Start date: April 2026
PEA reference: FP-Collab-007a

Warm Homes Healthy Futures

Vulnerability and Carbon Monoxide Allowance (VCMA)
Project Eligibility Assessment (PEA)

UK GAS DISTRIBUTION NETWORKS

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Local Authority
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<tr><td>Cadent</td><td>48.39%</td><td>£3,000,000</td></tr>
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SGN Scotland
SGN South</td><td>19.35%
(5.80%)
(13.55%)</td><td>£1,200,000</td></tr>
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	WWU	16.13%	£1,000,000
Total BAU vulnerability and CO safety activity baseline allowance funding by activity (£k)	N/A		

Problem(s)

This section needs to outline the problem(s) which is/are being addressed by the VCMA project.

Fuel poverty arises from the interaction between low incomes, poor energy efficiency of homes and high energy costs. Cold, damp and unsafe homes are directly associated with increased risk of cardiovascular disease, respiratory illness, mental ill-health, falls and carbon monoxide poisoning. Despite sustained national efforts, millions of households across Great Britain continue to struggle to afford a warm home.

NHS costs associated with cold and unhealthy housing exceed £1.4 billion annually, with wider societal costs estimated at over £18 billion per year. Health related vulnerabilities can perpetuate low awareness and uptake of key energy safeguarding measures, priority customer support, and important safety messaging. This creates a risk that those living with ill health, remain unaware of support available, that could prevent harm and improve wellbeing.

Health services increasingly recognise the importance of prevention and early intervention, yet pathways linking housing, energy and health remain fragmented, inconsistently funded and geographically uneven. Many vulnerable households are not identified until they reach crisis point. Tailored services that recognise the interactions between energy usage, effective and accessible communications and working with trusted intermediaries are essential, if advice and information are to reduce risk and improve the health and wellbeing of those living in cold, damp homes and are in or at risk of fuel poverty.

Recent statistics indicate that millions of households across the UK are struggling to afford adequate energy, which has direct consequences for mortality and healthcare costs.

Fuel Poverty Statistics (2024–2025)

Fuel poverty remains a critical challenge across England, Scotland, and Wales, with 2025/26 data showing persistent affordability pressures and rising energy debt. In England, fuel poverty is projected to affect 11.2% of households (2.78 million) in 2025, reflecting a slight increase from 2024. The average fuel poverty gap is expected to fall to £370, yet millions still struggle to afford adequate heating. Additionally, 36.3% of English households (8.99 million) spent more than 10% of their income on domestic energy in 2024, highlighting widespread affordability issues.

Scotland continues to face some of the highest fuel poverty levels in the UK, with recent data showing a significant and worsening challenge. According to the Scottish Fuel Poverty Advisory Panel's 2024–2025 Annual Report, 34% of households in Scotland, around 861,000 homes are currently living in fuel poverty, and 19.4% (491,000 households) are in extreme fuel poverty. This represents a 3% increase from the previous year, reflecting the ongoing impact of high energy prices, low incomes, and poor energy efficiency in many homes.

Health Impacts and Costs

Living in cold, damp home has profound and costly health consequences across the UK. Each year, an average of 7,409 excess winter deaths are directly linked to cold housing conditions, and in 2022 Marie Curie estimated that at least 128,000 people died while living in fuel poverty, highlighting the scale of the crisis. The strain on public services is equally significant: illnesses caused or worsened by cold, damp, and unsafe homes cost the

NHS more than £2.5 billion annually, driven by increased hospital admissions, GP visits, and long-term treatment needs. Physically, inadequate warmth raises the risk of heart attacks, strokes, bronchitis, and asthma, and even affects key biological markers such as fibrinogen levels, which are associated with coronary heart disease. These impacts show that fuel poverty is not only a social and economic issue but a major public health emergency that places avoidable pressure on individuals, families, and the healthcare system.

Disproportionately Affected Groups

Fuel poverty does not affect all households equally, and certain groups face far greater health risks as a result of living in cold, damp, or energy-inefficient homes. Vulnerable households including older people, young children, and those living with long-term illness are around 50% more likely to experience fuel poverty, leaving them disproportionately exposed to respiratory and cardiovascular complications. Single-parent families also face heightened risk, with around 24.7% of lone-parent households unable to afford adequate heating, often forcing difficult trade-offs between energy, food, and other essentials. For disabled people, the challenge is even more severe: higher energy needs linked to medical equipment, mobility issues, and spending more time at home mean that an estimated 3.6 million disabled people are living in fuel poverty. These overlapping vulnerabilities show that fuel poverty is not only an economic issue but a driver of deep health inequality, placing the greatest burden on those least able to absorb it.

Scope and objectives

Outline the scope and objectives of the VCMA project linked to the problem statement above. This should be clearly defined including the benefits which would directly impact customers on the participating GDNs' network(s), and where the benefits of the VCMA Projects lie.

The project will build a healthcare led energy safeguarding network across the GDN areas, delivered in partnership with National Energy Action in England and Wales and Energy Action Scotland in Scotland. It will focus on identifying, training and supporting health care organisations so they can confidently and sustainably help local households in, or at risk of, an energy crisis. Delivery will continue through a nationally coordinated model, with NEA leading delivery while continuing to work with local partners to collectively provide frontline support, underpinned by strengthened quality assurance, evaluation and learning. The activities involved in delivering this project collectively represent thousands of additional touchpoints that extend the project's impact beyond individual casework, into whole communities and professional systems. This package of support will ultimately improve safety, address affordability and wellbeing for vulnerable households, while strengthening local systems and reducing duplication across VCMA portfolios.

Working with all GDNs, NEA, EAS and their contract partners will support those living in or at risk of fuel poverty, by delivering the following services:

- Energy casework
- Benefits advice
- Benefit claim support
- Referrals into GDN for the servicing, repair and replacement of essential gas appliances
- CO alarms
- Community energy efficiency training
- Community CO awareness training
- Frontline worker training

Delivery is tailored within each participating GDN network area, reflecting existing VCMA portfolios, NHS and voluntary sector partnerships, and local deprivation and health inequality data.

The programme objectives are to:

- Support customers in vulnerable situations to remain warm, safe and healthy at home
- Reduce the risk of carbon monoxide harm
- Improve household financial resilience through income maximisation
- Strengthen professional capability across health and community services
- Embed energy safeguarding within local health systems
- Deliver measurable social value and positive SROI

Project design engagement

Targeting vulnerability support: This must describe how the GDN(s) identified the vulnerability need being addressed through the VCMA project, including the use of consumer research, stakeholder engagement, and data and technology.

Evidence of stakeholder and/or customer support: Information regarding all stakeholder and/or customer engagement which has contributed to the development of the VCMA Project.

Stakeholder project design input: How stakeholders were actively involved in the project design, and how their input and feedback were incorporated to shape the project design. Where stakeholders disagree about the project design, justification must be provided for why the current project design is deemed preferable.

WHHF continues to be the UK's largest health-connected fuel poverty programme, led by NEA and EAS and delivered collaboratively with the GDNs across England, Wales, and Scotland. The programme commenced in GD2 and connects households experiencing fuel poverty and cold-related health conditions to coordinated energy advice and support, carbon monoxide awareness, income maximisation and wider support through trusted health and community pathways. It embeds energy vulnerability within health and social care systems to enable early identification, prevention and improved health and wellbeing outcomes.

GDNs have developed a Collaborative GDN Vulnerability Strategy based upon our experience of working together for more than 10 years, and with input from key national stakeholders including Citizens Advice, National Energy Action (NEA), Energy Action Scotland (EAS) and the All-Party Parliamentary Carbon Monoxide Group (APPCOG). We also look to align with the Ofgem's Consumer Vulnerability Strategy.

The GDN's Collaborative Strategy is based around 4 pillars:

- Fuel Poverty & Energy Affordability
- Supporting Priority Customer Groups
- Services Beyond the Meter
- CO awareness and education

Whilst all of these are incorporated in the Warm Homes Healthy Futures (WHHF) project, the main theme focuses on Fuel Poverty and Energy Affordability and its intrinsic link with health.

Through stakeholder and customer feedback, data and research, GDNs seek to understand what our customers want and need. We use these insights to explore how we can enhance delivery models with our existing partnerships and identify gaps in provision. We then look to build new relationships, with organisations who can provide tailored support to address those gaps. It is vital we bring those partners on the journey with us into GD3, ensuring continuity of their funding and services, and where projects will end, ensuring services are sustainable beyond our funding.

The vulnerability needs addressed by this VCMA project has been identified through a combination of demographic research, consumer insight, stakeholder engagement and learning from previous VCMA funded delivery.

As part of the GD3 Business Plan development process, significant stakeholder engagement was undertaken through Customers in Vulnerable Situations workshops, Customer Perceptions research, open day events, Citizen Panels and broader vulnerability and social indicator research.

This model will continue to be funded in GD3, due to its success in GD2 and scalability, whilst also aligning with future health system integration.

Under GD3, the programme will evolve from a delivery initiative into a system-shaping model aligned with national health reform, VCMA priorities and place-based prevention strategies. The continuation of the project enables a continuation of this effective collaborative programme across participating GDNs, while allowing for the development of tailored delivery within each of the four network areas. It will continue to focus on supporting vulnerable consumers to remain warm, safe and healthy at home, reducing carbon monoxide risk, improving household financial resilience and strengthening professional capability across health and community services.

During the autumn of 2025, two mini WHHF conferences were delivered by NEA in Manchester and London, and WHHF featured on the final day of NEA's national conference in Newcastle / Gateshead in February 2026. The conference welcomed over 350 delegates with this panel discussion focussing on tackling health inequalities. Feedback and learning from all events will continue to be fed into the evolution of WHHF into GD3.

Quote from Adam Scorer, Chief Executive, NEA:

'The unique value of Futures lies not only in the excellent outcomes for clients - financial, health, engagement with support - but in how it has opened channels for health professionals to ensure that the most vulnerable households, those already exposed to the most dangerous impacts of fuel poverty, can be supported through a flexible and expert programme. The value of a nationwide learning network of health and energy agencies means that we are better able to embed and develop better ways to target support, share data, evaluate outcomes and scale activities, the very things that are most essential if funding is to have a lasting and transforming effect for tomorrow's clients.'

Quote from Joe Farrington-Douglas, Senior Fellow, Policy and Public Affairs, Health Equals:

'Our homes are more than just four walls and a roof over our heads; they are an essential building block for our health and wellbeing. When we live in safe, warm, and good-quality homes, it can add years to life. Health Equals analysis, backed up by case studies from National Energy Action's services, show that families on lower incomes are more likely to live in homes that are too cold and deal with issues like damp and mould, which can have a devastating impact on their physical and mental health. The Warm Homes, Healthy Futures programme can undertake the vital work of reaching those most in need and connecting them to free advice and support, helping to tackle health inequalities at their root and thus contributing to the government's health mission.'

Quote from Alex Baylis, Assistant Director, Policy. The King's Fund:

'The King's Fund recognises that the NHS cannot tackle poverty alone and programmes like Warm Homes, Healthy Futures show the value of integrating advice on health, housing and social care. This programme has already had an extraordinary reach bringing expert advice and support to thousands of people living in poverty, in a way that will also safeguard and improve their health. Warm Homes, Healthy Futures offers a model for how health and care organisations can make a tangible difference to the lives of their patients.'

Cadent stakeholder feedback

Research conducted by of Cadent identified that the stigma and stress of fuel poverty, damp and mouldy homes have left many people (43%) feeling isolated, while many feel anxious (64%) and helpless (57%) about their circumstances.

- Nearly two-thirds (63%) of people living in damp conditions report severe mould
- 64% of those living in damp homes for more than two years are experiencing respiratory issues
- 30% say the damp has worsened over the last year and many have spent money on mould treatments (38%)

- Almost a third (30%) have turned their heating down to uncomfortable levels to stop their energy bills spiralling
- 62% are struggling to wash and dry their clothes at home
- For those living in social housing, 73% have been living in damp homes for more than two years

The research also sheds light on the impact of living in a cold and damp home, with many reporting a musty smell (41%), poor quality sleep (33%), needing to sleep with extra clothing layers (32%), the impact on their mental health (29%), the worry about their children's health (27%) and the impact on their physical health (25%). This was from a sample of 2,000 people aged 16+, all of whom live in a cold, damp home.
Reference: The Cold Truth - Cadent Gas Ltd

NGN stakeholder feedback

Refreshed, bespoke mapping undertaken by NGN reviewed **how we categorise vulnerabilities.** This independent research from various sources, considered:

- Gaps in current categorisation
- Applying evolving best practice thinking
- Determine appropriate level of granularity

Due to this research, we have expanded our categories to 10 more granular themes of vulnerability, reflecting complexity of need. The themes below are the most prominent, whilst 4 of the 10 in bold, are linked to health:

- **Physical health and challenges, inclusive of communication issues, physical space**
- **Mental health and wellbeing**
- Financial hardship
- **Temporary vulnerability – including post hospital recovery and pregnancy / maternity**
- Socio demographic
- Household composition
- Rural vulnerability
- Accessibility including language
- **Medically dependent on energy**
- Cultural

This updated research has allowed us to understand the impact of NGN's engagement for these groups, identify gaps, and seek to target support towards the relevant customers and communities accordingly. Utilising this data has enabled us to identify the priority areas within our network where the most critical support is required. Through this learning and associated mapping of target areas, priority groups have been able to be prioritised whereby multiple categories of vulnerability were evident, and these include fuel poverty and long-term health conditions / disability.

Further support for the WHHF project was articulated by stakeholders at NGN's Customers in Vulnerable Situations Workshop held in February 2026 – Supporting Health Outcomes. These can be summarised as follows:-

- The factors which contribute MOST to health inequity in the communities we support are cost of living and financial pressure as well as cold, damp or unsafe housing
- Participants identified tackling cold homes and fuel poverty as the strongest priority for reducing health inequity, receiving the highest share of votes (54%). Additional focus areas included building the capacity of frontline organisations (21%) and further emphasis again on addressing cold homes and fuel poverty (21%), highlighting consistent concern around housing and warmth
- Significant and preventable health inequalities continue throughout our region
- We need to ensure that equitable opportunities are accessible to all individuals, irrespective of their location, socioeconomic status, or personal circumstances

- We should promote cross-sector collaboration aimed at reducing health disparities and enhancing overall well-being

Stakeholders told us stronger, more coordinated partnerships spanning health, community, housing, and local support systems, could strengthen efforts to reduce health inequities as follows: -

- Stronger Integration with health & wellbeing services - more collaboration with the health sector, including NHS teams, GPs, Primary Care Networks, mental health services, social prescribing, and wellbeing support
- Health professionals often work in isolation, but joint working was shown to increase referrals and early support
- Better relationships with hospital Trusts to reach vulnerable customers in clinic settings
- Community based mental health and early help
- Wellbeing hubs, drop-ins, and trusted community spaces help people get support quickly, reducing delays that create barriers
- Social housing providers and repair teams play an essential role
- Partners who can install or retrofit homes are key to tackling root causes such as cold housing and fuel poverty
- Closer relationships with local authorities for joint events, outreach, and integrated support pathways.
- Education is a major gap - a need for partners who can help build knowledge, skills, and confidence among underserved groups
- Trusted local partners - local area organisations are vital because customers often do not trust large institutions

In summary, a stronger multi-agency approach is required - linking physical health, mental health, housing, community hubs, local authorities, education partners, and trusted grassroots organisations. These are all essential to reducing health inequities by improving access, trust, and early intervention. Stakeholders told us that the most effective engagement for reaching groups facing health inequity is community based, face-to-face engagement, supported by trusted local networks, flexible access routes, and strong referral pathways. It works because it builds trust, meets people where they already are, and adapts support to individual needs while ensuring no one falls through strict eligibility gaps.

SGN stakeholder feedback

SGN has undertaken an extensive and sustained stakeholder engagement programme throughout GD2, which has continued to deepen as we progressed into the development of our GD3 business plan. A central part of this work has been our dedicated Vulnerability Steering Group, whose insight and challenge have been instrumental in shaping our understanding of priorities when identifying VCMA programmes aligned to our strategic objectives. Alongside this formal engagement, the learning generated through our Safe & Warm partnership network and the delivery of GD2 projects has provided a rich evidence base that has helped us refine and strengthen the programmes we are taking forward into GD3.

This collective insight has reinforced our purposeful intent to prioritise those most in need of support to maintain a safe and warm home, ensuring that our interventions are targeted, meaningful, and grounded in lived experience. Stakeholders consistently emphasise the importance of local integration and strategic alignment across networks so that impact, learning, and best practice can be shared widely. This programme reflects those principles, it delivers targeted support to households whose health and wellbeing are most affected by fuel poverty, and it is implemented through a locally integrated delivery model designed to maximise reach, coordination, and long-term benefit.

WWU stakeholder feedback

Through the development of our RIIO-GD3 business plan, we engaged extensively with customers, vulnerable consumers, local authorities, charities, community groups and industry experts through more than 200 activities, including workshops, webinars, focus groups, customer panels, surveys, and qualitative and quantitative research. This wide-ranging engagement gave us deep insight into the lived experiences of households and consistently highlighted the profound impact that cold, damp homes have on both physical and mental health. Stakeholders and vulnerable customers told us that rising energy costs, inadequate heating and poor home conditions are contributing to worsening respiratory illness, increased anxiety, and broader long-term health issues, with many households falling through the gaps of national support schemes.

Our VCMA project learnings reinforce these insights, showing a clear and consistent link between cold, damp living conditions and deteriorating health with partners reporting rising levels of cold-related illness, worsening respiratory conditions, and growing mental health pressures among vulnerable households. Targeted VCMA interventions have helped mitigate these risks by providing warmer, safer homes and improving CO awareness, directly contributing to better health and wellbeing. These findings have shaped our strategic priorities, further strengthening our focus on tackling fuel poverty, improving home warmth and safety, and prioritising support for households most at risk of the health impacts associated with living in cold, damp environments.

Additional stakeholder engagement has also been included in the section on ‘Aligning with and supporting wider vulnerability approaches’

Why the project is being funded through the VCMA

This should include an explanation of why the VCMA project meets the VCMA eligibility criteria, and how it aligns with the GDN’s VCMA collaborative strategy.

This project meets this eligibility criteria, as the project aligns with the GDNs Collaborative Vulnerability Strategy, in which there is a clear ambition to keep our communities safe and warm, and to support those most in need by helping vulnerable households not just today, but as we invest in a green energy future. This project aligns with multiple priority delivery areas associated with the objectives of the GDN Collaborative Vulnerability Strategy as detailed below:

- Reducing carbon monoxide harm
- Supporting priority vulnerable groups
- Tackling fuel poverty and affordability

The project also specifically targets areas where significant deprivation is highly prevalent and consequently, severe health and well-being inequalities exist.

WHHF continues to offer a proven, scalable and evidence-based model aligned with VCMA GD3 priorities and national health strategies. Through a refined cost structure, tailored delivery model and strengthened governance, the programme will deliver high social value while responding directly to stakeholder feedback, as well as GDN feedback on cost, duplication and delivery assurance.

GD3 investment will enable the programme to move from successful delivery to sustained system integration, ensuring vulnerable households receive timely, trusted and effective support to remain warm, safe and healthy at home.

How VCMA funding complements or supplements BAU activities

Where the VCMA Project is being delivered alongside a BAU vulnerability and/or CO safety activity or activities funded through the GDN's baseline allowance, the GDN must provide sufficient evidence that the VCMA Project complements or supplements the BAU activity or activities to prevent the risk of double funding.

CO alarm provision will be covered under BAU activities. NEA and EAS will establish referral pathways with all GDNs at the onset of GD3, to be able to provide CO alarms to eligible customers in vulnerable situations.

Outcomes, associated actions and success criteria

Details of the VCMA Project outcomes and the associated actions to achieve these, interim milestones and how the Funding Licensee will evaluate whether the project has been successful. Each action should have a proportion of the funding allocated.

NEA, EAS and the GDNs will carry out monthly reporting reviews on measurable outcomes against targets to ensure successful delivery. Quarterly reviews will provide the opportunity for more in-depth analysis and the ability to highlight insights and learnings to share, as well as identify any risks and requirement for any associated actions to mitigate these.

Key outcomes expected from this project:

Outcome	**Annual Target**	**Target by network**					
		Cadent Target 48.39%	**NGN Target** 16.13%	**SGN Target** 19.35%		**WWU Target** 16.13%	
				Scot (30%)	**South** (70%)	**Wales** (55%)	**West** (45%)
Triage	8000	3870	1291	464	1084	710	581
Energy Case work	5500	2661	887	320	745	488	399
Benefits Advice	2500	1211	403	145	338	222	181
Community energy efficiency events (80%)	2800	1355	451	163	380	248	203
Community events CO awareness (20%)	2800	1355	451	163	380	248	203
Training and upskilling in energy awareness and CO (Community Coordinators)	700	339	113	40	95	62	51

GD3 investment will enable the programme to consolidate delivery, strengthen system integration and respond directly to GDN feedback on cost, duplication and delivery assurance. It will ensure that vulnerable households receive timely, trusted and effective support to remain warm, safe and healthy at home while delivering high social value across communities and professional systems.

Outcomes

Outcomes include improved household safety, increased financial resilience, improved wellbeing, strengthened referral pathways and reduced pressure on acute services. Delivery will be tailored within each participating GDN network area, reflecting existing VCMA portfolios, NHS and voluntary sector partnerships, and local deprivation and health inequality data.

Expected reach of the programme, delivered across 2 years commencing April 2026.

- Awareness raising and digital engagement across healthcare settings will reach more than **30,000 people** throughout the lifetime of the programme
- At least **20,000 households** reached with personalised advice and support, enabling help to reach over **40,000 people including children**
    - Energy casework support reaching **11,000** households
    - Benefit entitlement casework reaching **5,000** households
    - Community outreach reaching over **5,600** people
- **1,400** professionals trained, with a cascaded reach exceeding **600,000** people per annum

Success Criteria

GD3 success will be measured through KPIs, social value metrics, customer-reported outcomes, social return on investment (SROI) and partner feedback.

Over this 2-year project, WHHF will support 20,000 unique households. The expectation is that benefits will be achieved to health, both physical and mental, and consequential savings will be achieved because of avoidance/reductions in primary and secondary care by the NHS.

To demonstrate success, the agreed outcomes will be achieved over the course of the programme which will be tracked monthly and quarterly. The aim is to achieve consequential improvements as follows:

Improvements to health and wellbeing and improved awareness-achieved by:

- Advice and support on energy efficiency and fuel debt
- Benefit Entitlement Check (BEC) for clients
- Claim support for clients where an additional claim is identified in a BEC, but they are unable to make a claim themselves
- Physical works to enable practical measures to proceed i.e., loft clearances/ hoarding support
- Community activities to deliver energy efficiency and CO advice to clients

Potential for new learning

Provide details of what the GDN(s) expect(s) to learn and how the learning will be disseminated.

Since September 2024, WHHF has established a nationally coordinated, locally delivered network operating in more than 100 places across Great Britain, led and delivered by NEA, supported by 26 contracted delivery partners and over 450 health and social care referral partners. In terms of health connectedness, the programme is now well-embedded within Primary Care Networks. To date, through working with social prescribers, the programme is linked to 265 GP surgeries, creating potential reach to thousands of patients experiencing fuel poverty and cold-related health conditions. In addition, the programme has delivered over 15,000 in-depth advice and casework interventions, reached more than 34,000 vulnerable individuals through advice and community engagement and secured £5.3 million in additional income for households. Over 2,000

frontline professionals have been trained, with an estimated onward reach of 1.3 million clients annually. Alongside funded delivery, the project generates extensive indirect impact through triage calls/texts, informational resources, community engagement, briefings, targeted mailouts and digital communications.

WHHF addresses gaps in service provisions by embedding fuel poverty and energy vulnerability within health and social care pathways, enabling trusted professionals to identify risk and connect households to practical support before harm occurs. Evidence from NEA's Impact Report shows that in 2024 to 2025 frontline professionals extended reach to an estimated 3.85 million people, based on 6,783 individual professionals trained. This demonstrates the significant multiplier effect of professional training and its contribution to population-level prevention.

The foundations for the WHHF project were built on data, research, lived experiences and key insights. During GD2, an in-depth social evaluation exercise was undertaken and this involved gathering quantitative and qualitative data which has documented the lived experiences and real-world impacts of support. It examined energy vulnerability and health outcomes of engaging with the service. This evaluation has sought to:

- Understand the impact of improved energy efficiency and healthier living conditions on the physical and mental well-being of individuals, specifically those living in or deemed at risk of fuel poverty
- Consider any potential reduction in hospital admissions or GP visits due to respiratory illnesses, and other health issues associated with fuel poverty
- Embed the evaluation of health impacts throughout the delivery of the programme. A key element of the development of the wider project, will continue to build on an understanding of how NEA can measure health impacts effectively and meaningfully

Learning from the past 2 years around evaluation, success factors and challenges in measuring health outcomes, will help to inform the ongoing development of the project into GD3. In collaboration with GDNs, NEA has shared learning and awareness so far through the following means: -

- Hosted a WHHF parliamentary drop-in session, to raise the profile of the vital work WHHF does
- Hosted and attended separate parliamentary events, including an Energy UK drop-in and NEA's Autumn Reception, which was attended by the Minister for Energy consumers
- Maintained WHHF as a central point of our direct advocacy with MPs, most recently in a meeting with Helen Maguire MP's office, the Liberal Democrat spokesperson for Cancer and Primary Care
- Worked with Health Foundation to place a joint Op-ed in The Big Issue, highlighting the importance of addressing cold homes to improve health in the Warm Homes Plan
- Advocated for the child poverty strategy to address fuel poverty
- Working with DESNZ to understand the potential for integration of the futures model into future programmes
- Health Equals collaboration - a press release that shows the impacts and pressures of living in a cold home, specifically highlighting the experience for many households

Learning will continue to be shared through the following means: -

- GDN showcase / stakeholder events
- Annual VCMA reporting
- NEA cascade conferences and Business Support Groups
- Review and sharing with partners and interested parties through regular forums with contract partners and other stakeholders
- Digital engagement
- Policy briefings and parliamentary events
- Delivery partner network forums

The project will also consider any learning from:-

- The impact of support models that are integrated and address overlapping vulnerabilities across health and fuel poverty
- How a national, collaborative delivery model can achieve economies of scale, while maintaining relevance and accessibility for customers in vulnerable situations

Aligning with and supporting wider vulnerability approaches

Details of how the project supports or aligns with approaches to vulnerability taken by the wider energy industry, other utilities and/or consumer organisations; local, national or devolved governments; or evidence innovation or a gap in vulnerability support provision. For example, this could include evidence of collaboration beyond the VCMA, non-VCMA joint funding of the initiative, or identified gaps in the provision of vulnerability services which the project seeks to address. The GDN should show how the project fits within broader approaches to vulnerability.

The project aligns closely with the broader direction of vulnerability strategy across the UK energy sector, local and national government, and consumer-facing organisations. By focusing on the provision of trusted, high-quality energy advice, it directly supports national priorities to improve access to information and assistance for households at risk of fuel poverty, particularly those affected by cold-related ill health.

Fuel poverty strategies across England, Scotland and Wales consistently prioritise protecting vulnerable households, improving energy affordability, and reducing health harms associated with cold homes. The project reflects the growing consensus across government and the energy industry that effective vulnerability support is best delivered through trusted intermediaries and embedded within local services.

For individuals experiencing ill health, living in cold or damp homes can significantly exacerbate existing conditions. Recognising and responding to this link is essential to ensuring support services are effective. This project addresses that gap by integrating fuel poverty advice within health services, delivered through a nationally coordinated but locally embedded network.

The project also aligns with the UK Government's Warm Homes Plan, which aims to upgrade five million homes by 2030. By targeting fuel poverty through the installation of insulation and low-carbon technologies, the plan seeks to improve health outcomes by reducing cold, damp and mould, while also lowering household energy bills.

Monitoring and evaluation

Details of how the GDNs will work with their project partners to monitor the impact of the VCMA project and evaluate its effectiveness and success.

Evaluation will combine quantitative monitoring data with qualitative lived experience evidence, health outcome indicators and social value analysis. Impact reports have been published through GD2, and these will continue into GD3. NEA, EAS and the GDNs will continue to review performance monthly and quarterly to share performance insights, provide updates on delivery, risks, lessons learnt and emerging issues around the ever-changing landscape. Mitigation plans will be in place to address any under-performance.

Regular, individual one-to-one meetings with GDNs will be scheduled in GD3 as they were in GD2, to address any network specific issues or concerns. Annual reporting and the annual VCMA showcase will provide evidence of successes, challenges and impact.

The Vulnerability Working Group will provide timely performance updates to the National Steering Panel. ISG's for each GDN will be provided with regular reports, as part of the existing governance processes.

Scale of VCMA project and SROI calculations, including NPV

Justify the scale of the VCMA project – including the scale of the investment relative to its potential benefits. As part of this, the Funding Licensee(s) should provide the SROI calculation, including NPV. Note: The value in numbers of the SROI and NPV must be provided, rather than confirmation of positive impact.

Participating GDNs have applied the Industry Standard Social Value Framework and GDN Rulebook, developed collaboratively, to assess the financial and wellbeing outcomes associated with the project, ensuring consistency and comparability across networks.

Based on forecast outcomes and costs, the project is expected to deliver a Social Return on Investment (SROI) of £4.80 for every £1 invested, demonstrating that the scale of investment is proportionate to the benefits delivered for customers across participating GDN networks.

Social value measurement

Total cost*	£6,200,000
Total gross present value	£32,600,000
Net Present Value (NPV)	£27,000,000
SROI	£4.80

*Accounting for inflationary factors over the term of the project.

Internal governance and project management evidence

Provide a description of GDN(s) review of proposal and project sign off, with details on how the project will be managed.

The project has been reviewed by the existing GDN VCMA Steering Group in conjunction and other key stakeholders (e.g. Citizens Advice) and been given approval. As the lead GDN, NGN will project manage the WHHF project to ensure monthly meetings are scheduled with NEA/other GDNs to track performance against KPIs. Monthly and quarterly reports will form the basis of these meetings and will allow discussions to take place around the progress of the deliverables. This will include any discussions associated with risk and associated mitigation.

Key risks include duplication, delivery capacity and data sharing limitations. Mitigation includes partner mapping, phased onboarding and QA controls. The risk management process followed in GD2 delivery will be reviewed with the lead GDN (NGN) and adapted as required in GD3. All GDNs will agree final process prior to programme start.

GDN	Approver (Name and Role)	Date
Cadent	Phil Burrows, Head of Customer Vulnerability	24.04.2026
Northern Gas Networks	Eileen Brown, Customer Experience Director	24.04.2026
SGN	Maureen McIntosh, Director of Customer Services	08.05.2026
Wales & West Utilities	Bethan Jones, Head of People & Customer Experience	07.05.2026

Eligibility Criteria

Eligibility Criteria	Description	Project qualifies Yes / No
Positive SROI	Have a positive, or a forecasted positive, Social Return on Investment (SROI) calculated in accordance with a model which the GDNs have developed and submitted to Ofgem including for the gas consumers funding the VCMA Project	Yes
Positive NPV	Have a positive, or a forecasted positive Net Present Value (NPV)	Yes
Support Criteria	Either: i. provide support to consumers in Vulnerable Situations and relate to Energy Safeguarding, or ii. provide support for those most at risk of being left behind in the transition to net zero, or iii. provide awareness of, and education on, the dangers of CO beyond the activities funded as business as usual (BAU) through baseline allowances, or iv. reduce the risk of harm caused by CO	Yes
Defined Outcomes	Have specific, measurable, and time-bound outcomes which align with relevant Consumer Vulnerability Strategy objectives to achieve the requirements set out in 'Success Criteria' above;	Yes
Beyond Other Funding	Go beyond activities that are funded through other price control mechanism(s), including baseline allowance funding, or required through licence obligations	Yes
Support or Align	Support or align with approaches to vulnerability taken by the wider energy industry, other utilities and/or consumer organisations, and local, national and devolved government, or evidence innovation or a gap in vulnerability support provision;	Yes
No Other External Funding	Not be delivered through other external funding sources directly accessed by a GDN, including through other government (national, devolved or local) funding	Yes
BAU vulnerability and CO safety activities	Where a GDN's BAU vulnerability and CO safety activities are funded through baseline allowances, these are not suitable for funding through the VCMA. The GDN is permitted to use VCMA funds to supplement or complement its BAU activities, however, it must ensure that its reporting provides sufficient evidence to prevent double funding.	Yes

Eligibility criteria for company specific essential gas appliance servicing

Eligibility Criteria	Description	Project qualifies Yes / No or N/A
Servicing must meet the following criteria:	Either: i. A GDN has had to isolate and condemn an essential gas appliance following a supply interruption or as part of its emergency service role; or ii. A GDN or its Project Partner has identified an essential gas appliance which has not been serviced in the last 12 months in the owner-occupied home of a customer in a Vulnerable Situation where an occupier of the property suffers from a permanent or temporary health condition12 that makes them more vulnerable to health risks associated with cold homes; or iii. A GDN or its Project Partner has identified an essential gas appliance which has not been serviced in the last 12 months in a tenant-occupied home of a customer in a Vulnerable Situation where it is the tenant's responsibility to maintain the essential gas appliance, where an occupier of the property suffers from a permanent or temporary health condition that makes them more vulnerable to health risks associated with cold homes	N/A
Affordability	The household cannot afford to service the essential gas appliance, as assessed against the affordability criteria set out in the VCMA governance document	N/A
Funding	Sufficient funding is not available from other sources (including a social or private landlord and national, devolved, or local government funding) to fund the essential gas appliance servicing	N/A

Eligibility criteria for company specific essential gas appliance repair and replacement

Eligibility Criteria	Description	Project qualifies Yes / No or N/A
Unsafe pipework and essential gas appliance repair or replacement must meet the following criteria:	Either: i. GDN has had to isolate and condemn unsafe pipework or an essential gas appliance following a supply interruption or as part of its emergency service role; or ii. A GDN or its Project Partner has had to condemn unsafe pipework, or an essential gas appliance, following an essential gas appliance service (as described in 3.19 of the VCMA governance document)	N/A
Health condition	Either: i. The occupier of the property suffers from a permanent or temporary health condition that makes them more vulnerable to health risks associated with cold homes and has a household income of £31,000 or below in 2025/26 prices, adjusted for inflation using Consumer Price Index with Housing costs (CPIH) 13, or ii. the household cannot afford to service the essential gas appliance, as assessed against the affordability criteria set out in Appendix 1 of the VCMA governance document	N/A
Funding	Sufficient funding is not available from other sources (including national, devolved, or local government funding) to fund the unsafe pipework or the essential gas appliance repair or replacement.	N/A