GDN Collaborative Vulnerability & Carbon Monoxide Allowance (VCMA)

Project Eligibility Assessment (PEA)

Safe and Warm: Providing a Critical Lifeline to Dialysis Patients Across the UK

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Gas Network Vulnerability & Carbon Monoxide Allowance (VCMA) Governance Document - Project Eligibility Criteria

Section 1 - Eligibility criteria for company specific projects (other than condemned essential gas appliance repair and replacement) In order to qualify as a VCMA project, a project must:	
VCMA Eligibility Criteria	**Criteria Satisfied (Yes/No)**
a) i. Have a positive, or 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, and ii. have a positive, or a forecasted positive Net Present Value (NPV);	**Yes**
b) Either: **i.** Provide support to consumers in vulnerable situations, and relate to energy safeguarding, or **ii.** Provide awareness on the dangers of CO, or **iii.** Reduce the risk of harm caused by CO;	**Yes**
c) Have defined outcomes and the associated actions to achieve the requirements in paragraph b;	**Yes**
d) Go beyond activities that are funded through other price control mechanism(s) or required through licence obligations; and	**Yes**
e) Not be delivered through other external funding sources directly accessed by a GDN, including through other government (national, devolved or local) funding.	**Yes**
Section 2 - Eligibility criteria for company specific essential gas appliance servicing To qualify as a VCMA Project, essential gas appliance servicing must meet the following criteria:	
a) **i.** 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 condition 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; and	**Yes**
b) the household cannot afford to service the essential gas appliance, as assessed against the affordability criteria in the Energy Company Obligation (ECO4) Guidance: Delivery document; and	**Yes**
c) 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.	**Yes**
Section 3 - Eligibility criteria for company specific essential gas appliance repair and replacement To qualify as a VCMA Project, unsafe pipework and essential gas appliance repair or replacement must meet the following criteria:	
a) A GDN has to isolate and condemn unsafe pipework or an essential gas appliance following a supply interruption or as part of its emergency service role; and	**N/A**
b) the household cannot afford to repair or replace unsafe pipework or the essential gas appliance, as assessed against the affordability criteria in the Energy Company Obligation (ECO4) Guidance: Delivery document; and	**N/A**

c) Sufficient funding is not available from other sources (including national, devolved or local government funding) to fund the unsafe pipework or essential gas appliance repair or replacement.	**N/A**
Section 4 - Eligibility criteria for collaborative VCMA projects In order to qualify as a collaborative VCMA project, a project must:	
a) Meet the company specific project eligibility criteria set out in sections 1-3 above; and	**N/A**
b) Have the potential to benefit consumers on the participating networks; and	**Yes**
c) Involve two, or more, gas distribution companies.	**Yes**

Gas Network Vulnerability and Carbon Monoxide Allowance (VCMA) Governance Document - Project Registration Table 2

<table>
<tr><th>Information Required</th><th>Description</th></tr>
<tr><td>Project Title</td><td>Safe and Warm: Providing a Critical Lifeline to Dialysis Patients Across the UK</td></tr>
<tr><td>Funding GDN(s)</td><td>Lead GDN: Wales & West Utilities
Supporting GDNs: NGN, Cadent and SGN</td></tr>
<tr><td>Role of GDN(s)
*For Collaborative VCMA Projects only</td><td>The specific role(s) of GDN(s) participating in a collaborative VCMA Project:

As above</td></tr>
<tr><td>Date of PEA Submission</td><td>22 February 2024</td></tr>
<tr><td>VCMA Project Contact Name, email and Number</td><td>Sophie Shorney
Sophie.shorney@wwutilities.co.uk
07583 076147</td></tr>
<tr><td>Total Cost (£k)</td><td>£ 2,577,376.62</td></tr>
<tr><td>Total VCMA Funding Required (£k)</td><td><u>Year 1 - £1,292,691.02</u>

<u>Year 2 - £1,284,685.60</u>

<u>Total - £2,577,376.62</u>
<table>
<tr><th></th><th>WWU (South West England)</th><th>SGN (Scotland & South East)</th><th>NGN (North East)</th><th>Cadent (North West)</th></tr>
<tr><td>Yr1</td><td>£199,509</td><td>£491,166.08</td><td>£194,259.96</td><td>£351,458.13</td></tr>
<tr><td>Yr2</td><td>£260,098</td><td>£491,115.88</td><td>£191,816.92</td><td>£348,056.17</td></tr>
<tr><td>Total including helpline costs*</td><td>£472,081.48</td><td>£994,755.97</td><td>£398,550.88</td><td>£711,988.29</td></tr>
</table>
The costs for this project – including the total costs for the helpline, split evenly between each of the 4 GDNS (£74,844 over 2 years) – are listed above. Costs have been calculated to reach every dialysis patient in each focus area by GDN network, respectively (as per table below). The totals include the associated staffing costs – or ‘on costs’ – required to deliver this project in its entirety as set out in the above table. The project model is scalable.

*Costs for helpline are £12,474 per network and region which is the difference between the year 1 and 2 and total costs.

<table>
<tr><th>GDN</th><th>Number of dialysis patients</th><th>Number of renal units</th><th>Number of helpline customers</th><th>Cost per head reached</th></tr>
<tr><td>WWU</td><td>1,584</td><td>27</td><td>1560</td><td>£150.15</td></tr>
<tr><td>SGN</td><td>3,364</td><td>45</td><td>1210</td><td>£217.48</td></tr>
<tr><td>NGN</td><td>1,222</td><td>17</td><td>3350</td><td>£87.17</td></tr>
</table></td></tr>
</table>

Cadent	2,697	39	2680	£132.41
Total	8,867	128	8800	£145.89

Problem(s)

Chronic kidney disease (CKD) is common, long term and irreversible condition affecting up to 7.2m million people or around 1 in 10 of the adult population in the UK. Numbers are expected to rise significantly over the next decade, driven by the increase in type 2 diabetes, obesity, and cardiovascular disease, which can all lead to an increased risk of CKD.

A significant proportion of patients with CKD (around 3.5 million) develop advanced CKD – around 30,000 of these patients go on to develop kidney failure, which is when the kidneys stop working and patients require dialysis treatment to stay alive. When the kidneys fail, they stop cleaning the blood, leading to a build up of harmful wastes in the body.

Living with kidney disease is tough. There is no cure.

Once your kidneys fail, dialysis treatment is vital to keep you alive and improve your quality of life – dialysis can take 6 hours a day; 3 days a week; week after week. Even with treatment, patients live with breathlessness, nausea, and extreme itching. Fatigue, brain fog, depression and chronic pain are commonplace, as is anaemia, which leads to extreme difficulty keeping warm.

Kidney Care UK (KCUK) are there for kidney patients with a compassionate heart and a knowledgeable ear. They navigate the system and make things happen to make life easier for kidney patients whatever the problem, issue, question, or conundrum - no matter how big or small.

Living with kidney disease can be lonely. KCUK make sure no one faces kidney disease alone. We get it. Our team of compassionate, understanding experts work alongside the multi-disciplinary team within the clinical setting, which creates trust and goodwill with healthcare professionals and patients alike.

Currently across the UK, over 30,074 patients – 29,135 adults and 939 children – with advanced kidney disease rely on dialysis to stay alive[1]. The majority of these patients have a routine which consists of three to four sessions a week (each taking 6 hours or more in hospital) and deal with the associated stress and time pressures of travel to and from treatment. Due to the time constraints and health impacts associated with treatment for patients with CKD, almost three quarters of dialysis patients are unable to work (76%). The consequent low income means many of our patients live in relative poverty, compounded by the misery of increasing cost of living.

People on dialysis are more likely to live in deprivation with 66% living in the three most deprived quintiles. For this project, we have identified 5 immediate focus areas of dialysis prevalence where deprivation is acute – 72.5% of the patients we are looking to support live in the most deprived quintiles. KCUK have seen significant increases in requests for financial support from dialysis patients over the last 18 months, as they struggle to deal with the 'cost of living' crisis with patients like Phoenix feeling as though they are being 'priced out of existence'[2] - https://www.youtube.com/watch?v=ekhIDaNdYDk .

Many kidney patients have also confirmed that they are struggling to pay their heating bills as prices remain high. The usual avenues for financial and social support are often inaccessible for people living with CKD, especially those on dialysis. The cognitive impairment associated with dialysis means patients are unable to focus, absorb and act on the complex information and forms they are faced with when seeking support, so spending time holding on the phone is not an option for these patients. They need help

[1] https://ukkidney.org/audit-research/data-portal/demographics

[2] https://www.kidneycareuk.org/news-and-campaigns/news/priced-out-of-existence-the-true-cost-of-living-for-people-with-kidney-disease

	to make things happen, but many of them don't know where to start to ask for help or that help is available to them. Since June 2023, KCUK have collaborated with the Welsh Kidney Network (WKN), NHS Wales and Auriga Services, which is a leading public benefit provider of welfare assistance packages, to deliver a transformational package of support for dialysis patients across Wales. This service is delivered face-to-face in renal units, helping people who would not necessarily have pro-actively reached out to us for remotely delivered support. This project is already achieving tangible results and a wealth of benefits for the 1,500 dialysis patient population in Wales. The approach to patient engagement in Wales is driven by a number of key activities and approaches: • Being well known and easy to reach; • Engaging digitally and in person with teams in hospitals and renal units; • Building relationships with all teams supporting patients throughout their treatment – both health and social care; • Providing a physical presence and being part of a multi-disciplinary team within a Healthcare Trust; • Being available at the right time when patients most need support and responding in a timely way to reduce the pressures on healthcare professionals and any unnecessary stress or strain on the patient; • Understanding that all patients and healthcare teams are different; • Being there for the patient throughout their journey, making sure that promises are kept, and actions are taken by agencies involved in their support – we never just 'hand them over' Dialysis patients in the six focus areas need the tailored, face to face help that KCUK are delivering in Wales. The partnership with all four GDNs and KCUK will deliver an immediate, proven solution tackling the challenges facing kidney patients in areas of high need, keeping vulnerable and disadvantaged households affected by CKD safe and warm at a time when it has never been more important.
Scope and Objectives	As outlined in the problem statement above, dialysis patients struggle to absorb and act on the information when seeking support due to cognitive impairment. Therefore, this project looks to provide a holistic support package by building on the early success of KCUK VCMA project with WWU and the Welsh Kidney Network, combined with a complementary telephone helpline service that will amplify KCUK's allied services such as free renal counselling and financial grants to patients. **<u>The scope and objectives</u>** Total target beneficiary base of 17,667 across the networks: **<u>For patients on dialysis</u>**: a dedicated, personal, face-to-face support service serving the 8,867 kidney patients on dialysis treatment in the 128 renal units across the North East, North West, the South West and South East of England, and Scotland. Delivered by trained and trusted **Patient Support Officers** (PSOs), the service will enable patients to access all the benefits and welfare support they are entitled to. Patients will also benefit from access to specialist money and energy advice, framed within the context of the specific challenges faced by kidney patients. Over the two years of the project, KCUK would expect to directly reach the total number of patients receiving dialysis in these focus regions – currently 8,867.

We know this population will change over the next two years as new patients are admitted, patients receive transplants or move to end-of-life care, but the numbers receiving dialysis are expected to be consistent as dialysis units across the UK are working to full capacity. We also know that around 10-15% of people we support return to our services with new needs or circumstances, so it is likely that some patients may be supported more than once in the course of the project.

KCUK aim to build life-long relationships with people living with CKD. KCUK are there for them at every stage of their journey and the positive impact of extending our reach will be felt for many years.

For patients with advanced CKD: The face-to-face service will be further enhanced by a **new 0800/0300 helpline**, providing immediate support across a wide range of issues accompanied, which builds on KCUK local Hampshire-based team who currently answer inbound enquiries to the charity. Expanding this provision will make it easier for people living with CKD to get in touch. Using a free-to-call number (0800 or 0300) people will be encouraged to contact KCUK without charge, and without geographical reference. Calls will then be directed to the first available operator who will be able to answer their query with specialist knowledge of the condition and further support that could be available to the client.

In the first 2 years, this helpline will support a further 8,800 of the most vulnerable advanced CKD patients across the GDN network in addition to the 8,867 supported through the face to face service. Longer term, these new services will aim to support all of the 1m+ patients living with advanced CKD in the five target regions, many of whom may require dialysis in the future. Anyone supported through the helpline will be directed to the appropriate service that best meets their needs. Support services include, but aren't limited to:

- Direct financial support through hardship grants programme
- Access to holiday grants
- Benefits advice and PIP advice
- Free expert renal counselling
- Free specialist patient information
- Community Support
- Information on diet via the Kidney Kitchen
- Peer support through the Young Adult Kidney Group for younger patients (age 18-30)
- Energy efficiency advice
- Priority Service Register (PSR) referrals
- Awareness of the dangers of Carbon Monoxide (CO)

Safe & Warm – how does it work in practice?

Based on a model of Patient Support Officers and Money & Energy Advisers, KCUK expect to reach the majority of this targeted dialysis population over two years. Accessing specialist regulated financial services through expert Money & Energy Advisers and Auriga Services, it is anticipated that 1 in 5 of those patients will benefit directly from income maximisation support. In addition, KCUK teams will deliver social benefits such as PSR registration, social utility tariffs and warmer homes.

The model is scalable and at its proposed full scale will employ 26.25 full time equivalent (FTE) employees:

- **17 Patient Support Officers** (PSO), providing face to face support, proactively contacting patients in dialysis units
- **4.1 Regional Project Managers**, whose role will also include line manager responsibilities
- **4.5 Money & Energy Advisers**, providing in-depth, non-regulated financial and energy support

	- **1 Money & Energy Coordinator**, providing support to the Money & Advisers, following up actions for patients. - **1 Helpline Operator**, answering incoming calls promptly and professionally with a friendly manner and forwarding referrals to PSOs where a patient needs further one-to-one support to achieve an identified outcome (e.g. support for housing application or welfare benefits support) The model is based on one Patient Support Officer per 500 patients, supported by Money & Energy Advisers aligned to cover the geographical spread of dialysis units. South East, South West and North West England will each be supported by a Regional Project Manager. North East England and Scotland will each be supported by a part-time Regional Project Manager, reflecting the smaller span of management control in these regions. The allocation of one project manager to different sized populations plus rounding in FTE staff numbers generates a small variation in cost per head across the regions. ***Regional Project Manager (RPM)*** **-** Each of the five regions proposed in this bid will be serviced by a dedicated team comprising a Regional Manager leading a team of PSOs (corresponding to approximately one PSO per 500 people living with dialysis). To maximise resources reflecting the population numbers, the North East will be led by 0.6FTE RPM and Scotland will have 0.5FTE RPM. The **RPM** works closely with their team and builds relationships across the region that facilitate the successful delivery of the service. They interact with the Renal Networks, NHS Trusts and unit managers, raising awareness of the service and supporting the **PSOs** to interact with patients to achieve the best outcomes. As line manager, they interact almost daily with their team, ensuring **PSOs** have the knowledge and resources to reach and engage with patients. They cover for PSOs at times of annual leave or absence through illness. ***Patient Support Officers (PSO)*** will be the 'trusted face' attending the units in their area to support patients to talk about their individual welfare, wellbeing and benefits needs and will signpost or provide practical, 'hands on' support to these individuals accordingly. They will work closely with patients to assess their needs and support them in navigating a wide range of challenges. These range from health and treatment access, advocacy to housing and social welfare agencies and emotional and healthy living support. Each **PSO** will visit individual units at least twice per month to ensure that every patient on the dialysis unit is contacted. [3] Attached to the team is a **Money & Energy Adviser** (M&EA) dedicated to their region. The **M&EAs** report to the **Money & Energy Manager** (this role is funded outside of this project) and are supported by a **Money & Energy Coordinator** to benefit from consistent service standards, supervision, guidance, training and development specific to their role. Where someone needs a bit more help to access welfare benefits and eligible services (such as reduced tariffs), the **PSO** will ask a **M&EA** to contact the patient. The **M&EA** will complete a benefits calculation check to identify potential income sources and coach the patient through the application process. While applications are underway there will be further conversations around need and eligibility for grants and explore ways to reduce expenditure through utility tariffs and support the switching process. Support managing domestic bills and energy use and welfare benefits is tailored around a deep and empathetic understanding of dialysis and the impact of living with kidney failure. The financial knowledge of the **M&EA** combined with insight and empathy into the challenges of living with CKD will guide the patient to better financial outcomes. Where these outcomes require more complex, regulated financial input, the patient will be

[3] Patients follow a strict routine of dialysis in renal units. This means that patients dialysing 3 times per week will receive their 4-6 hours of dialysis per day on either mornings or afternoons on Mondays, Wednesday, Fridays or Tuesdays, Thursdays and Saturdays. Each PSO will ensure that they alternate their visits, respectively, so that they reach every patient on a unit.

	supported to access Auriga Services. The Money & Energy adviser in Scotland will refer to Citizen's Advice Bureau Scotland for patients seeking debt advice. Over the course of several weeks, speaking with the patient two or three times a week, the **M&EA** works at the patient's pace and support them at every step to achieve the support they are entitled to. In short frequent conversations, they identify need and guide the way through the process. They will advise on finding documents needed to support the application, and guide the patient through small achievable steps. There are often multiple ways to maximise income. Once welfare benefits have been applied for, the **M&EA** will help assess energy tariffs and other regular outgoings. Building a relationship of trust over time, they are well positioned to advise on a range of money-saving initiatives and can even arrange the replacement of appliances or energy saving devices such as air fryers through Kidney Care UK grants. The different roles enable KCUK to reach a wide range of the population and spend time with those who need it most to support them to achieve better outcomes. Often, after the specialist input of Auriga, patients will be referred back to Kidney Care UK ***PSOs*** to accompany them to PIP tribunals or for further support. Many patients report that they would not have been able to navigate the appeal process and improve their quality of life without the support of KCUK. Where appropriate, patients engaging with the service will also be referred to other KCUK services, including free specialist counselling services, hardship grants, holiday and education grants and best in class patient information. These existing services will ensure the long-term sustainability and 'wrap around' support that patients need and deserve for as long as they need it. These services are also open to anyone in a patient's family/household who is also affected by the condition. **How will** KCUK **reach this population by region?** Each renal unit (128 in total) will be assigned to a **PSO.** One **PSO** will cover two or more main units and their satellites, encompassing around 500 patients across their designated units. People needing dialysis are in the unit three times a week and assigned regular sessions on alternate days; Monday, Wednesday and Friday, or Tuesday, Thursday and Saturday. Most units offer two or three sessions a day; morning, afternoon, twilight. The **PSO** will forge relationships with the health care team and patients within each renal unit. By visiting the unit regularly, they will become a known and trusted face on the wards. Initially, it is expected that **PSOs** will visit each unit at least twice a month. The visits will be for several hours at a time to speak with patients on at least two different sessions. This may be a one-to-one conversation while people receive dialysis, and drop-in clinics depending on the best way connect with patients in that setting. They will also make sure they don't visit on the same day of the week, so they are able to cover dialysis patterns. It's not always convenient or appropriate to deal with a patient's request on unit, and they will be able to follow up with patients by phone, video call or face to face meetings outside of the wards. In **Scotland**, the dialysis population is supported by seven main renal units with 19 satellite units[4] (26 total) supporting the population in surrounding areas. 2.5 FTE PSOs will cover 26 units, although some of the roles may be shared part-time with PSOs based near their units so they can more effectively cover the vast geography and reduce travel time.

[4] Satellite units tend to be smaller renal units, supporting smaller patient numbers, although increasingly satellite units are having to accommodate more dialysis patients because of demand for the treatment and a lack of capacity in the system.

	The **North West** of England has the largest dialysis population of all the regions supported by this project. Five PSOs will cover the six main units – and their 33 satellites (39 total) – in Liverpool, The Wirral, Manchester, Preston and Salford. In the **North East**, four main units and 13 satellites (17 total) will be covered by two and half FTE PSOs. They will be split to cover the geography that reaches from Carlisle to Newcastle upon Tyne, Sunderland and Middlesbrough. **South West** England covers Bristol and Gloucester, across to Dorset and through Somerset, Devon and Cornwall. This region will be supported by three FTE PSOs covering five main units and the 22 satellite units (27 total). **South London** covers SGN's southern network, including Kent and along the Sussex and Hampshire coast to encompass Eastbourne, Hastings, Portsmouth and Southampton. This region will be supported by four FTE PSOs covering four main units and the 15 satellite units (19 total).
Why the Project is Being Funded Through the VCMA	This project operates across all the GDN networks and aligns to our collective GDN strategic ambition to support vulnerable customers most in need. It will provide support to consumers living with CKD to help tackle fuel poverty, resulting in a positive Social Return on Investment. This project mainly focuses on two out of four key pillars of our collaborative strategy: 'Supporting Priority Groups' and 'Fuel Poverty and Energy Affordability' but also aligns to a third pillar 'Carbon Monoxide Awareness'. The project will provide a holistic suite of services including face to face advocacy support and a telephone helpline service, where customers will get assistance with benefit entitlement, welfare support and specialist money and energy advice. The delivery of these services will be tailored to the needs of CKD patients to maximise outcomes in terms of financial support and awareness and energy safeguarding. Whilst the project focusses on supporting a specific demographic of people who are in or at risk of fuel poverty, KCUK will also take every engagement opportunity to discuss the dangers of CO and raise awareness. In order to qualify as a VCMA Project, a project must: a) have a positive, or a forecasted positive, Social Return on Investment (SROI) including for the gas consumers funding the VCMA project b) either: i. provide support to consumers in Vulnerable Situations and relate to energy safeguarding, or ii. Provide awareness of the dangers of CO, or iii. Reduce the risk of harm caused by CO; c) have defined outcomes and the associated actions to achieve these; d) go above and beyond activities that are funded through other price control mechanism(s) or required through licence obligations; and e) not be delivered through other external funding sources directly accessed by a GDN, including through other government (national, devolved or local funding This project is being funded through VCMA as per the above guidelines.
Evidence of Stakeholder/Customer Support	**<u>Kidney Care UK</u>** CKD is incurable and as previously mentioned the debilitating nature of dialysis often means patients are unable to work and generally face lower overall income. Dialysis patients cannot easily improve their financial position or reach any level of financial comfort due to the range of barriers discussed above. In 2022 alone, Kidney Care UK realised more than £1.4m in unclaimed benefits for kidney patients and those affected by CKD. In addition, Kidney Care UK provided £750,000 in financial support directly to patients facing immediate crisis, delivered 1,400 counselling sessions, and provided one-to-one support for more than 3,000 individuals. In 2023, we

	will give £850,000 in financial hardship grants directly patients and demand is growing month on month. While we know that our existing services provide significant benefit to those who are willing and able to interact remotely, it wholly relies on patients or healthcare staff proactively contacting us for support. It also relies on people being able to process, understand and act on information given to them remotely. This project, building on the 'in person' service we are delivering to the 1,500 dialysis patients in Wales with the support of Wales & West Utilities, will transform the level of direct, comprehensive support we can provide to 10,260 dialysis patients across the GDN network areas. It will also enable KCUK to support an additional 8,800 patients via a helpline. People on dialysis tell us that the usual avenues for financial and social support are often inaccessible for them. Attending dialysis three times a week, combined with exhaustion and brain fog as a result of their treatment, means that attending Citizen's Advice meetings or endlessly holding on the phone to talk to Government benefits departments or utility firms is simply not an option for our patients. This is compounded by the cognitive impairment associated with the treatment which means patients are unable to focus, absorb and act on the often complex information and forms they are faced with. They need help to make things happen, but many of them don't know where to start to ask for help or indeed that help is available to them. For many dialysis patients, a dedicated and personal face to face, unhurried approach by a trained and trusted PSO is the only effective way for them to access the benefits and welfare support they are entitled to. Patients like Janice have told us just how important this service is for them and their quality of life. ***"I've worked every day of my life; I don't know where to begin with benefits"*** *Janice took retirement when she started on dialysis 12 months ago. She was getting by on her care assistant's pension, but her nurses noticed she stopped bringing in the little treats she usually enjoyed during her dialysis sessions and was becoming more anxious about everything. The nurses asked a PSO to speak with Janice who quickly learned she hadn't applied for any welfare support to meet the changes in her life. Janice didn't even know how to get a benefits form, so the PSO did a benefits check to see what support she would be entitled to and talked her through the application process. Janice felt able to make the applications herself but admitted that without someone to show her the way she would be worried sick about getting through the winter.* **WWU Stakeholder Evidence:** Through our business planning for RIIO GD2, priority customer research and stakeholders told us that tackling fuel poverty was a priority for WWU alongside raising awareness of the PSR and the dangers of CO amongst hard-to-reach groups and those who are most in need. Through engagement with our Citizens Panel, customers demonstrated a comprehensive understanding of vulnerability, with a strong emphasis on the mentally or physically disabled and the elderly as their primary concern. The panel were in agreement that projects should continue to be delivered through partnership organisations who are experts in delivering support services, such as KCUK. **NGN Stakeholder Evidence:** As part of our Health Focussed CIVS workshop, stakeholders told us that one of the biggest concerns was health, specifically the link between living in a cold, damp home and the impact on health. Health projects are a priority for NGN this regulatory year and we have already started engaging with NEA and other partners on this issue. We are also engaging with the charity Noah's Ark, in relation to financial hardship and mental health.

	Through extensive engagement with stakeholders, we are seeing a number of key themes coming through consistently in terms of the impact of health and increased risks associated with cold, damp homes. Some notable observations and key areas are: - We're seeing evidence of more expensive fuel costs for those with disabilities and those living with specific health conditions - We're seeing a rise in mental health issues within our network – and acknowledging this as a barrier to engagement in longer term support - We're acknowledging increases in the risk of CO poisoning – and looking at ways to identify and address this **Cadent Stakeholder Evidence:** With regards to the customer/stakeholder engagement conducted by Cadent, an insights project was undertaken in May 2023 to support the future delivery of VCMA projects. The project was undertaken by experts from Savanta and consisted of stakeholder and customer interviews, as well as a national omnibus survey. The customer surveys found that tackling affordability and fuel poverty was top of mind. Every customer engaged as part of the project reported affordability as a concern, with many pointing to the mental and physical health impacts that they had directly experienced as a result of the cost of living/fuel crisis. The partnership with KCUK will provide support to customers who are impacted by living with chronic kidney disease by delivering various services including offering tailored advice and access to hardship funding. **SGN Stakeholder Evidence:** Throughout GD2 SGN's dedicated Vulnerable Steering Group has helped shape our vulnerability strategy and our priorities to ensure that we meet our Business Plan commitments to support vulnerable customers, those most in need of support to maintain a safe and warm home. It is with guidance and support from our dedicated Vulnerable Steering Group that SGN have a clear approach to delivering support to vulnerable customers, ensuring that we're using relevant data to prioritise targeting priority customer groups and working in geographic areas most likely to be living in cold and unhealthy homes. SGNs stakeholder endorsed strategy prioritised key Priority Customer Groups that require tailored support services to those whose health is impacted by living in a cold damp home. Kidney Care UK were identified as a group that would benefit from targeted support due to the increased hardship and challenges both financial and social faced by patients with Chronic Kidney disease. During our Stakeholder engagement sessions over 2021-2023, stakeholders valued creating opportunities for local organisations to build skills and access VCMA funding to make a positive impact by supporting customers, who are in need, use energy safely, efficiently, and affordably.
Outcomes, Associated Actions and Success Criteria	**For patients on dialysis:** - a dedicated, personal, face to face support service - serving 8,867 CKD patients in 128 renal units across Northeast England, Northwest England, Southwest England, Southeast England and Scotland - delivered by trained and trusted Patient Support Officers - the model is specifically designed to: a. maximise and increase income b. reduce utility related expenditure c. deliver financial comfort and relief from financial stress d. provide an increased feeling of mental well-being and control for patients and their households, empowering them to feel safe and warm

	e. provide a wealth of psychosocial help to support kidney patients across the four regions, through one to one support to patients and their families f. provide access to unclaimed welfare benefit entitlement, such as blue badges and PIP, and subsequently assist the individual with application and form filling process, which can otherwise exceptionally difficult and often impossible for people on dialysis g. provide access to the appropriate utility company social tariffs and schemes and help with application process h. initiate conversations and introduce relevant charitable organisations that can help reduce utility debt i. raise CO2 awareness and increase PSR registrations **For patients with advanced CKD:** - face-to-face service further advanced by a new pilot helpline - providing illness specific support services accompanied by counselling, financial grants and the leading kidney patient information programme in the UK – recently PIF Tick accredited – to encourage a long lasting legacy - support a further 8,800 of the most vulnerable advanced CKD patients across the four regions (longer term, these new services will aim to support all of the 1 million patients living with advanced CKD in the 5 target regions many of whom may require dialysis in the future) Services will be provided remotely, over the phone and online, responding to inbound queries or to referrals from renal units. The proposal will deliver an immediate, proven solution tackling the challenges facing kidney patients in areas of high need. These outputs ultimately result in better outcomes for patients who are empowered to engage better with treatment, manage their general wellbeing better and reconnect with those things that make them feel fulfilled, whether that's paid work, volunteering or pursuing hobbies and social interests. Dialysis patients have reported that when they are supported by KCUK they experience a better quality of life and feel more in control of living with the challenges of their kidney disease. Patients like Gillian in Preston who KCUK supported during the 3 years of her PIP Tribunal - https://www.youtube.com/watch?v=ZUDrZwuOI3c.
Project Partners and Third Parties Involved	Wales & West Utilities (Lead GDN) in collaboration with Northern Gas Networks, SGN and Cadent. Delivered by Kidney Care UK (KCUK) with support from Auriga Services. Kidney Care UK (KCUK) has developed partnerships with a significant number of utility companies across the UK in light of the cost of living crisis to raise awareness of chronic kidney disease (CKD) and the support that these firms and KCUK can provide to those households living with or affected by CKD. Whilst these companies are not directly supporting this project, it outlines the level of focus and commitment from the utilities industry to support patients with CKD. • E.ON Next • United Utilities • Anglian Water • SSEN • Scottish Water • Bristol Water • Wessex Water

<table>
<tr><td></td><td>

Severn Trent Water
Thames Water
SSE
Welsh Water
Southern Water
Electricity North West
SGN
Scottish Water
British Gas Energy Trust

</td></tr>
<tr><td>Potential for New Learning</td><td>This project will help us to understand the specific challenges facing people with CKD who need to be in a warm, dry house but face increased costs and reduced income. It also provides an opportunity for GDNs to further engage with CKD patients to understand how they are impacted by our business as usual (BAU) street works and mains replacement programme, allowing consideration to be given to making adaptations to our services.</td></tr>
<tr><td>Scale of VCMA Project and SROI Calculations</td><td>Using the expected number of patients sited by KCUK, and the outcomes provided by their staff and Auriga Services this project is expected to achieve the below Social Return on Investment (SROI):

<table>
<tr><th colspan="3">5-year Results</th></tr>
<tr><td rowspan="3">Economic</td><td>Total gross present value</td><td>£44,390,604.12</td></tr>
<tr><td>NPV</td><td>£41,847,007.97</td></tr>
<tr><td>SROI</td><td>£16.45</td></tr>
</table>
</td></tr>
<tr><td>VCMA Project Start and End Date</td><td>March 2024 – March 2026</td></tr>
<tr><td>Geographical Area</td><td>Key regions have been identified in each GDN area, focussing on those with high deprivation, low social mobility, and high prevalence of kidney in patients requiring dialysis to stay alive.

The table below represents the number of renal units and vulnerable dialysis patients across each of the GDN areas. Please see table below for breakdown:

<table>
<tr><th>Region</th><th>No. of acutely vulnerable dialysis patients</th><th>No. of patients with advanced CKD</th><th>% patients living in most deprived quartiles</th><th>Supporting evidence</th></tr>
<tr><td>Scotland (SGN)</td><td>1,250 across 26 renal units</td><td>178,000[5]</td><td>71%</td><td>Only 30% of dialysis patients in Scotland are registered on the PSR. There is acute deprivation and fuel poverty across the country</td></tr>
<tr><td>Southern England (SGN)</td><td>2,114 across 19 renal units</td><td>206,796</td><td>65%</td><td>79% of patients in</td></tr>
</table>
</td></tr>
</table>

[5] Based on data from the Quality and Outcomes Framework

					South East London, served by King's College Hospital, are in the top 3 quintiles of deprivation. Kent and the South Coast has many pockets of severe poverty, especially in Hastings and Portsmouth.
	Northwest England (Cadent)	2,697 across 39 renal units	412,257[6]	78%	9 out of the 10 most deprived local authorities in the UK are located in Liverpool, Wirral and Blackpool
	Southwest England (WWU)	1,584 across 27 renal units	300,363	64%	Cornwall is the second poorest region in Europe, with the lowest GDP per capital in England. Geographical scarcity means disadvantaged patients often have to travel significant distances to access services. In many cases patients, cannot afford a 'kidney friendly' lifestyle – they are being priced out of existence.
	Northeast England (NGN)	1,222 across 17 renal units	334,456	77%	More than 54% of households in

[6] Source for all English data – National Cardiovascular Intelligence Network CKD prevalence estimates – total number aged 16+ with CKD (excluding dialysis patients)

					the NE are deprived in at least 1 dimension – the highest proportion in the country
	Total	8,867	1,225,076	72.5%	
	Total reached through this project is 8,867 as outlined in document plus an additional 8,800 supported through helpline.				
Internal governance and project management evidence	Description of GDN(s) review of proposal and project sign off, with details on how the project will be managed. This project will cover a UK wide footprint in collaboration with all gas networks following the success of a pilot project completed by WWU (detailed above). KCUK's project proposal has been reviewed through various industry working groups including: - GDN Vulnerability Working Group (monthly) - VCMA Steering Group In addition to the above, each GDN has their own internal governance structure which involves reviewing project proposals and budget costs with various teams and management levels throughout their organisation including senior managers and at an executive level. This project is also supported by stakeholders (as outlined above). The project will be managed and led by WWU and will consist of: - Monthly project review meetings - Quarterly stakeholder review meetings - Stage gate review after 1 year of delivery - Ongoing reviews throughout the duration of the project regarding delivery of outcomes - this will feed into lessons learnt and shared best practice to ensure the project is successful in delivering value for money and maximising outcomes for customers and communities.				

Gas Network Vulnerability and Carbon Monoxide Allowance (VCMA) Governance Document - PEA Control Table

In order to ensure that a VCMA project is registered in accordance with the Ofgem VCMA governance document (incl. project eligibility assessment), the below table should be completed as part of the project registration process.

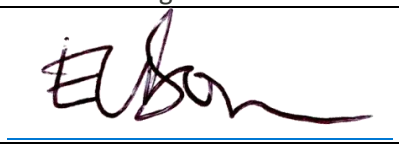
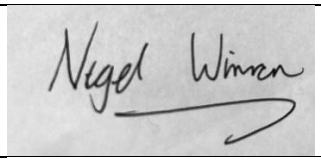
Stage 1: GDN Collaboration Group PEA Review
Meeting date review completed:
Review completed by:

GDN:	Name:	Job Title:
NGN	Laura Ratcliffe	Social Strategy Programme Manager
SGN (Southern)	Kerry Potter	Social Impact and Vulnerability Manager
SGN (Scotland)	Linda Spence	Vulnerability Manager
WWU	Sophie Shorney	VCMA Manager
Cadent	Gurvinder Dosanjh	Social Programmes Manager

Stage 2: GD2CVG Panel Review
Meeting date sign off agreed:
Review completed by:

GDN:	Name:	Job Title:
NGN	Eileen Brown	Customer Experience Director
SGN	Maureen McIntosh	Director of Customer Services
WWU	Nigel Winnan	Customer & Social Obligations Strategy Manager
Cadent	Phil Burrows	Head of Customer Vulnerability Social Programme Delivery

Step 3: Participating GDN individual signatory sign-off

GDN	Name:	Job Title:	Signature:	Date:
NGN:	Eileen Brown	Customer Experience Director		16.02.2024
SGN:	Maureen McIntosh	Director of Customer Services	Approved via email.	27.02.2024
WWU:	Nigel Winnan	Customer & Social Obligations Strategy Manager		18.3.2024
Cadent	Phil Burrows	Head of Customer Vulnerability Social Programme Delivery		02.02.2024

Step 4: Upload PEA Document to the Website & Notification Email Sent to Ofgem (vcma@ofgem.gov.uk)

Date that PEA Document Uploaded to the Website:

Date that Notification Email Sent to Ofgem: