnesses – therefore placing a heavy demand on the health sector during winter and cold weather.

The most common health problems associated with colder weather or living in a cold home were found to be:

1. coughs and colds
2. breathing issues
3. asthma
4. flu

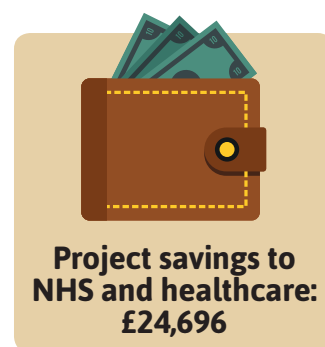


Throughout the project it has become evident that the majority of vulnerable adults living in or at risk of fuel poverty are faced with ill health on a regular basis, be it physical or mental, and this presents an additional challenge to improving affordable warmth.

Our impact

| COST BENEFIT ANALYSIS | | | |
|---|------------|----------------------|----------------|
| Health intervention | Unit cost* | No. units saved | ROI |
| GP consultation | £36 | 298 | £10,728 |
| A&E admission | £138 | 44 | £6,072 |
| Pharmacy/prescription | £28 | 282 | £7,896 |
| Total saving: | | | £24,696 |
| Non-elective inpatient hospital admission | £1,609 | n/a - see commentary | See below |
| Ambulance (see, treat and convey) | £236 | n/a - see commentary | See below |
| A&E + non-elective admission + ambulance call-out | £1,983 | n/a - see commentary | See below |
| From a sample pool of 127 beneficiaries, we have been able to identify £24,696 savings to the NHS and healthcare. | | | |

*Unit costs obtained from: NHS, Reference Costs 2015 to 2016, Department of Health, 2016; and: Burns and Curtis, Unit Costs of Health and Social Care 2016, PSSRU University of Kent, 2016.



Commentary

Our impact demonstrates a cost benefit analysis of £24,696 from 127 clients who completed the full set of evaluation forms for our data capture. A total of 639 clients received this paperwork and data is only taken from those who were able to return their forms completed to a conclusive degree.

If all 44 A&E admissions had transitioned into unplanned and avoidable hospital stays, this would be a further saving of £87,252!

Added to this savings of £18,624 in GP visits and prescriptions we get a grand total of £105,876 – and this is only for our sample pool!

Our monetary return on investment demonstrates the vast potential of fuel poverty work and the savings it can create for healthcare services across the UK.

If the rest of our project beneficiaries (those who did not respond to questionnaires) had answered in a similar manner, we could make the following estimate of savings to healthcare:

| | |
|---|-----------------|
| GP consultations | £53,640 |
| A&E admissions | £30,360 |
| Pharmacy/prescriptions | £39,480 |
| Non-elective hospital admission + ambulance | £436,260 |
| Total (minus standalone A&E figures) | £529,380 |

It is not possible to calculate a full cost benefit analysis through the project due to insufficient evidence for all beneficiaries, but we are able to surmise figures from what we do have available. Further savings will likely have been made around mental health, or decreased stress, isolation and loneliness, due to the intervention and presence of the project in so many lives. Though this was not measured it is an area that could be monitored in future work of this kind.

We can deduce that there have been considerable savings made to healthcare due to the existence of Warm & Well in North Yorkshire.

Had we not been there, it is difficult to know where these vulnerable residents would have turned and where they could have found support.

Note to reader: A project of this size can never be 100% certain that reductions in GP visits or hospital admissions is a direct effect of the support put in place, as at any given time, beneficiaries may also be in contact with additional services external to those being offered by us. Additionally, other extenuating life and personal circumstances must be factored in to social impact analysis as potential causes for any reductions in access of healthcare.

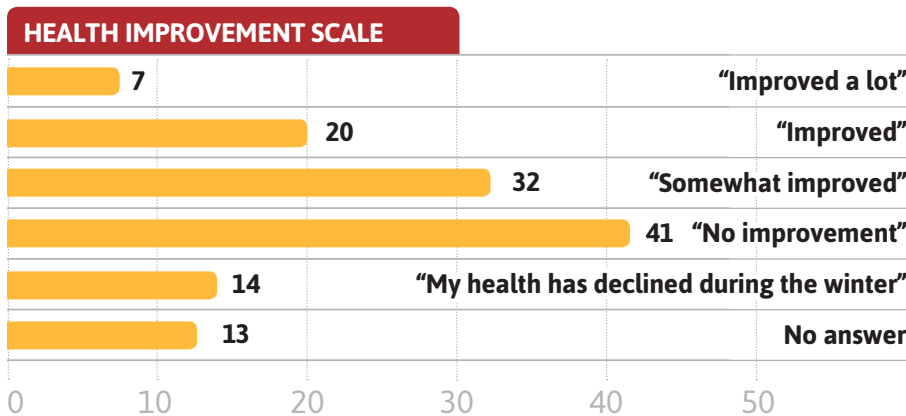
Our impact

Impact on Health and Wellbeing

Feedback forms were health-focused in order to capture the state of health of the people we reached. We recorded their state of health at the time of original engagement with the project, and then again 3-6 months later.

As well as the savings to healthcare we can pull additional information from the questionnaires of our respondents.

Our sample pool of 127 beneficiaries shows the following results:




46.4% of our clients answered that their health had improved, somewhat improved, or improved a lot.

32.3% said that there was no improvement in their health in the aftermath of Warm & Well in North Yorkshire, and another 11% reported that their health had actually declined during winter despite our support.

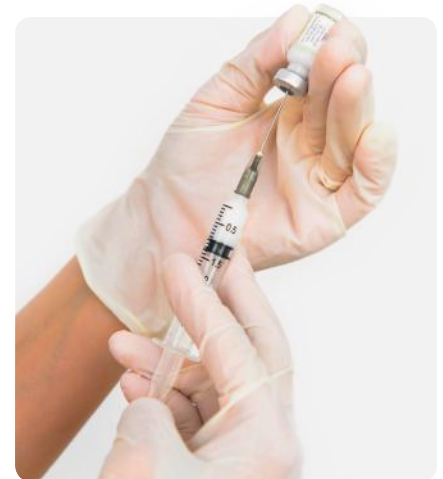
Although the improvement scale, at first glance, looks as though it shows disappointing results, it is important to note the following:

- Many clients answered questionnaires in strict relation to their health and wellbeing at the time of their writing, something which could fluctuate from day to day
- Some clients used the questionnaires as an opportunity to express the negative way they were feeling about their state of health in general, as opposed to focusing exclusively on the effects of our support
- Nearly half of respondents noted that there had been an improvement of some kind in their health
- Despite some clients reporting a decline in their health during winter, over 86% reported that they were satisfied with the support they had received.*

*86.6% of respondents said they were satisfied with services received through the project; 6.3% said they were not satisfied; the remainder provided no response to the question or answered inconclusively.



Nearly half of beneficiaries reported that their health had improved



Flu Immunisations

We also sought to capture data from our beneficiaries on their flu immunisation status. This would enable us to judge the picture of this across North Yorkshire.

It was interesting to see that almost a quarter of respondents were entitled to a free flu immunisation, but for whatever reason, they had not taken advantage of this.

Flu jabs were promoted extensively throughout the project and its campaigns – however there is still work to be done to ensure that immunisations are properly taken up, especially by the most vulnerable residents and the over-65s during winter.

Of those eligible for a flu jab:

60.6% had received one
20.5% had not had one

18.9% were not eligible for a jab or answered inconclusively



Our impact



Links between fuel poverty and health

Tackling fuel poverty is an important factor in improving the health of residents across North Yorkshire. There is a clear risk to mental and physical health driven by the effects of cold homes.

Added to this there is also a more causal link between poor health and fuel poverty, in that developing physical or mental illnesses can increase the risk of falling into a fuel poor quality of life. This could be for a number of reasons – low energy levels and motivation, decreased self-care, weakened immune systems or illnesses that require a heightened use of energy around the home, increased levels of stress or anxiety, or confusion and memory problems relating to dementia.

Many of the households we saw had fallen into fuel poverty because of increased household costs relating to their higher-than-average levels of warmth and energy at home required in order to meet their healthcare needs. This becomes even more of an ethical issue for utility companies and the government when residents are unable to afford their costs due to unavoidable poor health.

This also poses an added challenge in the campaign for affordable warmth. Not only must we address the 3 key causes of fuel poverty (inefficient housing, high energy costs, low incomes) but we must also address the wider issue of fuel poor households who are living with the effects of long term illnesses or disabilities. Carers in particular are vulnerable in this way.

Fuel poverty and health are endlessly intertwined and cannot be easily separated.



Outcomes

- ✓ **Reduced energy consumption for low income and vulnerable households**
- ✓ **More homes across North Yorkshire can afford to keep warm**
- ✓ **Communities more aware of fuel poverty and its effects on vulnerable residents**
- ✓ **Funders and local authorities can make use of our learning and evidence**
- ✓ **Frontline staff trained to diagnose the signs and symptoms of fuel poverty and offer support**
- ✓ **Beneficiaries have a better understanding of the impact of cold homes on health***
- ✓ **Beneficiaries know how to keep warm, well, healthy and where to go for support***
- ✓ **Increase in applications for Warm Home Discounts and Priority Services Register**
- ✓ **Number of households in fuel poverty reduced across North Yorkshire**
- ✓ **Number of visits to hospitals and GPs reduced across project**

Still to do

- **Number of Excess Winter Deaths (EWDs) reduced across North Yorkshire****

*Over 90% of beneficiaries seen through our work reported that they a) know how to keep themselves warm, b) know how to keep themselves healthy and well, and c) know where to go for help and support if they need it.

**This is a longer term impact which will only be verifiable upon release of final excess winter mortality data for 2015/16 and 2016/17 by the Office of National Statistics. The 2015/16 figures are provisional at the time of writing and 2016/17 will be finalised in 2018.

Our impact

Reaching over 4,000 people across North Yorkshire, we were able to achieve significant milestones and outcomes throughout our work



810 home visits and 1:1s



215 practical interventions



282 events for raising awareness and providing training



1 single point of contact and helpline



30 Project partners



128 hardship interventions



209 donated draught excluders




7 energy champions



8 media campaigns

Resulting in...


 **4,415 beneficiaries**

 **328 trained frontline staff – 97.9% would recommend the training to someone else; 73.4% felt equipped to put their training into practice**

 **771 direct referrals – roughly 70 per month**

 **£69.50 cost per beneficiary – total project funding – financial gains / beneficiaries**

 **Knock-on savings to healthcare purse of potentially £87,252**

 **£86,590.72 savings to households and healthcare - including £61,894.72 financial gains around Warm Home Discount applications, fuel debt write-offs, energy switching, income maximisation; £24,696 gains in reduced GP visits and hospital admissions**

 **£5,650 public donations to hardship fund**

 **Almost half of our beneficiaries reported an improvement in their health**

 **Nearly a quarter of support was to homes off the mains gas grid**

 **Over 70% of referrals from professionals and frontline staff**

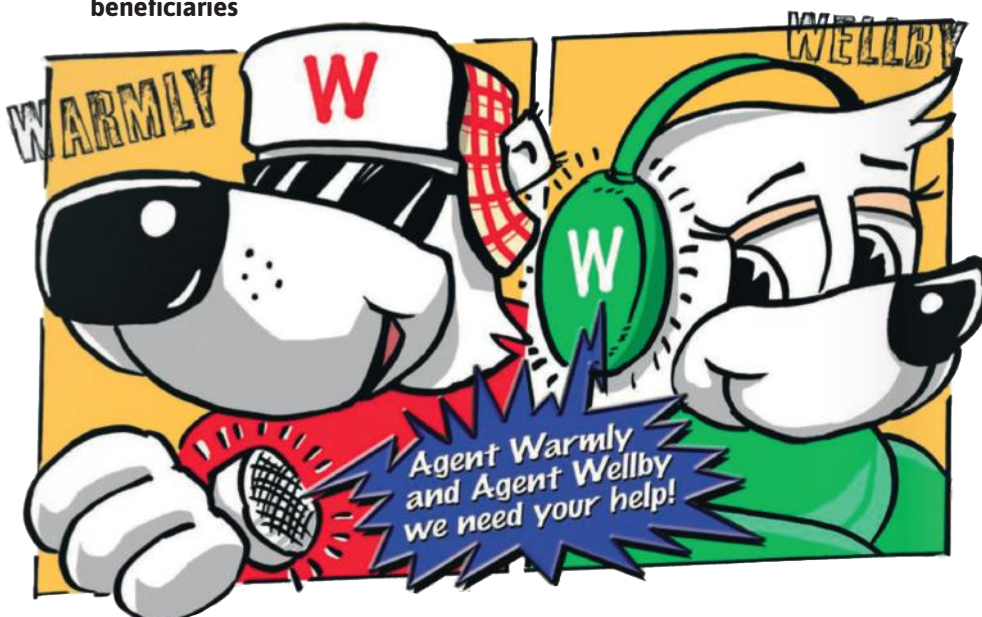
 **Almost 10% of referrals from primary, secondary or acute care**

 **6 new winter weather schemes in rural areas**

 **Over 100 case studies**

 **Range of guides, resources and helpful checklists**

...and finally, 2 new superheroes, 1 dastardly villain, and 1 children's comic for primary schools!



Agents Warmly and Wellby prepare to do battle with their villain in 'The Heat Is On: The Case of Evil Dr Freeze and the Zombie Penguins'.

Our impact

The most common interventions we delivered to beneficiaries were:

Summary

Fuel poverty is an issue which affects people from every age bracket and walk of life. There is no singular and defined experience.

The funding we received enabled us to create a partnership of organisations all dedicated to the fight against fuel poverty across North Yorkshire, reaching thousands of vulnerable people and creating a first-of-its-kind single point of contact and helpline.

By providing a client-led service we have been able to answer to the needs of the most vulnerable cold homes among us but there is still more work to be done, not least in raising awareness of flu vaccinations and energy efficiency, but in learning more about the relationship between health and cold homes and how exploring this in more depth can lead to a greater understanding of the strain on health services during the cold and winter months.

It is of utmost importance that projects which address fuel poverty continue to understand the interwoven effects of poor housing, poor health, and financial disparities as they seek to carry out their good work.

It is also vital to make full use of the benefits of partnership working as we aim towards a poverty-free future.



| | |
|---|-------------------|
| Funding awarded by British Gas Energy Trust: | £393,282 |
| Beneficiaries: | 4,415 |
| Savings: | £86,590.72 |
| Cost per head: | £69.50 |

At the frontline of fuel poverty



Mr P and Miss S, Harrogate

Mr P and Miss S are a vulnerable young couple in their twenties who live in a basement flat in central Harrogate, with significant damp and mould. They both have health conditions made worse by the cold.

Their rundown Victorian property was clearly in disrepair. The boiler was situated directly next to the bed and there was a distinct smell of gas on the sheets. The small window which was the only source of ventilation and light appeared to be totally inadequate given the underground, claustrophobic atmosphere of the cellar flat.

It was damp and cold, with bare plaster walls and an overwhelming smell of decay permeating the furnishings. The kitchen/shower room was dimly lit with a tiny window too small to escape out of in the event of an emergency. All in all, the living conditions for the couple were completely inadequate and they were unable to keep their environment warm and comfortable.

Unable to work, the couple were thrown into a state of poverty where they could afford neither food nor heat. Following our intervention, it was discovered that the high energy bills were the result of being billed for the flat upstairs as well as their own, and this was urgently resolved for the couple.

Due to the severity of the case, we also referred the couple to Environmental Health who served a section 257 Hazard Awareness Notice to the landlord, and contacted local social services to get this couple moved up the housing priority list. Though this case is extreme, it is unfortunately a far too frequent occurrence.



Russell, Selby

Russell was referred to the project by the Selby Living Well Coordinator after he was unable to top up his prepayment meters and was suffering from depression after the death of his mother.

He was in a difficult state of fuel poverty, living upstairs in his bedroom and just using an electric heater. He told us that it was making him feel like he couldn't do anything and had no motivation to go out of the house, he had a bad chest and constant colds. He couldn't have a proper shower or even wash up his pots, and he could see his breath when he came downstairs.

We supported Russ with changing his energy supplier, saving £66 a year and incurring no standing charges anymore. We arranged for smart meters to be fitted which would have added benefits going forwards, and provided emergency top-ups for his gas and electricity. We also fitted a draught excluder to Russ's letterbox and curtains for his large, cold living room.

"It affects the state of mind," said Russ, reflecting on fuel poverty and his ability to stay warm. "The help is so important. It's the difference between living and surviving, if you know what I mean."



DC, Harrogate

We visited DC to support her with her energy bills and switching, which she had been unable to do on her own due to needing a computer. ***"Not all of us can use computers," DC explained, "it's much easier for those who can."***

This is a commonly encountered barrier to households accessing cheaper energy prices. We were able to show service users how to use comparison websites, find the necessary information on their statements to complete a comparison, and switch to cheaper suppliers and tariffs. Learning how to read energy statements and use comparison sites can help empower people to take greater control over their energy costs, and give them greater confidence to engage with energy suppliers.

"If you've got someone behind you, things get done," said DC.

As well as helping with her energy bills, the project also fitted radiator reflector panels to reduce heating escaping through outside walls or to adjoining properties.

“Not all of us can use computers, it's much easier for those who can.”

“The help is so important. It's the difference between living and surviving.”

Our Legacy

Lessons and recommendations

A key benefit in a project of this size across a large geographical area is the lessons we are able to learn and take forward into future work. This forms a large part of the legacy of Warm & Well in North Yorkshire, along with many other positives we can draw from our outcomes and impact.

Working in partnership is an essential part of the fight against fuel poverty, and indeed most social issues that we face. Securing the most appropriate organisations around the table and having some resource to manage and coordinate them increases the chance of reaching the right people at the right time with the right support.

By working in collaboration with a range of organisations from across the voluntary, public and private sectors we have been able to reach thousands of homes and people and ensure a distinct legacy to our work beyond the lifetime of our funding.

Key Recommendations

Winter Health single point of contact – as recommended by NICE guidelines, a single point of contact for matters relating to winter health and wellbeing is a great reach into households, workplaces, and communities and encourages joined-up working between organisations.

Funding – most funding has a shelf life, for long term strategies it is necessary to look for long term and sustainable funding or an alternative way of working (such as ‘bolt-ons’ to existing work) in order to continue to address fuel poverty and its health ramifications.

The health sector – working with the NHS, CCGs and healthcare services is a no-brainer, but implementing this work can take up large amounts of staff resource and is not always guaranteed results. Partnership working between the health and voluntary sectors is a complex terrain to navigate but with the right resources and planning it can lead to great returns.

Non-seasonal based delivery – there is a need for fuel poverty work all year round, and initiatives and commissioners need more awareness of this.

Private funding and social investment – social impact bonds (SIBs) have been tabled as a potential source of income for future work of this kind in North Yorkshire. With the demonstrated financial gains and cost benefit analysis, it is easy to see why fuel poverty projects may look to private investment for their funding. It is necessary to think of more ways that we can attract commissioners

and investors, especially from within health, to move forward our agenda and reach more vulnerable beneficiaries. SIBs are one way of approaching this idea; another may be looking at ECO companies to fund or part-fund a single point of contact and other work.

Small giveaways – ‘freebies’ such as room thermometers are an excellent way of engaging with people at events and raising awareness of the impact of living in a cold home.

Sustained awareness – fuel poverty work requires long term, sustainable awareness so that year on year, frontline professionals know what to look for and where to signpost for help and support. It is also important for the general public to continue to receive the key winter health messages, in particular around flu vaccination and making more use of pharmacies. The Public Health England campaign ‘Stay Well This Winter’ was widely-used within our work to great benefit.

Stakeholder engagement – as well as aiding in the maintenance of a strategic overview, it is necessary to engage stakeholders throughout the planning and delivery stages of projects in order to maximise outputs and outcomes and ensure a sustainable legacy for fuel poverty work.

Key Lessons

A shared vision and goals – all partners are on board with the task at hand, in this case reducing levels of fuel poverty, and encouraging cross-referrals to other agencies

There is a need for this kind of work all year round – a non-seasonal based delivery model

Prevention is better than cure – fuel poverty work has relevancy all year round, not just in winter

Engagement with the health sector takes time and resource – plan ahead of time for how you will engage with primary and secondary care

Avoid duplication of services – when working across a large region, ensure your stakeholders are aware of each other and existing services in their area, and work together whenever possible to share good practice

The costliest interventions (1:1s and home visits) are also the most effective – reduce costs by putting in the right processes to reduce administration time

Fuel poverty isn't black and white – it's a grey area with no atypical experience, and many people are often just shy of the benefits threshold that would make them eligible for financial support and funding.

Our Legacy



Our work is set to continue into the future through the partnership we forged. This is made possible through the successful working relationships established during Warm & Well, as well as through complementary funding from North Yorkshire County Council Public Health on the back of the Seasonal Winter Health Strategy 2015 – 2020.

Fuel poverty has been embedded in Public Health strategy throughout the creation and implementation of our work and this will continue through the evolution of the single point of contact and partnership in the coming years.

As the economic and social climates in which we operate continue to change, partnerships such as the one forged within Warm & Well, and demonstrated throughout these pages, will be called upon evermore to provide services and outcomes across the UK. This style of working will also influence other strategies across North Yorkshire, and has already been seen through a domino effect taking place within other large bidding and grant opportunities that have the chance to deliver real change. It is hoped that this connectedness will lend itself well to future large and small scale projects.

The relationship between North Yorkshire County Council Public Health and our partners will continue to flourish, and this is being enshrined within the Winter Strategic Partnership Board which meets on a quarterly basis to drive forward the

Winter Health Strategy. Our work will continue to be built upon and diversified over the coming years, with some of this taking place beneath the 'Warm & Well' brand.

As well as a strong strategic legacy, we are leaving behind a legacy on the lives of the beneficiaries we have reached – more than 4,000 across the region. Over 90% of them, on the back of our support, have reported that they know how to keep warm, healthy and well, and know where to go for help and support if they need it. We have enabled warmer homes, greater energy awareness and efficiency, increased financial autonomy, and a wider understanding of the effects of cold homes. We have reduced the number of homes living in fuel poverty across the region and trained hundreds of frontline staff to recognise and diagnose the signs. On

top of this we have generated savings of more than £86,000 for vulnerable homes and under-pressure health services, and returned a cost per beneficiary of £69.50 to the funder.

We have been able to see first-hand the relationship between fuel poverty and health, and the impact this has on the lives of everyone affected by it. This learning will be taken forward to influence future commissioning priorities and service delivery, as well as inform similar projects taking place around the country.

Warm & Well in North Yorkshire is grateful to British Gas Energy Trust and our many other stakeholders for believing in and supporting us to undertake this valuable work across our region and we will continue to nurture and build upon its legacy in the coming years.

"Feels great to be treated as a human being, doesn't always happen. Thank you very much."

"Very helpful with draught excluders and sorting out my electricity account."

"I would like to thank anyone interested enough in old people living alone to help us."

"Your help was greatly appreciated and my home is warmer since your visit."

"I find walking more painful and my fingers stiffen. I have arthritis but it is worse when cold...I am just so grateful for the help I have had."

Pictured above: An example of our outreach work taking place in Hambleton, using thermometers, draught excluders, and NHS materials to raise awareness of cold homes.

66 The lady who came was very helpful and explained things easily."



With thanks to all of the organisations and partners involved in the Warm & Well in North Yorkshire project:

Age UK Knaresborough, Age UK North Craven, Age UK North Yorkshire, Age UK Scarborough, Age UK Selby, British Red Cross, The Carers Resource, Coast and Vale Community Action, Community First Yorkshire, Citizens Advice Bureau, Craven District Council, Groundwork, Hambleton Community Action, Hambleton District Council, Harrogate and Ripon CVS, Harrogate Borough Council, Musical Memories CIC, National Energy Action, North Yorkshire County Council, North Yorkshire Sport, Northern Gas Networks, REACT: Home from Hospital, Revival North Yorkshire, Richmondshire Community and Voluntary Action, Richmondshire District Council, Ryedale District Council, Scarborough Borough Council, Selby District Council, Stokesley Community Care Association, Thirsk Community Care Association, Two Ridings Community Foundation, White Rose Home Improvement Agency, Yorkshire Energy Doctor CIC, Yorkshire Housing.



Warm & Well
in North Yorkshire

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For more information about this report, you can call 01904 704177.

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