Cadent
Your Gas Network

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Direct Access to Wellbeing Service II (DAWS II)

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Vulnerability & Carbon Monoxide Allowance (VCMA)







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Project registration table

Project summary	
Project title	Direct Access to Wellbeing Service II (DAWS II)
Strategic area	**Tackling Affordability and Fuel Poverty**
Lead partner name	Birmingham Community Healthcare Trust General Charity (BCHC)
Lead GDN(s)	Cadent
Funding GDN(s)	Cadent
New/Updated **(indicate as appropriate)**	New
Date of PEA submission	1st April 2026
Project start and end date	1st April 2026 - 31st March 2029
Project location	West Midlands and North west
Project contact	
Name	Phil Burrows
Contact details	Email address: Phil.m.burrows@cadentgas.com Contact number: 07773545451
Project partners and third parties involved	
Organisation name	**Role**
Birmingham Community Healthcare Trust General Charity (BCHC)	To deliver support and advice to patients
Costs and funding	
Total cost (£k)	Project cost -£1,297,609.00 Leaflets – £7,880.00 Heated throws- £38,000.00
Total VCMA funding required (£k)	£1,343,489.00
Total BAU vulnerability and CO safety activity baseline allowance funding by activity (£k)	

Problem(s)

Birmingham is the second largest city in the UK, with a population of 1,144,900. It has the highest unemployment rate in England with the rate of people claiming out of work benefits, higher than anywhere else in England and Wales. The city's inequality is clear; the life expectancy differs by nine years between nearby neighbourhoods just six train stops apart.

Living in a cold home, generally defined as a residence with temperatures below 18°C, is strongly linked to both physical and mental health issues. Cold homes contribute to widening health inequalities and increased winter mortality rates. The negative impacts stem from the physiological stress placed on the body, the presence of damp and mould, and the financial and emotional strain caused by fuel poverty.

Cold homes cost the NHS in England £1.36 billion per year, placing additional strain on already stretched health and social care services[1]. For a vulnerable individual, living in a cold home significantly increases the likelihood of serious illness or death. They face heightened risks of heart attacks or strokes, respiratory problems, and the flu.[2] This occurs not just in extreme winter weather but also in moderate conditions and particularly when outdoor temperatures drop below 6°C.

For people with existing care needs, being housebound increases both their exposure to an underheated home and the financial burden of heating it. Returning from hospital to a poorly heated property can also trigger new illnesses, exacerbate preexisting conditions, and raise the likelihood of readmission, thereby contributing to a cycle of worsening health and increased demand on services

The Birmingham Community Healthcare NHS Foundation Trust Charity (BCHC) raises and receives legacies and donations. Charitable funds provide “extras” that are not covered through core NHS services, with the charity’s mission being to make a meaningful difference to patients, their families, and the staff who care for them. This includes help with attending health appointments, assistance with benefits, and referrals to food banks. The overarching aim is to ensure that patients across Birmingham can “live healthier, for longer.”

Scope and objectives

Scope:

The project aims to support individuals who are coming out of the hospital, as well as those who are unable to be discharged due to living in an unsafe, cold home. The project will target people affected by the cost-of-living crisis and those living in fuel poverty. Support will include tailored guidance on income maximisation and benefits, alongside practical advice on improving energy efficiency in the home. In addition, individuals will receive health and wellbeing support to help them remain safe, warm, and independent in their own homes.

The project will also help prevent avoidable admissions by offering early intervention and community-based support so that individuals do not need to access acute healthcare when it is not required. As part of this activity, staff will promote the Priority Services Register (PSR) to safeguard vulnerable individuals during energy interruptions.

The project will provide tailored advice on carbon monoxide (CO) safety, energy efficiency, and income maximisation, including benefit checks and support with claims, to help individuals stay safe, warm, and financially secure.

Service delivery will be carried out by five Community wellbeing officer (CWOs). Two of the CWOs will conduct home-based outreach to provide wellbeing support, CO education, CO alarm provision, PSR support, and energy advice. The remaining four CWOs will operate within Birmingham hospitals to deliver CO safety information, PSR support, income maximisation guidance, energy advice, and wider wellbeing assistance.

Where individuals require more specialist support, the project will refer them to Act on Energy, funded by the Cadent Foundation, for detailed energy and income assistance. The Foundation’s Winter Support Fund will

[1] Cold homes cost NHS £1.36 billion | News | Age UK
[2] Helping to prevent winter deaths and illnesses associated with cold homes | Quick guides to social care topics | Social care | NICE Communities | About | NICE

further enable the provision of white goods, food, and fuel vouchers to support safe hospital discharge and assist individuals facing severe financial hardship.

Project Staffing Structure

Service Manager

- The Service Manager will hold overall responsibility for the strategic and operational management of the service. Key duties will include:
- Providing leadership and oversight to all Community Wellbeing Officers (CWOs)
- Ensuring smooth day-to-day operation of the service
- Managing performance, quality, and compliance
- Collating, analysing, and reporting project data
- Acting as the primary liaison with Cadent and NHS partners

Deputy Manager

- The Deputy Manager will support the Service Manager by focusing on delivery, staff development, and wellbeing. Responsibilities include:
- Supporting operational delivery across all hospital sites
- Leading on staff training, induction, and continuous development
- Ensuring wellbeing, pastoral support, and reflective practice for CWOs
- Providing operational cover during periods of absence or increased demand

Community Wellbeing Officers (CWOs)

- A team of five CWOs will deliver frontline support across Birmingham hospital settings. The structure includes:
- Two Outreach/Discharge Officers, focusing on supporting patients at the point of discharge, providing energy safeguarding advice, and facilitating safe return home
- Three CWOs covering broader community and inpatient engagement across all Birmingham hospitals, ensuring full geographic and departmental reach
- CWOs will be responsible for:
- Providing direct energy safeguarding interventions
- Offering tailored advice around CO awareness, fuel poverty, and safety
- Supporting vulnerable customers who may otherwise not engage through BAU channels
- Recording outcomes and contributing to performance reporting

Year 2 & 3 Expansion

- In the second and third years, the project will scale into additional hospitals across the North west (specific sites to be confirmed). This expansion will build on learning from Birmingham, extending support to a wider population and strengthening the project's regional impact.

Objectives:

The success of the project will be measured by achieving the following objectives over a 3-year period:

- 18,000 individuals will receive advice on benefits /income maximisation and debt.
- 64,500 individuals will receive one-to-one advice on energy efficiency.
- 30,000 individuals will receive a leaflet on energy efficiency.
- 5,000 individuals will receive energy advice via social media posts.
- 64,500 individuals will receive one-to-one advice on carbon monoxide signs and symptoms.
- 30,000 individuals will receive a leaflet on carbon monoxide signs and symptoms.
- 5,000 individuals will receive advice on carbon monoxide signs and symptoms via social media posts.
- 64,500 individuals will be given one-to-one advice on the PSR.
- 30,000 individuals will be given a leaflet on the PSR.
- 5,000 individuals will be given advice on the PSR via social media posts.
- 6,300 individuals will be assisted to sign up to the PSR.
- 1,000 individuals will receive a heated throw to help them keep warm and reduce energy usage.

The project and partners will aim to enable discharge of patients experiencing delayed discharge by also assisting with white goods, duvets, fuel vouchers provided through the Cadent Foundation.

Of the 4,200 beds available in Birmingham approximately 33% are occupied by individuals who are bed blocking.

This project will aim to:

Year 1 – assist discharge of 1% of bed blocking individuals which equates to 14
Year 2 – assist discharge of 2% of bed blocking individuals which equates to 28
Year 3 – assist discharge of 3% of bed blocking individuals which equates to 42

The project and partners will aim to prevent avoidable admissions via accident and emergency into an acute hospital bed by early intervention, community engagement and ensuring DAWS is embedded across all of Birmingham acute hospital trusts.

Every year, there are around 40,570 emergency admissions in Birmingham. 22 % of those are avoidable.

This project will aim to:

Year 1 – avoid admissions by 1% - 89
Year 2 – avoid admissions by 2% - 178
Year 3 – avoid admissions by 3% - 267

84 bed blocking x £400 per night = £33,600.00
534 avoidable admissions x £400 per night = £213,600.00
By reaching these targets it will save Birmingham NHS a minimum of £247,200.00

The project will each 64,500 individuals with one-to-one advice but will reach a total of 99,500 including indirect advice.

How VCMA funding complements or supplements BAU activities

The DAWS project provides added value beyond Cadent's business-as-usual activities by enabling engagement with customers who would otherwise be difficult to reach. Through VCMA funding, support is delivered directly within Birmingham NHS hospitals, allowing teams to connect with patients at the point of care, whether they are recently discharged or attending outpatient appointments.

This targeted approach ensures that vulnerable individuals, who may not engage through traditional Cadent channels, receive timely advice and interventions. By integrating support into clinical settings, the project extends Cadent's reach, enhances safeguarding outcomes, and fills gaps that cannot be covered through BAU operations alone.

As trusted NHS staff, CWOs can engage more effectively with vulnerable individuals and will be BAU-funded to identify and refer eligible patients for BAU-funded support, including carbon monoxide alarms, gas safety checks, Locking Cooker Valves, and free Easy Assist fittings.

Outcomes, associated actions and success criteria

The VCMA DAWS II project will be delivered in partnership with BCHC and aims to support 64,500 unique individuals as per the below table:

Deliverable	Target	Associated Actions
Provide advice on income maximisation	18,000	Customers increase their household income through successful benefit claims, grants, and financial support.
Provide advice on CO through a range of channels and offer free alarms to vulnerable customers via one-to-one, leaflets and social media.	99,500	Increased awareness of CO risks, symptoms, and prevention among vulnerable households.
Provide customers with awareness and a means of registering for the PSR via one-to-one, leaflets and social media.	99,500	Greater protection for vulnerable customers during planned or unplanned gas outages due to PSR registration.
Provide advice on energy efficiency via one-to-one, leaflets and social media.	99,500	Reduction in fuel poverty as households gain improved understanding of budgeting and energy efficiency.
Support to keep customers in their own home and from a further stay in hospital	84	Reduced hospital readmissions as vulnerable individuals receive practical support to maintain a safe and warm home environment.
Support to prevent individuals from unnecessary admittance to hospital	213	Early identification of risks (cold homes, fuel poverty, isolation, poor energy access) prevents deterioration of health.

Success Criteria

The success of the project will be evaluated against the meeting of the project's objective

- The project will reach 64,500 individuals with tailored advice based on the customers' needs throughout the three-year duration.
- 18,000 individuals will receive advice on benefits /income maximisation and debt.
- 64,500 individuals will receive one-to-one advice on energy efficiency.
- 30,000 individuals will receive a leaflet on energy efficiency.
- 5,000 individuals will receive energy advice via social media posts.
- 64,500 individuals will receive one-to-one advice on carbon monoxide signs and symptoms.
- 30,000 individuals will receive a leaflet on carbon monoxide signs and symptoms.
- 5,000 individuals will receive advice on carbon monoxide signs and symptoms via social media posts.
- 64,500 individuals will be given one-to-one advice on the PSR.
- 30,000 individuals will be given a leaflet on the PSR.
- 5,000 individuals will be given advice on the PSR via social media posts.
- 6,300 individuals will be assisted to sign up to the PSR.
- 1,000 individuals will receive a heated throw to help them keep warm and reduce energy usage.
- 84 individuals will receive assistance to be discharged from hospital.
- 213 individuals will be supported to avoid admission to hospital.

Potential for new learning

Over the past two years, Cadent has gained a deeper understanding that many individuals require far more than single-issue advice. Through the DAWS team, we have supported people facing a broad spectrum of challenges ranging from threats of suicide to severe property infestations, with many cases involving multiple, interconnected issues.

One of the most significant lessons has been the condition of the housing stock in Birmingham. Poor living environments are directly affecting people's quality of life, physical health, and mental wellbeing. These challenges are compounded by financial pressures, with many households unable to pay bills, buy food, or maintain their properties and appliances. This cycle of deprivation is having a profound effect on overall health outcomes.

A further learning point emerged through our lack of previous partnership with the NHS. It quickly became clear that the public places high trust in NHS staff and values their involvement. Working collaboratively across agencies rather than in isolation has proven far more effective. This partnership model has opened up new opportunities, enabling over 100,000 people to access meaningful support, advice, and interventions through the project.

As Cadent looks to replicate this project in other areas of high deprivation over the next three years, there is significant potential for new learning, including:

- Understanding diverse regional challenges: Different communities will present new social, economic, and environmental factors that influence vulnerability and energy use.
- Developing refined partnership models: Expanding collaboration with local authorities, health systems, and voluntary organisations will reveal the most effective structures for joint working.
- Identifying early-intervention opportunities: By analysing patterns across regions, Cadent can better anticipate risk factors and proactively support customers before crises escalate.
- Improving approaches to complex cases: Each area will provide insight into how to better manage multi-layered customer needs that span health, safety, financial stress, and housing conditions.
- Embedding learning into business operations: Insights from frontline experiences will be shared across Cadent and with other GDNs to strengthen understanding of customer vulnerability and enhance service delivery.

By continuing to expand the programme and capture insights from different communities, Cadent will build a richer, evidence-based understanding of the challenges customers face ultimately shaping more effective, compassionate, and joined-up support for those who need it most.

Aligning with and supporting wider vulnerability approaches

The most effective approach to assist individuals in vulnerable situations is through the implementation of early intervention strategies.[3] Research estimates the annual cost of late intervention at approximately £16.6 billion. While not all instances of late intervention can be avoided, there are significant resources being allocated to

[3] Vulnerabilities: applying All Our Health - GOV.UK

address challenges that could have been resolved earlier, resulting in reduced costs for both the individual and public services.

In alignment with the UK government's 2022 All Our Health strategy, which emphasises early intervention, the DAWS II project is dedicated to supporting these initiatives.

By collaborating with multiple VCMA partners and other charities, this project seeks to address the root causes of vulnerability and mitigate the factors that exacerbate these challenges.

Monitoring and evaluation

Cadent has worked closely with DAWS to co-design this partnership, ensuring it aligns with the delivery of our Vulnerability Strategy and fully meets VCMA governance criteria. The partnership framework includes robust monitoring and evaluation processes to track progress, ensure accountability, and continually improve delivery.

To maintain strong oversight, Cadent will hold quarterly online meetings with the DAWS II project leadership team. These meetings will review achievements, assess challenges, evaluate risks, and capture best practice. This approach ensures any issues are identified and addressed promptly, supporting effective and consistent delivery across the project.

In addition, Cadent and DAWS have agreed that the project will produce a quarterly written progress report, summarising key activities, outputs, and outcomes. The Cadent project manager will also conduct regular site visits to observe delivery first-hand, maintain strong relationships with frontline staff, and identify any emerging support needs.

At the end of each year, Cadent will calculate the Social Return on Investment (SROI) using actual project data. This will demonstrate the project's measurable impact on the community, capturing both financial and non-financial outcomes, and ensuring transparency on how the VCMA funding is delivering value for customers.

Scale of VCMA project and SROI calculations, including NPV

The SROI for the DAWS II project has been calculated using the GDN Rulebook that was produced by working with SIRIO and all the GDNs.

Social value measurement

Total discounted cost*	£1,260,349.14
Total gross present value	£ 51,765,059.43
Net Present Value (NPV)	£ 50,504,710.29
SROI	£40.07

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

Internal governance and project management evidence

Cadent have worked alongside BCHC/DAWS to co-design this partnership and ensure that it aligns to the delivery of our collaborative Vulnerability Strategy and the VCMA governance criteria.

The SROI for this project has been calculated utilising the information shared by DAWS partners. We have based the SROI on those figures which has generated a forecast SROI of £40.07 using the GDN Rulebook.

Cadent and DAWS will meet quarterly to review outcomes, learn, share best practice, ensure the correct customers are being supported, and address any delivery issues.

GDN	Approver (Name and Role)	Date
Cadent	Mary O'Shaughnessy -Safeguarding specialist	04/02/2026
Cadent	Emma Turnbull- Social Programmes Manager	19/02/2026
Cadent	Phillip Burrows - Head of Customer Vulnerability	24/02/2026

Update

GDN	Approver (Name and Role)	Date

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	Y
Positive NPV	Have a positive, or a forecasted positive Net Present Value (NPV)	Y
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	Y
Defined Outcomes	Have specific, measurable, and time-bound outcomes which align with relevant Consumer Vulnerability Strategy objectives to achieve the requirements set out in paragraph b;	Y
Beyond Other Funding	Go beyond activities that are funded through other price control mechanism(s), including baseline allowance funding, or required through licence obligations	Y
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;	Y
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	Y
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.	Y

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