

**HEALTH & WELLBEING BOARD**

**Wednesday 24 February 2016**

**North Yorkshire Winter Health Strategy 2015-2020**

**1 Purpose of the Report**

- 1.1 To present the FINAL North Yorkshire Winter Health Strategy 2015-2020 and the working draft Implementation Plan.
- 1.2 The Health and Wellbeing Board are asked to approve the document and note the partnership's role in the delivery of the implementation plan.
- 1.3 To promote the launch of the Strategy on 17<sup>th</sup> March 2016.

**2 The Strategy**

- 2.1 The Seasonal Winter Health Strategic Partnership developed the strategy over the last year with partners from across North Yorkshire. The final Strategy and working implementation plan were developed as a result of:-
  - a multi-agency Winter Health partnership event on 3<sup>rd</sup> June 2015
  - the NICE Guidelines NG6 Reducing Excess Winter Deaths and Morbidity
  - feedback from the Consultation period (November 15 – Jan 2016)
  - the ongoing work that partners are delivering as part of the Warm and Well in North Yorkshire British Gas Energy Trust (BGET) project led by one of our partners, Rural Action Yorkshire (RAY).
- 2.2 The strategy went out for consultation between November and January, with a variety of partners giving feedback. Comments were incorporated into the strategy and working implementation plan as appropriate.
- 2.3 The strategy was supported by the NYCC Care and Independence Scrutiny Committee on 21<sup>st</sup> January 2016.
- 2.4 The final strategy (Appendix 1) and working implementation plan (Appendix 2) is presented here for Health and Wellbeing Board support before **the launch on 17<sup>th</sup> March 2016**. Please note the logos of all partners involved in the development of the strategy will be produced on page 2 of the strategy prior to its launch.

### 3 The Implementation Plan

- 3.1 The working draft implementation plan was produced with more than 20 key partners and will be developed further as work progresses. It sits alongside the strategy and identifies key actions for each organisation to pledge to undertake. These actions are 'desirable' and reflect best practice according to the evidence (NICE NG6 Guidelines). At the launch event on 17<sup>th</sup> March partners will engage to identify and pledge actions to effect improvements in their Communities/Services and deliver aspects of the working implementation plan. Thus the implementation plan is subject to change and should be viewed as a working document.
- 3.2 The Implementation Plan actions are listed underneath the four Key Strategic priorities:-
- General awareness raising
  - Identifying and supporting the vulnerable (i.e. priority groups)
  - Making every contact count (i.e. training opportunities)
  - Partnership working.
- 3.3 The Strategic priorities outcomes will be monitored using the NICE tool for Service improvement against the Public Health and Adult Social Care Outcomes framework. The publication of this from NICE is imminent this section of the plan will be completed when this is published. The Public Health team have completed work to establish the current baseline and this will be reported to the partnership in order to monitor progress implementing the Strategy.
- 3.4 The NICE Quality Standards for Excess Winter Deaths (NG6) guidance are out for consultation at the moment and will be released in time for the launch event in March where they will be presented as part of the event. This will further inform the development of the implementation plan.
- 3.5 The Strategy and its Implementation Plan will be monitored by the North Yorkshire Seasonal Winter Health Strategic Partnership, and its sub-groups formed under the strategic priorities. The Partnership will also make recommendations for review of the Strategy should the need arise as agreed by the Health and Wellbeing Board in Nov 2015.
- 3.6 Funding for all of the actions has **not** yet been identified and some of the identified actions which are currently being funded in 2015/6 will cease when BGET funding ends. The NICE 'Costing Statement on Excess Winter Deaths' (NG6) provides more detail on the costs of implementing the NICE NG6 Guidelines on reducing Excess Winter Deaths (Appendix 3). Thus there will need to be ongoing work to identify funding to deliver the actions in the working implementation plan so that work can continue to be delivered after December 2016.

## **4 Recommendations**

- 4.1 The Health and Wellbeing Board members are asked to approve the strategy and note the working implementation plan.
- 4.2 All members receiving the final strategy are asked to send representatives to the launch event on 17<sup>th</sup> March 2016.
- 4.3 Members are asked to identify and pledge to support specific actions in the implementation plan.

## **5 Appendices**

- 5.1 Appendix 1 – North Yorkshire Winter Health Strategy
- 5.2 Appendix 2 – North Yorkshire Winter Health Strategy Working Implementation Plan
- 5.3 Appendix 3 – Costing Statement – Excess Winter Deaths (NG6)

**Rachel Richards - Public Health Consultant**

**Dr Lincoln Sargeant - Director of Public Health**

**10<sup>th</sup> February 2016**



**Keep well**



**Keep warm**



**Keep safe**

# North Yorkshire's Winter Health Strategy 2015-20

Working together to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities

# Partners to North Yorkshire's Winter Health Strategy 2015-20

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## Glossary

|              |  |
|--------------|--|
| <b>CCG</b>   | Clinical Commissioning Groups                                  |
| <b>DECC</b>  | Department of Energy and Climate Change                        |
| <b>EWD</b>   | Excess Winter Deaths   |
| <b>EWM</b>   | Excess Winter Mortality Index                                  |
| <b>EPU</b>   | Emergency Planning Unit  |
| <b>GP</b>    | General Medical Practitioner                                   |
| <b>HWB</b>   | Health and Wellbeing Board                                     |
| <b>JHWS</b>  | Joint Health and Wellbeing Strategy                            |
| <b>JSNA</b>  | Joint Strategic Needs Assessment                               |
| <b>LA</b>    | Local Authority  |
| <b>NHS</b>   | National Health Service  |
| <b>NICE</b>  | National Institute for Health and Care Excellence              |
| <b>NYCC</b>  | North Yorkshire County Council                                 |
| <b>NYLRF</b> | North Yorkshire Local Resilience Forum                         |
| <b>ONS</b>   | Office of National Statistics                                  |
| <b>PCT</b>   | Primary Care Trust   |
| <b>PHE</b>   | Public Health England  |
| <b>RCT</b>   | Randomised Controlled Trial                                    |
| <b>SWHSP</b> | Seasonal Winter Health Strategic Partnership (North Yorkshire) |
| <b>SRGs</b>  | System Resilience Groups                                       |

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# North Yorkshire Seasonal Winter Health Strategy on a page

**“We will improve and maintain health during winter months and prevent avoidable ill-health and Excess Winter Deaths by working together to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities in North Yorkshire”**

The **seven strategic objectives** we will adopt:

1. **EWDs** – reduce preventable cold-related ill-health and Excess Winter Deaths (EWDs)
2. **Vulnerable people** – identify, support and improve the health of the most vulnerable groups
3. **Services** – reduce pressure on health and social care services
4. **Fuel Poverty** – reduce fuel poverty, the risk of fuel debt and/or disconnection from energy supplies
5. **Influenza Immunisation** – increase immunisation uptake rates across the population
6. **Injury** – reduce injury resulting from unexpected trips and falls
7. **Hospital Admissions** – reduce excess Emergency admissions to hospital

Our **four key priorities** and **the supporting outcomes**:

## **(1) General awareness raising:**

- Agree key messages on “Keep Warm, Keep Well, Keep Safe in winter” are promoted across agencies in North Yorkshire consistently.
- Coordinate key messages and a single shared information resource.
- Increase awareness of preventable seasonal related ill-health and Excess Winter Deaths to members of the public.
- Increase seasonal influenza immunisation uptake rates.
- Increase awareness among communities and community leaders of ways to strengthen resilience to the impact of seasonal changes and cold weather.
- Increase awareness of impact of cold homes on health among frontline staff and professionals in the independent and public sector.
- Increase understanding of the links between fuel poverty and ill-health by supporting evaluated projects and research.
- Increase awareness among Landlords, Landowners and Homeowners.

## **(2) Identifying and supporting the most vulnerable (MV):**

- Define the MV groups.
- Create ways to increase identification of the MV.
- Increase routes to reach those MV to the harmful effects of being cold.
- Utilise opportunities to target approaches based on the needs of the MV.
- Maximise current services provided to the MV increasing added value and diversity where needed.
- Increase number of programmes which support the delivery of prevention services in the community and provide consistent coverage when most needed. (e.g. increased uptake of influenza immunisations).
- Increase the range of opportunities for ‘support services’ to promote resilience in cold weather and community connectedness.
- Increase accessibility for all vulnerable groups to reach the support which most appropriately meets their needs.
- Increase initiatives which support people to reduce unnecessary fuel consumption and reduce fuel poverty.
- Develop opportunities to involve service users.

## **(3) Shared responsibility and making every contact count:**

- Increase awareness across North Yorkshire among professionals and others (independent and public sector) to feel confident in giving advice and signposting service users, as well as neighbours, friends and family members.
- Increase training and awareness for staff working with vulnerable groups about the link between household temperature and effects on health and wellbeing so that it positively impacts on practice and improves services.
- Increase ability to refer individuals to appropriate services to improve their health and wellbeing in winter.

## **(4) Partnership commitment:**

- Align priorities to achieve better health and wellbeing for the population of North Yorkshire especially in winter months.
- Create policies and plans which take into account the impact of winter / cold weather as part of the year-round planning and decision-making.
- Increase consideration of impact of winter on health across all sectors (including utilities, housing, service providers etc)
- Create stronger partnerships taking action in response to significant issues e.g. poor quality housing and fuel poverty.

# Foreword – Keeping Warm and Well

Cold weather can have a significant and predictable impact on people's health. However, for the vast majority of people the real extent of the effects of the cold are not appreciated and few people realise it is largely preventable. The direct effects of winter weather such as icy roads and footpaths with the consequent accidents, slips and trips are well known. Fewer people realise the cold can increase the occurrence of heart attacks, respiratory and influenza related diseases resulting in deaths. In addition to this, there are the indirect effects of the cold including poorer mental health and wellbeing and other risks such as carbon monoxide poisoning from poorly maintained heating and domestic appliances.

Certain groups of people are at greater risk of the direct effects of the cold. For example, those over 75 years and families with children under 5 years. In North Yorkshire during the 2012/13 winter there were 431 excess winter deaths (EWDs). These are the number of excess deaths that occur between December and March each year. For every excess winter death it is estimated there are an additional eight emergency admissions to hospital.

The rate of Excess Winter Deaths across the whole of the UK is three times higher than other colder countries in Northern Europe. Although cold weather is clearly a factor in excess deaths, Scandinavian countries, for example, do not have the same pattern of excess winter deaths, giving a strong indication that this is a preventable situation. These countries have higher energy efficiency and housing standards and the population reacts differently to cold conditions.

The number of people indirectly affected by the cold in North Yorkshire is less easy to quantify. They may be referred through Health and Adult Social services or Children and Young Peoples Social Services because being too cold has impacted on them in some way. For example, people chose to move out of their rented property before winter because it is too cold, without realising they may become 'intentionally homeless'. Others cannot afford to heat the homes they live in and get into debt. Fuel poverty is a key priority for North Yorkshire's Health and Wellbeing Board and working together in partnership across the county with various organisations is one of the most effective ways of delivering changes.

We want to work together in partnership with each other, individuals and groups, including the voluntary, independent and public sector to identify and provide support to reduce the number of vulnerable people in North Yorkshire whose lives are negatively affected by the cold. We have a strong history of partnership working in North Yorkshire and are well placed with key partners to achieve the priority outcomes we have identified in this strategy. If we target our efforts jointly we can dramatically improve our local response to the increasingly recognised public health and social challenge of being too cold.



**Cllr David Chance**

Executive Member for Stronger Communities,  
Public Health and Legal and Democratic Services,  
North Yorkshire County Council



# Executive Summary – Keep Warm, Keep Well, Keep Safe

## What is the context for this Strategy?

North Yorkshire County Council became responsible for population health outcomes under the terms of the Health and Social Care Act 2012 and has a duty to ensure plans are in place to protect the health of the population including preparation for cold weather, snow and ice. There is a shared agreement between each partner organisation in the North Yorkshire Health and Wellbeing Board to work together to deliver change, reducing the impact of seasonal ill-health and ultimately reducing excess winter deaths (EWDs).

There is a North Yorkshire Health and Wellbeing Strategy 2013-2018 (2016 update) which has been developed jointly by partners across North Yorkshire and this work links into those priorities. This strategy also has links to:-

- York North Yorkshire and East Riding Housing Strategy 2015 – 2021.
- North Yorkshire Local Resilience Forum (LRF)
- Local District Cold Weather Plans and CCG System Resilience Groups

## What is the Purpose of the Strategy?

The North Yorkshire Health and Wellbeing Board is made up of partner organisations from across the County who understand the importance of working together across diverse and complex rural communities within North Yorkshire. This Strategy is about working together across the agencies to tackle the effects of the cold on people in North Yorkshire. We want our strategy to galvanise partners, statutory and non-statutory organisations, businesses and communities within North Yorkshire to work co-operatively to reduce the harms from the cold and help lift people out of fuel poverty. It is built on the latest data collected within the North Yorkshire Partnership Joint Strategic Winter Health Needs Assessment (JSNA), and uses the best evidence of what works where available, taking account best value (NICE Guideline NG6 2015). See page 8 for a list of organisations involved.



## How does this fit into the National Picture?

Since 2012 there have been a number of key strategic drivers nationally, including:-

- the governments Fuel Poverty Strategy Cutting the Cost of Keeping Warm (DECC, March 2015) which followed changes in legislation (December 2014) to increase the number of homes with Band C energy ratings by 2020;
- the full appraisal on “Excess Winter Deaths and morbidity; the health risks associated with Cold Homes” (NICE guidelines NG6, March 2015).
- “Protecting health and reducing harm from cold weather – local partnerships survey report” from Public Health England in November 2014 reporting on how agencies need to work together to achieve change.
- the Public Health Outcomes Framework (2013) with specific indicators to reduce excess winter deaths (EWDs) and address fuel poverty;
- the NHS Five Year Forward View (October 2014) putting higher priority on prevention of ill-health and working in partnership with patients and communities
- the Cold Weather Plan for England 2014 (October 2014) report on protecting health and reducing the harm from cold weather from Public Health England.
- the NHS Outcomes Framework (2014-15) and the Adult Social Care (2014-15) include tackling health outcomes by improving the wider determinants of ill health and preventing avoidable early deaths which can be positively influenced by tackling cold, damp homes and fuel poverty.
- the Health and Social Care Act (2012) include duties for local authorities to ensure plans are in place to protect the health of their population including preparation for cold weather, snow and ice.

## What about the North Yorkshire local Strategic Direction?

The NHS 5 year forward view plan and Social Care Strategies outlined the need for ‘prevention’ to reduce the number of people unnecessarily accessing services. In addition, local Housing Strategies and Transport Plans being developed in partnership with districts, businesses and communities across North Yorkshire all contribute to

- prevent people needing services and ensuring people are in control of the choices they make about their health and wellbeing
- ensure partners work together so that complex issues that affect health and wellbeing, like fuel poverty and cold homes, can be improved effectively
- focus on increasing people’s awareness of the impact of choices they make on their health and wellbeing

# Partnership working

## A Shared Commitment to Improving Winter Health

In order to improve the outcomes for people relating to cold weather, and reduce the number of excess winter deaths and unnecessary admissions to health and social care we need to work in partnership across a number of agencies. There are many complex and interacting factors influencing the winter health outcomes. For example, the environment, housing conditions; income levels; vaccination status; age and general health and wellbeing.

These challenges mean that across North Yorkshire we need to be able to:-

- lead changes in a coordinated way
- communicate messages consistently and clearly
- build on and not duplicate the work of other agencies
- know the impact we are having on the health outcomes for people

To do this the North Yorkshire Health and Wellbeing Board delivery group established **A North Yorkshire Seasonal Winter Health Strategic Partnership** to develop and drive this strategy on behalf of the partners within North Yorkshire.



# The North Yorkshire Seasonal Winter Health Strategic Partnership

**The North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP)** is a multiagency partnership leading and developing this strategy on behalf of North Yorkshire agencies and linking to existing partnerships such as the Health and Wellbeing Board, Local Resilience Forum, Voluntary Sector and Housing Partnerships. Part of this work means finding the evidence; identifying and mapping where there are gaps in evidence and / or services and establishing new links where needed to achieve the overall vision. The North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP) meets quarterly and reports to the Delivery Board of the North Yorkshire Health and Wellbeing Board.

The Partnership's Strategic Vision is:-

**“to improve and maintain health during winter months and prevent avoidable ill-health and Excess Winter Deaths by reducing the adverse impact of indoor and outdoor winter conditions on the populations health and wellbeing”.**

**The Partnerships 7 Strategic Objectives are to:-**

- Reduce preventable cold-related ill-health and Excess Winter Death (EWD) rates.
- Improve health and wellbeing among vulnerable groups.
- Reduce pressure on health and social care services.
- Reduce fuel poverty, the risk of fuel debt and/ or being disconnected from energy supplies.
- Increase influenza immunisation uptake rates.
- Reduce injury resulting from accidents, trips and falls.
- Reduce excess emergency admissions to hospital.

The SWHSP will develop an all year round strategic and systems-wide approach to achieve the above strategic goal and objectives in North Yorkshire through partnership and collaboration. This includes effective evidence based planning and coordinated working to implement a wide range of interventions that address the multiple problems of the most vulnerable in order to achieve measurable improvements in the objectives.

The first task of the partnership was to produce this jointly agreed Seasonal Winter Health Strategy 2015-2020 and subsequently an implementation plan that reflects the evidence and includes the recommendations of NICE guidelines, the Fuel Poverty Strategy and elements of the Cold Weather Plan so that these align with other strategic and operational plans (see references at end of this document).

# List of organisations involved in North Yorkshires Seasonal Winter Health Partnership

## Who is involved?

- Local System Resilience Groups (SRGs)
- Clinical Commissioning Groups (CCGs)
- Local Health Resilience /Partnership groups
- Winter Weather groups – District Councils, including housing representation
- Capacity Planning Groups
- Tees, Esk and Wear Valleys Mental Health Foundation Trust
- Harrogate and District NHS Foundation Trust;
- North Yorkshire County Council Adult Social Care;
- York NHS Trust;
- the Voluntary Sector elected through the VCSE Strategy Group North Yorkshire
- Yorkshire Ambulance Service NHS Trust.
- Healthwatch North Yorkshire;
- North Yorkshire County Council



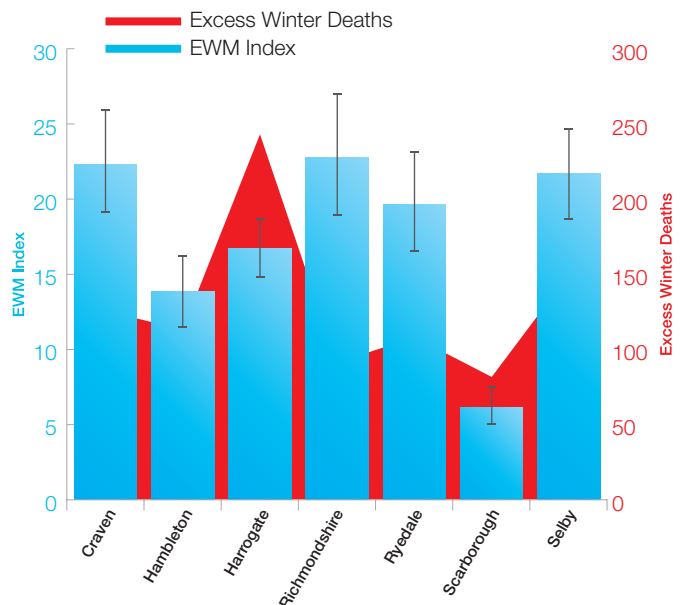
# How big is the problem in North Yorkshire?

Every year in North Yorkshire there are hundreds of Excess Winter Deaths (EWDs). These deaths are calculated by comparing the number of deaths that occurred during the December to March winter period with the average number of deaths occurring in the preceding August to November and the following April to July.

- Each winter there are hundreds of Excess Winter Deaths (EWD) in North Yorkshire. In 2012/13 there were an estimated 431 EWDs in North Yorkshire (ONS). More recent figures are lower and may reflect some recent milder winters and possibly fewer infectious outbreaks.
- The majority of winter deaths occur in people aged 75 and over.
- For every EWD it is estimated there are an additional 8 emergency admissions. This means thousands of potentially preventable admissions e.g. approx. 3,448 avoidable NHS hospital admissions in winter 2012/13.

The following Figure 1 shows both EWDs and the Excess Winter Mortality Index by District. It demonstrates the large variation across North Yorkshire. Mortalities are relatively rare events and do not provide enough data in a single year to draw conclusions between districts in North Yorkshire geographies. The 5 year snapshot comparison between the districts shows Selby with the highest EWM Index and Craven with the lowest. Harrogate, with the highest population, has the largest number of EWDs but when adjusted for the size of the population the EWM index is lower than Selby.

**Figure 1 North Yorkshire EWM Index and Excess Winter Deaths by District, 2009-2014 (EWM = winter deaths – average non-winter deaths)**



Tackling winter health issues, particularly fuel poverty, cold damp homes and increasing the take-up of flu vaccinations, can make a significant contribution to reducing winter pressures on health and social care services and improve the health and wellbeing of the population.

### Understanding the problem and building the case for action

Across North Yorkshire there is a growing older population, many of whom are living in rural areas with fixed incomes. This older demographic is important to consider, together with the quality of the housing stock in North Yorkshire which is also older and less energy efficient.

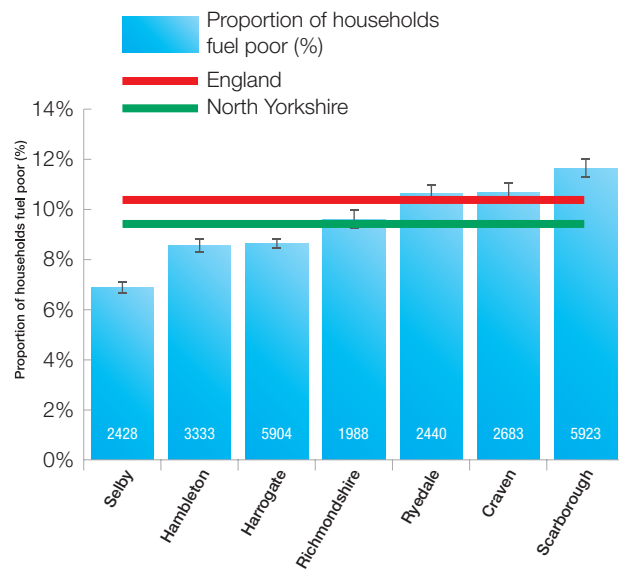
The impact of cold weather on health is estimated to cost the NHS £1.5bn a year and over 18,000 people died prematurely last winter. The excess cost of winter emergency admissions in the former North Yorkshire and York PCT area in 2010/11 was £3.7m. Excess emergency admissions to hospital from respiratory conditions alone in the same period cost £2.4m.

Fuel poverty is a potential causal factor of increased morbidity and mortality from winter weather. Figures 2 and 3 show the distribution of fuel poverty in households across North Yorkshire. The new (2013) definition of fuel poverty in England is measured on a low income, high costs basis. A household is considered to be in fuel poverty if:

- they have required fuel costs that are above average (the national median level) and
- if they were to spend that amount they would be left with a residual income below the official poverty line.

Fuel poverty can be a useful indicator for areas where households struggle to heat their homes, but it does not necessarily describe the temperature of a household. Households with higher fuel poverty may have well heated homes, and conversely, a low fuel poverty household may have a poorly heated home.

Figure 2 - 2013 Fuel Poverty by District (source: DECC)



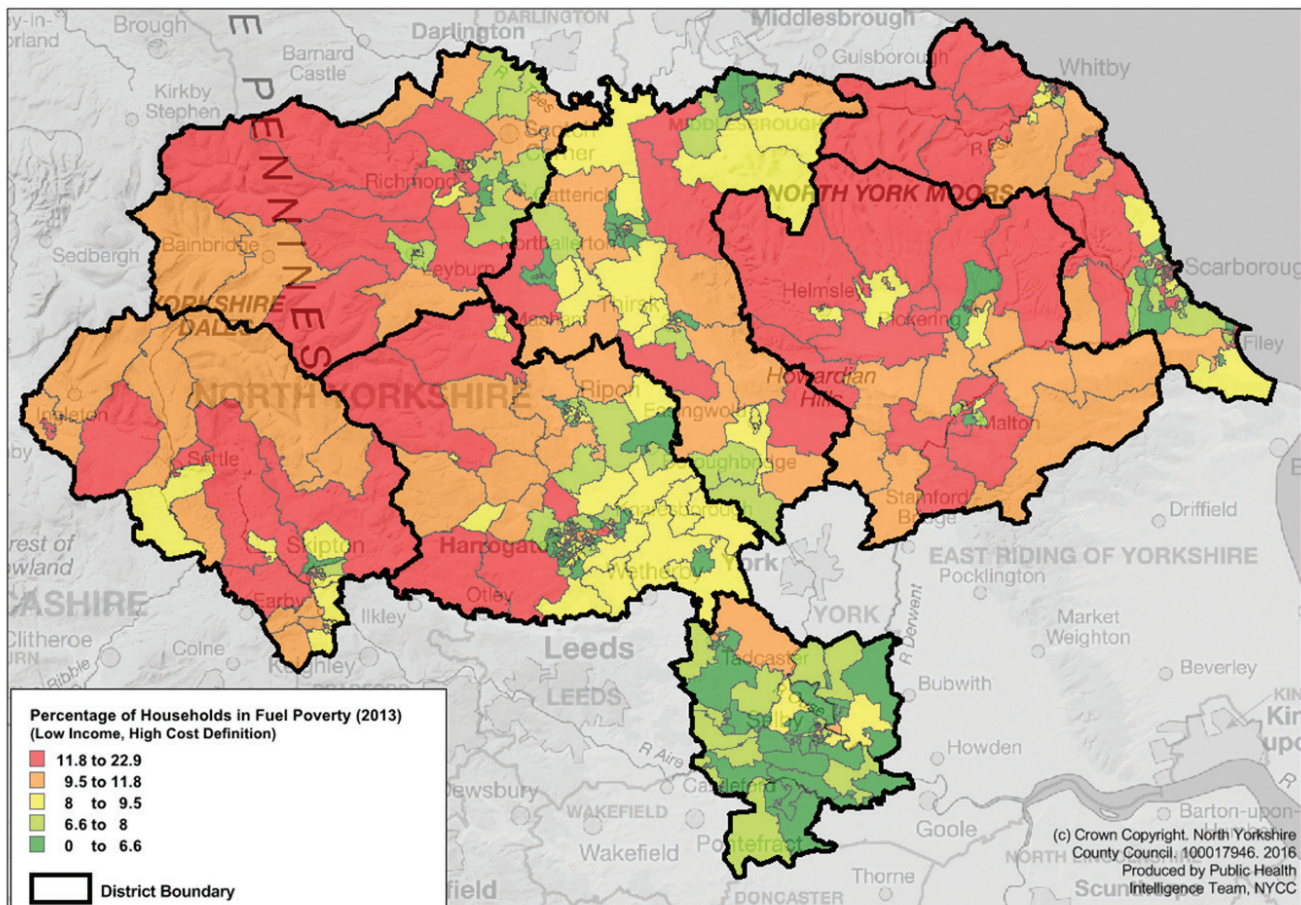
The extent of fuel poverty and cold homes are both major contributors to poor winter health. Fuel poverty is caused by three main factors:

- inefficient homes,
- high energy costs and
- low incomes.

Improving the energy efficiency of housing has been shown to reduce health and social care costs and improve health and wellbeing.

In North Yorkshire, there are an estimated **24,699 households** in fuel poverty (Figure 2). This figure equates to about 10% of households in North Yorkshire. Figure 3 shows the distribution of households in fuel poverty across North Yorkshire. Fuel poverty is more likely to occur in rural areas like North Yorkshire because housing tends to be older and more difficult to make energy efficient. Many homes have solid walls so are more difficult to insulate and a large proportion of homes are off the mains gas network, meaning higher costs for heating fuels. More generally in rural areas, there is a lower take up of benefits and energy advice and grants.

Figure 3 North Yorkshire Residents, % of Houses in Fuel Poverty 2013, Low Income High Cost (Source DECC)





## Mortality and Morbidity

The impacts of fuel poverty and cold damp homes on health and wellbeing are felt most notably by vulnerable households, in particular older people, those living with chronic illness or disability and those with children.

Whilst fuel poverty and cold homes are factors in EWDs the scale of morbidity should not be underestimated. According to the Marmot Review Team, 'There is a strong relationship between cold temperatures and cardio-vascular and respiratory diseases, children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes, mental health is negatively affected by fuel poverty and cold housing for any age group...'**The Health Impacts of Cold Homes and Fuel Poverty**'<sup>1</sup>.

The 'Hills Fuel Poverty Review' found that, "Thirty-four per cent of fuel poor households contain someone with a disability or long-term illness, 20% have a child aged 5 or under, and 10 per cent a person aged 75 or over<sup>2</sup>.

## Cost to health of fuel poverty and cold damp homes

The Government has been working on a methodology to estimate and monetise change in terms of the Quality of Life Years (QALY) that result from improving energy efficiency of homes and the resultant financial value of the health savings per measure installed. For example below:-

| Intervention           | QALY saved per measure installed | Value of health saving per measure installed (£-Net Present Value) |
|------------------------|----------------------------------|--|
| Cavity Wall Insulation | 0.049                            | £969   |
| Solid Wall Insulation  | 0.036                            | £742   |
| Replacement boiler     | 0.009                            | £224   |
| Central Heating        | 0.012                            | £303   |

In addition, potential areas for cost savings locally include:

- Reduced GP consultations, out-of-hours calls, attendances at walk-in centres, district nurse visits and drug prescriptions.
- Reduced emergency department visits.
- Reduced inpatient admissions.
- Reduced social care service costs.

Recent research begins to quantify the Social Cost of cold homes (ref Journal of Public Health 21 Aug 2014 pp251-7) and NICE have undertaken work demonstrating some potential cost savings see NICE costing statement <http://www.nice.org.uk/guidance/ng6/resources/costing-statement-6811741>

<sup>1</sup> See [http://www.foe.co.uk/sites/default/files/downloads/cold\\_homes\\_health.pdf](http://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf) (2011)

<sup>2</sup> Fuel Poverty Advisory Group (for England) - 11th Annual Report 2012-13

# Objective Details

## Strategic Vision and Priorities

In order to join up the actions, the following four key strategic priorities were identified, based on the evidence in the NICE guidelines, the Fuel Poverty Strategy and the outcomes of the multi-agency partnership event in June 2015.

### Four Key Strategic Priorities for action

1. **General awareness raising**
2. **Identifying and supporting the most vulnerable people**
3. **Shared responsibility and making every contact count**
4. **Partnership commitment**

## 1 - General awareness raising

This strategy recognises the need for a single source on information with clear and consistent messages that increases awareness among professionals and members of the public that this is a priority in the prevention of ill-health effects of winter. An annual North Yorkshire-wide partnership awareness raising approach under the heading “Keep Warm, Keep Well, Keep Safe” in winter is being developed.

### Outcomes

- Coordination of key messages and a single shared information resource.
- Increased awareness of preventable seasonal related ill-health and Excess Winter Deaths to members of the public.
- Increased seasonal influenza immunisation uptake rates.
- Increased awareness among communities and community leaders of ways to strengthen resilience to the impact of seasonal changes and cold weather.
- Increased awareness of impact of cold homes on health among frontline staff and professionals in the independent and public sector.
- Increased understanding of the links between fuel poverty and ill-health by supporting evaluated projects and research.
- Agreed key messages on “Keep Warm, Keep Well, Keep Safe in winter” promoted across North Yorkshire consistently as part of a multi-agency, partnership campaign.
- Increased awareness among landlords, landowners and homeowners.



## 2 – Identifying and supporting the most vulnerable

This strategy recognises that there are a wide range of people who are vulnerable to the cold, particularly in rural areas of North Yorkshire. These people are a priority as they need support to prevent ill-health, hospital admissions, social care interventions and excess winter deaths. For example, people living with a chronic medical condition such as heart disease, a disability, older people and families with children and young people. Sometimes, personal circumstances such as low income, being socially isolated and unable to afford to keep warm, is enough to make someone vulnerable potentially leading to harm which could be avoided e.g. slips, trips and falls. This strategy will ensure that we recognise the needs of and provide support for these priority groups by providing preventative approaches through early interventions and targeted awareness raising.

### Outcomes

- Defined the most vulnerable groups in North Yorkshire,
- Created ways to increase identification of the most vulnerable in North Yorkshire,
- Increased routes to reach those most vulnerable to the harmful effects of being cold,
- Utilised opportunities to target approaches based on the needs of the most vulnerable,
- Maximised current services provided to the most vulnerable increasing added value and diversity where needed,
- Increased number of programmes which support the delivery of prevention services in the community and provide consistent coverage when most needed. (e.g. increased uptake of influenza immunisations),
- Increased the range of opportunities for ‘support services’ to promote resilience in cold weather and community connectedness,
- Increased accessibility for all vulnerable groups to reach the support which most appropriately meets their needs,
- Increased initiatives which support people to reduce unnecessary fuel consumption and reduce fuel poverty.
- Developed opportunities to involve service users in the evaluation / design of interventions.

## 3 – Shared responsibility and making every contact count

This strategy recognises that everyone can be affected by cold weather (all ages, male and female) directly or indirectly. We are all responsible, whether we are parents, employees, neighbours and friends, for reducing preventable, cold-related ill-health and Excess Winter Deaths, especially if we live and /or work with those who are most vulnerable to the effects of the cold. This strategy encourages us all to take a shared responsibility across all services for all citizens and use the concept of ‘making every contact count’ to protect everyone from the adverse effects of cold weather.

### Outcomes

- Increased awareness across North Yorkshire among professionals and others (independent and public sector) to feel confident in giving advice and signposting service users, as well as neighbours, friends and family members.
- Increased training and awareness for staff working with vulnerable groups about the link between household temperature and effects on health and wellbeing so that it positively impacts on practice and improves services.
- Increased ability to refer individuals to appropriate services to improve their health and wellbeing in winter.

## 4 – Partnership commitment

This strategy recognises the need to continue to work in partnership across many sectors including health, voluntary sector, councils and other agencies to deliver Joint Commissioning and effective and coordinated services.

### Outcomes

- Aligned priorities to achieve better health and wellbeing for the population of North Yorkshire especially in winter months.
- Created policies and plans which take into account the impact of winter / cold weather as part of the year-round planning and decision-making.
- Increased consideration of the impact of winter on health across all sectors (including utilities, housing, service providers etc)
- Created stronger partnerships taking action in response to significant issues e.g. poor quality housing and fuel poverty.

### Partnership Communication

There is acknowledgment that plenty of good work is already being undertaken in localities across North Yorkshire by various agencies and we want to find ways to build on this and focus on addressing areas where more needs to be done and where there is the greatest impact locally. By working closely with partner agencies at the right scale and volume, we can ensure local action is well integrated, communicated, evaluated and effective.

Through signing up to this strategy the partnership is committed to communicating effectively, not only with other agencies, but also with members of the community.

This includes:

- Delivering coordinated awareness raising with all members of the community
- Delivering targeted training to identified partner agencies
- Facilitating coordinated communication within and between partner agencies
- Promoting a consistent approach and key messages on seasonal winter health across all partner organisations in North Yorkshire.

## Leadership and Governance

This overarching Strategy was commissioned and approved by the North Yorkshire Health and Wellbeing Board. Leadership at a “system” level will continue to be owned by this Board. However, some aspects of its delivery will rest with partner organisations. For example the responsibility for devising, delivering and monitoring the detailed actions that flow from healthcare service delivery in winter and relating to system capacity and resilience will be overseen by the Local Resilience Forum, local health System Resilience Groups and the existing reporting arrangements to NHS England who will in turn be linked to the North Yorkshire Health and Wellbeing Board.

## How does this Strategy fit with Community Resilience in North Yorkshire?

The North Yorkshire Local Resilience Forum (NYLRF) is a multi-agency body set up to discharge the statutory obligations and duty of care required of identified agencies under the Civil Contingencies Act (2004). This key work consists of assessing risk in North Yorkshire and coordinating all agencies in their efforts to plan and mitigate potential impacts, such as snow and flooding, on our communities. This work is coordinated by the NYCC Emergency Planning Unit (EPU).

NYLRF is made up of key agencies (Police, Fire and Rescue, Ambulance and Health Agencies, Local Authorities) and other supporting agencies (Utility companies, Highways England, Network Rail etc.) with a shared responsibility for identifying vulnerability and supporting the resilience of local communities.

A key component in this work is the early sharing of information with colleagues and partner agencies to provide a coordinated well-informed response to major or critical incidents and any emergency situation. This may include increased activity in emergency care due to seasonal pressures (e.g. increased hospital admissions due to winter illness such as influenza). Community engagement, communication and promotion of resilience at all levels is fundamental to the work of NYLRF and an established robust multi-agency structure is in place across North Yorkshire to deliver relevant messages to the public.

NYLRF fully support the strategic objectives of the North Yorkshire Winter Health Strategy.

## What are local health System Resilience Groups (SRGs)?

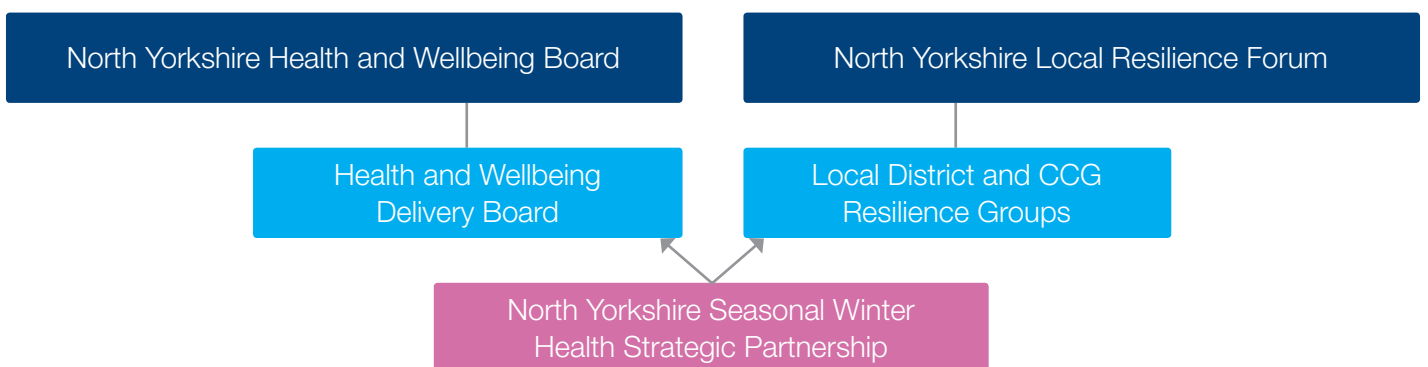
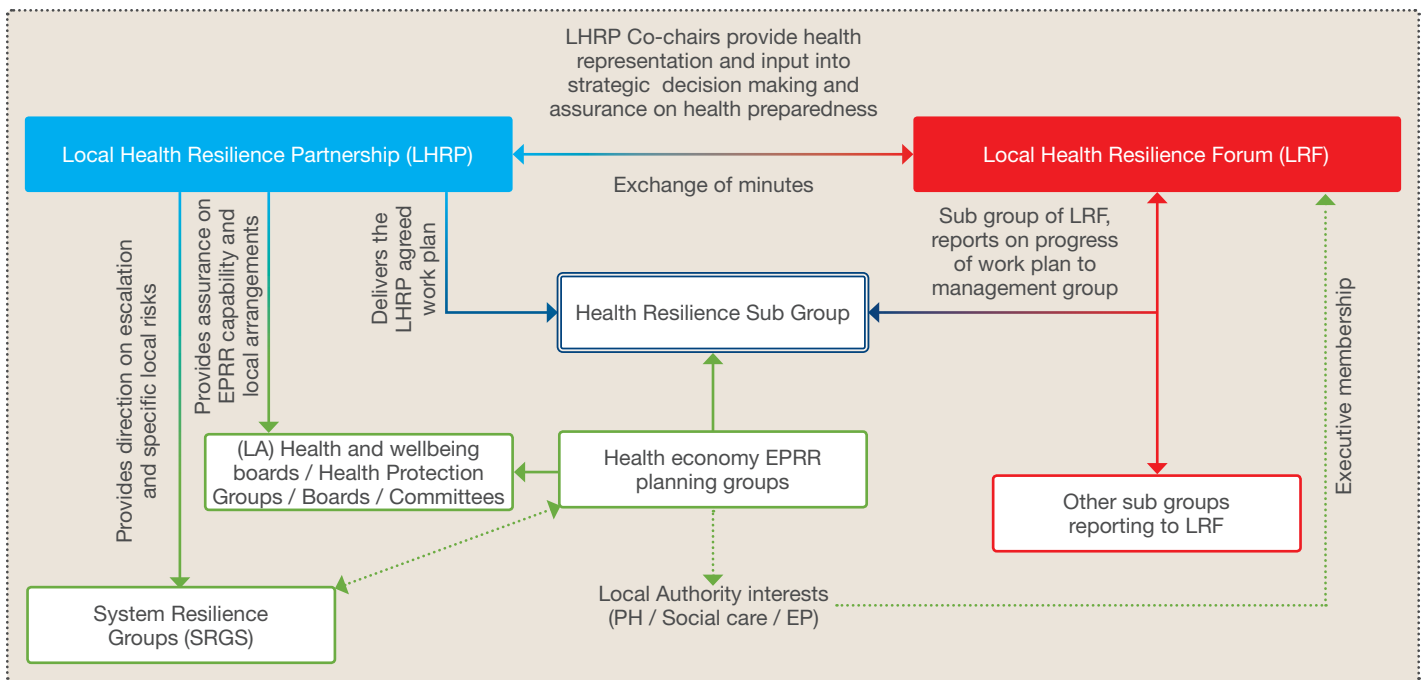
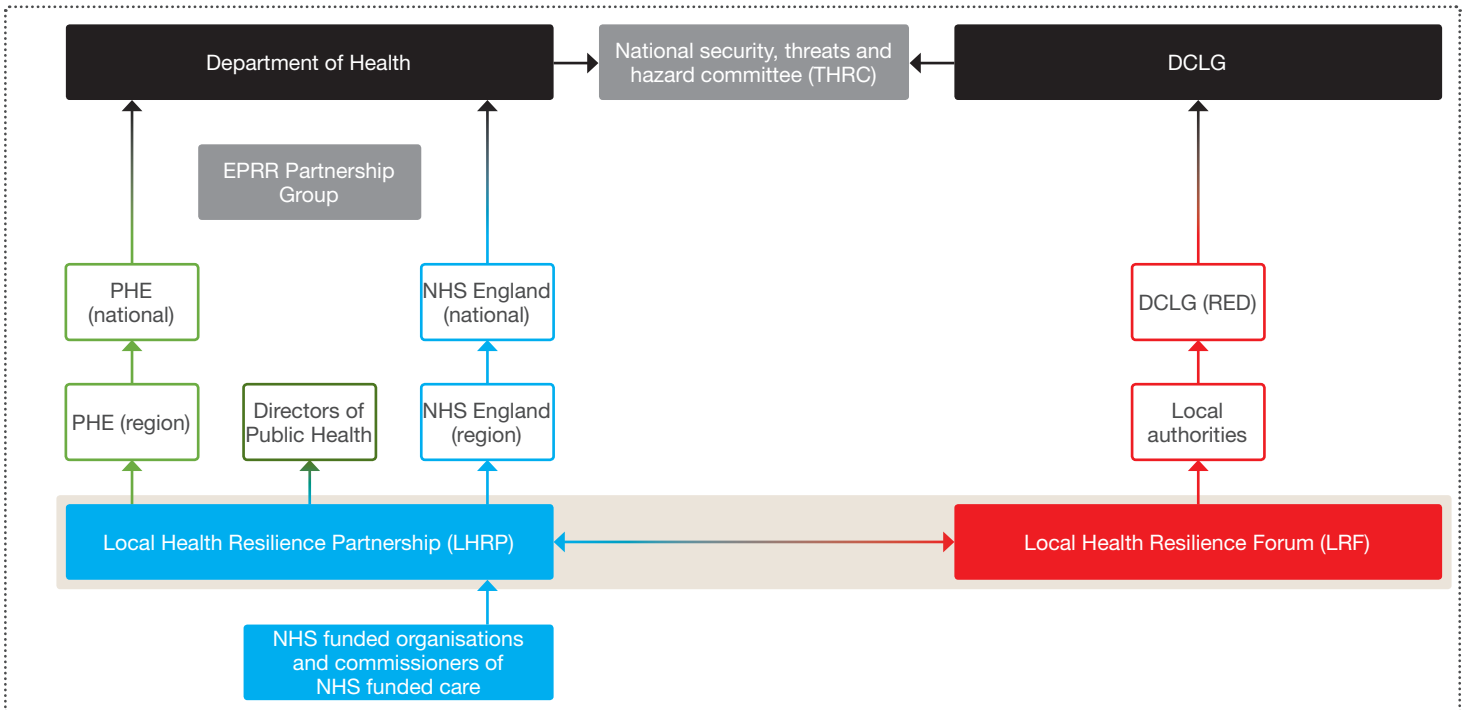
System Resilience Groups (SRGs) link to the NHS Clinical Commissioning Groups (CCGs) with 5 SRGs covering the population of North Yorkshire. The SRGs membership includes the operational leads of the health and social care services.

They are responsible for:-

- Effective delivery of bespoke urgent care in their geographical area.
- Planning additional winter capacity for urgent and emergency care.

The SRGs report to NHS England and provide assurance and feedback to the NYLRF. SRGs make predictions about activity levels for NHS services during the year (e.g. elective care, emergency care, diagnostics) and report to NHS England nationally as well as to the NYLRF. This all year planning activity includes winter months. Work is also coordinated through the regional Urgent and Emergency Care network to support the delivery of the urgent and emergency care strategy.

Figure 4 – Leadership and Governance - Emergency Planning and Resilience Structures



# Measuring the Impact

The Seasonal Winter Health Strategic Partnership aims to prevent the adverse effects of winter on the population. Since winter health is a complex area due to the breadth of factors affecting the outcomes, attempts have been made to rationalise these and measure the complex winter health performance frameworks under three outcome domains:-

## 1. Population

The population does not suffer adverse health effects as a result of Seasonal Climatic Change (e.g. Figure 5 - Flu Immunisation Uptake rates)

## 2. Person

Across the county there is consistent affordable warmth (e.g. Figure 3 – households in Fuel Poverty)

## 3. Community

Communities have active networks to address Seasonal Climatic Change issues (e.g. Figure 2 – Fuel Poverty by district)

Grouped under each of these 3 outcomes domains are a series of indicators relating the domain, the indicators are population level. Below the population indicator level the activity of the projects/schemes that are running across the county is captured demonstrating what is in progress to improve health and wellbeing.

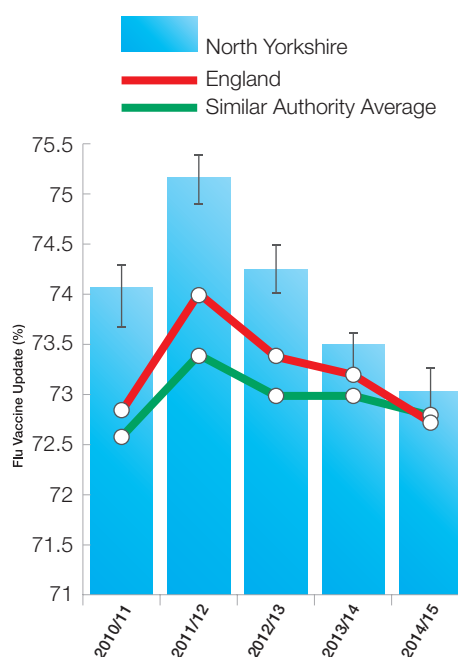
Through ongoing discussion with partners, indicators will be developed around housing quality and the activity in voluntary sector groups, as the strategy and action plan sub-groups progress their work. Task and finish groups established will develop specific measures around the schemes of work, ultimately demonstrating progress against the population measures and therefore the overarching outcomes.

The intention is to engage all the partnerships involved in activities linked to this strategy to ensure that there are measurable outcomes linked to the SWHSPs 7 strategic objectives (page 9). For example, measurable impacts across North Yorkshire include:-

- Reducing preventable cold-related ill-health and Excess Winter Deaths (EWD)
- Improving Health and Wellbeing among vulnerable groups.
- Reducing pressure on health and social care services.
- Reducing fuel poverty, the risk of fuel debt and/or being disconnected from energy supplies (Figures 2 & 3).
- Increasing Influenza Immunisation Uptake Rates (Figure 5).
- Reducing injury resulting from accidents, trips and falls.
- Reducing excess Emergency admissions to hospital.

Figure 5 – Measuring the impact on the Individuals in Priority Groups.

Flu Vaccination Coverage - Individuals aged 65 and Over (2010/11 to 2014/15) Source: PHE (ID.11), 2015



# Equality Statement

This strategy recognises that winter cold weather can affect people regardless of age; ethnicity; religion or belief; disability; sexual orientation; gender. An equality impact assessment was undertaken to inform the development of the plan and determine the impact on various groups and take appropriate action.

The North Yorkshire Seasonal Winter Health Strategic Partnership recognises that winter health issues, particularly fuel poverty, cold damp homes and poor take-up of flu vaccinations, can make a significant contribution to winter pressures on health and social care services.

Whilst older people and young children are predominantly the most at risk, it is important to note that there are other vulnerable groups such as the homeless and those in poor quality cold housing.

Products developed under this strategy and its implementation plan will be systematically reviewed using an Equality and Diversity Impact assessment to ensure they meet the needs of users and that mitigations and proactive action is in place to ensure no one within the identified protected characteristic groups are disadvantaged.





# Feedback

For an Easy read version of this strategy or feedback please email:-  
**Winterhealthstrategyfeedback@northyorks.gov.uk**

## Links to other Strategies, Related Documents and Guidance

HM Government “Cutting the cost of Keeping warm” A fuel poverty strategy for England URN 15D/062 (March 2015)

NICE National Institute of Health and Care Excellence Guideline NG6 “Excess winter deaths and morbidity and the health risks associated with cold homes” (5 March 2015)

Public Health England “Protecting health and reducing harm from cold weather – local partnerships survey report” (November 2014)

North Yorkshire Local Resilience Forum Multi-agency response arrangements (2015)

Cold Weather Plan England 2014 – Protecting health and reducing harm from Cold weather (LGA, NHSE, MetOffice, Public Health England)

## References

<sup>1</sup>NEA November 2014 <http://www.nea.org.uk/Resources/NEA/Action%20for%20Warm%20Homes/documents/Letter%20to%20Prime%20Minister.pdf>

<sup>2</sup>ONS November 2014 <http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/index.html>





## Contact us

You can tell us what you think about the strategy by emailing your views to [jsna@northyorks.gov.uk](mailto:jsna@northyorks.gov.uk) or writing to:

JSNA, North Yorkshire House, Scalby Road, Scarborough YO12 6EE

If you would like this information in another language or format please ask us.

Tel: **01609 780 780** email: [customer.services@northyorks.gov.uk](mailto:customer.services@northyorks.gov.uk)

# North Yorkshire Winter Health Strategy Implementation Plan 2015 - 2017

DRAFT: Version 1

|     | Action(s)   | Related evidence  | Organisation(s) responsible   | Indicator (to be populated when NICE tool kit is published imminently) | Outcome  | Progress |
|-----|---|---|---|--|--|----------|
| 1   | <b>Priority 1: General awareness raising (overview by the Communications subgroup, led by Phil Derych, NYCC)</b>  |   |   |  |  |          |
| 1.1 | Ensure communications are consistent and in line with national campaigns, and disseminated amongst a wide group of partners through the Seasonal Winter Health Strategic Partnership (SWHSP). Ensure national guidance and information is available to both the public and professionals in a consistent manner, and in a variety of mediums which ensures all groups can access messages. This includes groups with specialist needs e.g. farmers and those living in very rural communities. Ensure that information is disseminated into the community e.g. through pharmacies | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   | Seasonal Winter Health Strategic Partnership (SWHSP) Communications sub-group   |  | Communication plan developed and delivered through the SWHSP   |          |
| 1.2 | Attendance at GP surgeries and clinics to promote available support and raise awareness of cold homes/winter weather on health.   | NG6: Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home  | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  | 84 surgery/clinic sessions delivered. 150 beneficiaries supported with information and advice. 100 referrals made to WWNY partners for further support. 14 case studies completed.   |          |
| 1.3 | Support rural communities to take action to help residents stay warm, well and safe over winter.  | NG6 Recommendation 3 Provide tailored solutions via the single- point-of- contact health and housing referral service for people living in cold homes | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  | 5 new winter weather schemes in 5 rural villages. 2 Emergency planning events and 4 new plans started. Research report and guidance on the new models developing for fuel coops. 609 Parishes receive information on actions a community can take to support residents stay warm, well and safe and reduce energy bills. |          |
| 1.4 | Deliver health awareness/energy switch/benefits maximisation/other support sessions.  | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  | 135 sessions delivered (including attendance at summer shows by NYCC emergency teams). 1000 beneficiaries receive information and advice. 200 referrals made to further WWNY support. 25 case studies completed.   |          |
| 1.5 | Develop a fun campaign to capture wider interest e.g. make a draught excluder for the winter health campaign.   | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  | Press cuttings. Media records. Photos.   |          |
| 1.6 | Engage school children with a Cold Comic designed, developed and tested with primary school children.   | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  | 1 Comic designed for use with primary school children.   |          |
| 1.7 | Run winter health and energy outreach roadshows/events to include energy switch advice, grants, signposting, staying safe over winter, benefits advice. Aimed at individuals and community leaders and incorporating wider partners.  | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  | 7 Roadshows delivered to 140 attendees. 20 referrals made to WWNY or other agencies.   |          |
| 1.8 | Increase the general public's knowledge of how to register for priority services, access the Warm Home Discount etc., ensure all benefits such as the Warm Home Discount are being claimed, information on safe temperatures and distribution of tools such as cardboard thermometers so individuals can monitor their own homes. Use existing channels to share information on winter health and fuel poverty. Empower community leaders and groups to be able to refer those who are vulnerable.  | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   |   |  |  |          |

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| 1.9  | Promote uptake of the flu immunisation through awareness raising with priority groups.  |   |   |  |   |
| 1.10   | Work with frontline VCS groups and community leaders to identify energy champions to deliver awareness sessions and other support.  | NG6 Recommendation 9 Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016   |  | 10 energy champions recruited.<br>100 beneficiaries supported with energy switch, Warm Homes Discount, etc.<br>30 referrals made to further WWNY and other support.<br>5 case studies completed.  |
| 1.11   | Attendance at Children's Centres to deliver awareness training to frontline staff and support sessions for their clients.   | NG6 Recommendation 6 Non-health and social care workers who visit people at home should assess their heating needs  | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016   |  |   |
| <b>2 Priority 2: Identifying and supporting the most vulnerable (overview by the Targetting subgroup, led by Hugh Cripps, YEP)</b> |   |   |   |  |   |
| 2.1  | Commission research into identifying the most vulnerable groups, where they live, what services they access and how to address their needs. Ensure this data is widely available for the use of all partners working in this field. | NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home   | Yorkshire Energy Partnership - through PH funding 2015/16   |  | Research produced and promoted  |
| 2.2  | Change perceptions of who is included in 'most vulnerable' e.g. those who may not usually identify as vulnerable. Promote the use of the term 'priority group' and engage with those who may not usually identify as vulnerable.    | NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home   |   |  |   |
| 2.3  | Home visits to give tailored advice on energy switch, reducing energy use, benefits maximisation, energy efficiency measures, Warm Homes Discount help or support for fuel debt application to Trusts.                              | NG6 Recommendation 3 Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes              | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016<br>Hambleton Warm Healthy Homes scheme                              |  | 400 Home visits completed to support 800 beneficiaries.<br>40 Warm Homes Discount or fuel debt support applications completed.<br>75 Referrals made to other WWNY or other agencies.<br>20 case studies completed.  |
| 2.4  | Trial whole community approach to identifying cold homes/people at risk of fuel poverty using thermal imaging of all houses in villages.  | NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home   | Rural Action Yorkshire  |  | 2 whole villages in Ryedale receive thermal images of homes and advice to reduce energy and stay warm.<br>50 home visits completed.<br>75 beneficiaries supported.<br>30 referrals made to WWNY or other partners for further support.<br>20 energy promises made.<br>4 case studies completed. |
| 2.5  | Provide energy efficiency measures/minor repairs or emergency heat in vulnerable households.  | NG6 Recommendation 3 Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes              | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016<br>Hambleton Warm Healthy Homes scheme<br>Home improvement agencies |  | Under BGET funding : 200 interventions completed across the County supporting 400 beneficiaries (with some households having multiple interventions if necessary).<br>20 Referrals made to WWNY or other agencies.<br>20 Case studies completed.  |
| 2.6  | Promote the uptake of available housing improvement/housing insulation grants and programmes.   | NG6 Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home   | Home improvement agencies/voluntary and community groups  |  |   |
| 2.7  | Cold alarm scheme, where alarms are fitted into vulnerable elderly patients' homes and are activated when the temperature drops below 16C.  | NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home   | Hambleton Warm Healthy Homes scheme running pilot in 2015/16 with Public Health funding, 160 cold alarms purchased  |  | Pilot in Hambleton with Public Health funding: 160 number of cold alarms installed  |

|     |  |   |   |  |  |   |
|-----|--|---|---|--|--|---|
|     |  |   |   |  |  |   |
| 3   | <b>Priority 3: Shared responsibility and making every contact count (overview by Training subgroup, led by Diane Bland, NEA)</b>   |   |   |  |  |   |
| 3.1 | Develop a training needs assessment to map where training is required by partners involved in preventing ill health caused by winter, including primary care, voluntary and community sector, social care, local authority and energy companies.   | NG6 Recommendation 9 Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing and Recommendation 11 Raise awareness among practitioners and the public about how to keep warm at home |   |  |  | Training needs assessment produced and promoted   |
| 3.2 | Deliver awareness raising and training sessions to frontline staff in private, public and VCS sectors to enable them to support beneficiaries with information and advice and refer to appropriate support, and cover topics such as identifying and improving cold homes, energy switching and applying for grants to Trust funds.  | NG6 Recommendation 4 Identify people at risk of ill health from living in a cold home   | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  |  | 21 awareness/training sessions delivered.<br>200 frontline staff trained.<br>10 case studies completed.   |
| 3.3 | Work with GPs, health visitors, midwives, community nurses and other health professionals to raise awareness of health impacts of cold homes and how to access further support available for their clients.  | NG 6 Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services and Recommendation 8 Train health and social care practitioners to help people whose homes may be too cold                          | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  |  | 42 awareness sessions delivered for health professionals.<br>14 case studies completed.   |
| 3.4 | Home from Hospital staff and Hospital Discharge teams trained to be aware of the impact of cold homes and support available.   | NG 6 Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services and Recommendation 7 Discharge vulnerable people from health or social care settings to a warm home                                 | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  |  | 1 Winter health awareness session delivered to Home from Hospital staff.<br>5 cascade training session delivered by Home from Hospital staff to Hospital Discharge teams (or by frontline staff trainers).<br>30 staff trained.<br>3 case studies completed.  |
| 3.5 | Discharge teams to conduct a cold home assessment before discharging a patient, and put in place actions to remedy any risks from cold homes. Refer to single point of contact and other services as necessary to ensure home is warm enough to discharge to. Where possible, remove barriers to data sharing to ensure other partners can provide help and support.   | Recommendation 7 Discharge vulnerable people from health or social care settings to a warm home   | Health and social care practitioners  |  |  |   |
| 3.6 | Health and social care practitioners to regularly conduct cold home assessments as part of home visits, record this information and signpost to services as required. Include data which outlines potential geographical risk areas for cold homes on patient records, so health care professionals can identify those at risk from cold homes. Ensure information is shared with other partners through appropriate information sharing agreements. | NG 6 Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services   | Health and social care practitioners  |  |  | Cold home checks conducted as part of home visits<br>Data sharing agreements produced and signed by health and social care partners   |
| 3.7 | Develop a single point of contact (SPOC) to include a single referral system for winter health support, one website and helpline, a single data collection point.  | NG6 Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes  | Rural Action Yorkshire, leading with 30 partner organisations, funded by British Gas Energy Trust until December 2016 |  |  | A single point of contact for North Yorkshire winter health support.<br>A shared online referral system for professionals and a self referral system for individuals.<br>One helpline and one website for all information on winter health support available. |

|      |   |   |   |  |  |
|------|---|---|---|--|--|
| 3.8  | Ensure that emergency services are trained and engaged to recognise the indicators and risks of cold homes, and know how to refer individuals for help. Explore avenues to engage further with the police and fire service to identify those at risk and utilise existing relationships between the public and these services. This may include best practice from elsewhere, such as 'pick up services' and enhanced home safety checks. | NG6 Recommendation 6 Non-health and social care workers who visit people at home should assess their heating needs                    |   |  | Commitment from other services to provide referrals<br>Emergency services personnel trained to recognise cold homes and signpost |
| 3.9  | Investigate providing a 'community directory' for more low level signposting for individuals, as well as signposting to national helplines/advice.  | NG6 Recommendation 2 Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes    |   |  |  |
| 3.10 | Engage with heating and energy companies to ensure their engineers are able to recognise the signs of a cold home, communicate messages around these issues appropriately and be able to identify adequate ventilation, and signpost when required. Engage with heating and energy companies to identify those who have fuel debts /require emergency heating.  | Recommendation 10 Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home | Heating companies                                       |  | Heating engineers trained to recognise cold homes<br>Referrals from heating engineers  |
| 3.11 | Through engagement of housing teams, trading standards and environmental health, identify those most at risk from inadequate housing (e.g. in the private rented sector) and ensure that residential buildings conform to relevant regulations. Use powers of Environmental Health teams to inspect properties and serve notices on buildings that are unable to provide sufficient warmth.   | NG6 Recommendation 12 Ensure buildings meet ventilation and other building and trading standards                                      | Local authorities, including environmental health teams |  |  |
| 3.12 | Engage with private sector landlords and representatives to raise awareness of responsibilities and offer information and support. Explore the potential for an accredited landlord scheme.   | NG6 Recommendation 12 Ensure buildings meet ventilation and other building and trading standards                                      |   |  |  |

**4 Priority 4: Partnership commitment (overview by Strategic Partnership group/ across all sub-groups)**

|     |  |   |   |  |  |
|-----|--|---|---|--|--|
| 4.1 | Promote Winter Health Strategy amongst wider partners  | NG6 Recommendation 1 Develop a strategy | Seasonal Winter Health Strategic Partnership (SWHSP)  |  |  |
| 4.2 | Identify potential funding opportunities to deliver the actions identified in this implementation plan   | NG6 Recommendation 1 Develop a strategy | Seasonal Winter Health Strategic Partnership (SWHSP)  |  | Funding secured across the county  |
| 4.3 | Share good practice between partners, including System Resilience Groups, North Yorkshire Local Resilience Forum and continue partnership working within the North Yorkshire Seasonal Winter Health Strategic Partnership. |   | Seasonal Winter Health Strategic Partnership (SWHSP)  |  | Meetings on a quarterly basis Annual winter health partnerships conference<br>Next conference to be held 17/3/16 |
| 4.4 | Conduct research into global best practice on reducing EWDs, particularly practices in Scandinavian countries, who have harsher winters but fewer deaths.  |   |   |  | Research produced and promoted   |
| 4.5 | Map provision of services and support across the county to reduce duplication and fill gaps where possible.  |   |   |  | Research produced and promoted   |
| 4.6 | Evaluate projects delivered across the county as part of BGET funding and other funding, and identify best practice to replicate as necessary  |   | RAY and partners as part of the BGET work, Seasonal Winter Health Strategic Partnership (SWHSP) |  | Evaluation of work conducted Winter 2015   |

|  |
|--|
| <b>Key</b>   |
| green box = Action lifted from RAY plan                              |
| orange text = action taken from consultation notes                   |
| white box = added from Nice guidance /strategy                       |
| Blue text = added from actions raised at 2015 partnership conference |

Putting NICE guidance into practice

**Costing statement: Excess  
winter deaths and illness  
Implementing the NICE guidance on  
excess winter deaths and illnesses  
associated with cold homes (NG6)**

Published: March 2015



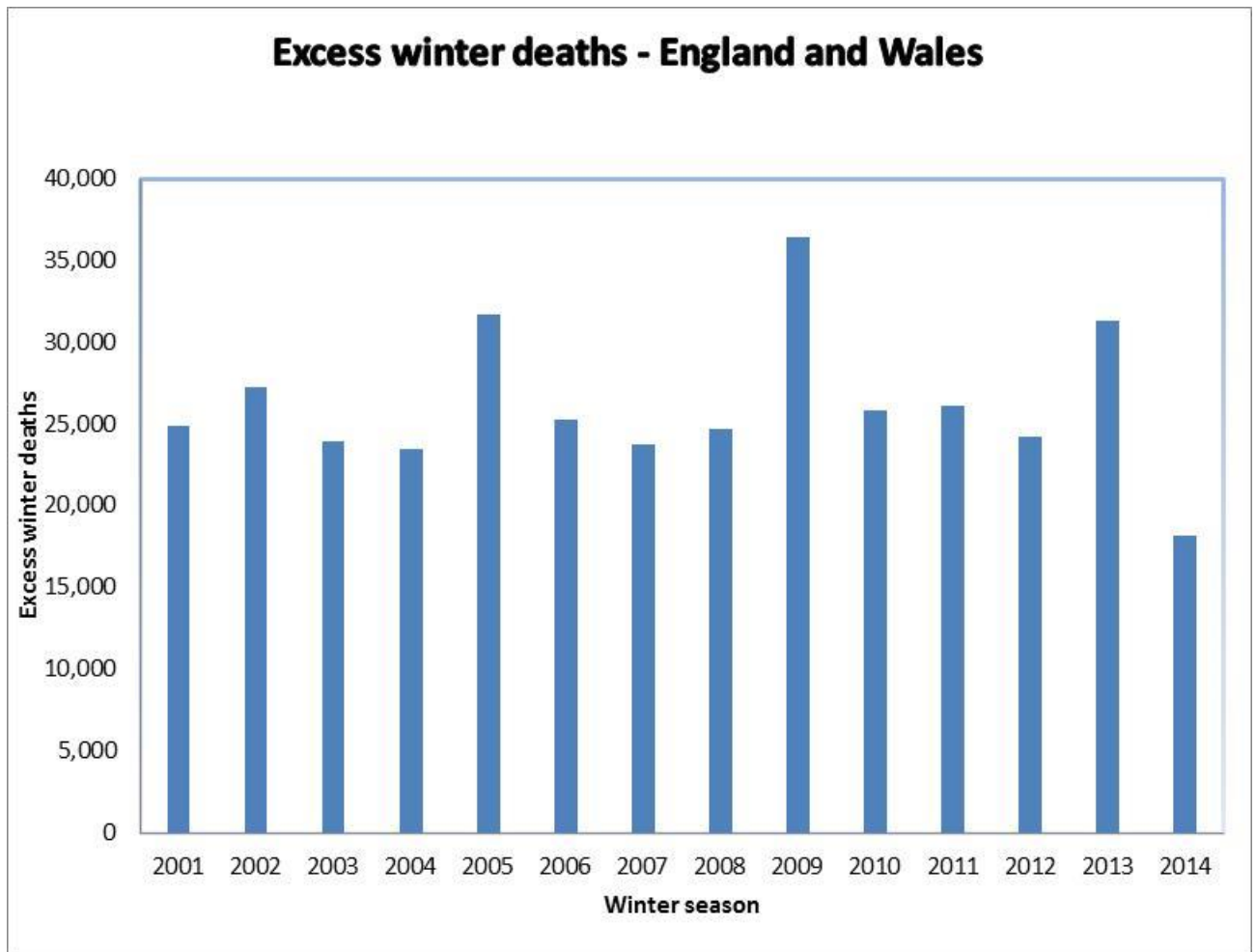
# 1 Introduction

- 1.1 This costing statement considers the cost implications of implementing the recommendations made in [excess winter deaths and illness](#) (NICE guideline NG6).
- 1.2 Because of the variation in current service provision, the resources required to implement this guideline will also vary considerably across the country.
- 1.3 We encourage organisations to evaluate their own practices against our recommendations and assess the potential local costs. Some of these are discussed in this statement.
- 1.4 Clinical commissioning groups commission healthcare services that relate to this guideline. Local authorities commission the social care services that relate to this guideline. Services are delivered in GP practices, primary care, secondary care, social services and by the community and voluntary groups.

# 2 Background

- 2.1 A wide range of people are vulnerable to the cold. In the guideline, the term 'vulnerable' refers to various groups. This includes: people with cardiovascular or respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma); people with mental health conditions; people with disabilities; people aged 65 and older; households with young children (from new-born to school age); pregnant women; and people on a low income.
- 2.2 Many practitioners are already addressing the issue of cold homes (in particular, environmental health officers and housing officers). But the services available vary across the country. This makes it difficult for practitioners to know what type of service and support is available locally.

- 2.3 Public Health England's [2014 Cold Weather Plan](#) notes that cold weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression, and the risk of carbon monoxide poisoning if boilers, cooking or heating appliances are poorly maintained or poorly ventilated
- 2.4 The '2014 Cold Weather Plan' also notes that in cold weather there is an increase in hospital admissions from cold-related illnesses.
- 2.5 In 2013/14 there were 18,200 [excess winter deaths](#) in England and Wales – the lowest figure since 1950/51. It reflects a prolonged period of milder than average weather after November 2013 ([Statistical bulletin: excess winter mortality in England and Wales, 2013/14](#) Office for National Statistics). Based on the same data, Figure 1 shows the pattern of excess winter deaths from 2000/01 to 2013/14. Data for England alone for this period were not available.



**Figure 1: Excess winter deaths in England and Wales**

2.6 Most excess winter deaths and illnesses are not caused by hypothermia or extremes of cold. Rather, they are usually caused by respiratory and cardiovascular problems during normal winter temperatures – when the mean outdoor temperature drops below 5–8°C ([Making the case](#) Department of Health). The risk of death and illness increases as the temperature falls further. However, because there are many more relatively ‘warm’ winter days than days of extreme cold, most cold-related ill health and death occurs during these milder periods.

### **3 Recommendations with potential resource impact**

3.1 Ensure there is a Single-point-of-contact health and housing referral service and provide tailored solutions (recommendations 2 and 3).

- Ensuring that there is a single-point-of-contact health and housing referral service available locally to provide tailored solutions on referral from practitioners is likely to have resource implications. Potential cost would depend on how the single-point-of-contact health and housing referral service is commissioned. Where these services already exist, an increase in referrals from the health service is likely to increase workload, requiring additional resources for those services. There may also be some resource required to stimulate existing local agencies providing elements of the required service to integrate more effectively to create the 'single point of contact' and to help to establish efficient referral systems between health and social care practitioners and the service. For example, it is likely that implementing the guidance may result in an increase in the number of people accessing the service, therefore impacting on its workload (increased volume of face-to-face contacts and/or referrals via phone). The service is therefore likely to incur additional costs to meet this new workload, largely in form of additional staffing requirements (and associated overheads), which should be considered at a local level.
- In some areas, a database highlighting local service needs and the energy efficiency and heating improvement schemes that are needed may need to be compiled. This may have a cost implication. But most areas will already have existing databases holding this type of information, so costs are expected to be small.

- Monitoring and evaluating the effect of the service on the people using it, and providing feedback to the referring practitioners or agencies, may have resource implications depending on local circumstances. This is because there may be a need for additional staff time to analyse data, compile and review reports.
- Training costs associated with these recommendations are discussed in section 3.2.
- Providing information in the correct format (taking into account the language and reading ability of recipients and any vision and hearing issues) may incur additional costs. This would include translating and interpreting costs. But it is likely that these services are already in place so additional costs are not expected to be high. (Translation rates vary. In [London Borough of Hounslow](#), for example, it costs £25 to translate the first 150 words and then 17–23p for each additional word, depending on the language. Face-to-face interpretation costs £40 per hour and £17 for each additional half hour).
- Providing loft insulation, a boiler replacement or gas central heating will incur costs. These will vary depending on the supplier and the nature of the job and, in some cases, could be substantial. But energy efficiency and heating improvement schemes are usually part-funded by government, the energy and distribution companies and the community and voluntary sector. Cold-weather related heating and housing government benefits include, for example: the [Cold Weather Payment](#), [Green Deal scheme](#), [The Warm Home Discount scheme](#), the [Winter Fuel Payment](#) and the [Energy Company Obligation](#).

### 3.2 Training and raising awareness among staff and the public (recommendations 8–10).

- The guideline recommends training for staff who come into contact with people at risk of being cold at home. This includes health and social care practitioners, housing professionals, faith

and voluntary sector workers, heating engineers and meter installers. Some organisations may already provide staff training and support materials. But it is not clear how comprehensive this is and whether it covers all relevant staff. Training needs and the associated costs will vary depending on the:

- number of staff who need training
  - level of training needed (for example, general or specialist) its duration and whether someone needs to cover the post during training
  - training provider (internal or external).
- The cost of training for heating engineers and meter installers does not impact public sector budgets. The costs are incurred by the private sector.
  - Raising awareness of the risks of living in a cold home may incur costs, depending on the approach. But free resources (including leaflets, posters, factsheets, action plans, statistical information, press releases and report templates) are available from [Winter Warmth England](#). These may help staff plan and prepare more effectively, in line with the [Cold Weather Plan for England 2014](#). The Department of Health's annual [Keep Warm, Keep Well](#) campaign, supported by the NHS, also raises public awareness.

### 3.3 Ensure buildings meet ventilation and other building and trading standards (recommendation 12).

- Costs may be incurred to ensure changes to buildings are carried out at least to the standards required by building regulations in particular, with respect to ventilation (see the government's [Planning portal](#)).
- For vulnerable people the costs for energy efficiency and heating improvement schemes are usually part-funded by government, the energy and distribution companies and the community and voluntary sector.

## 4 Benefits and savings

4.1 In 2012, Age UK estimated that the cost to the NHS in England of people living in homes that were too cold was around £1.36 billion per year ([The cost of cold](#)). Implementing the guideline could help reduce demand for healthcare (primary and secondary care) and social care services. This could be as a result of:

- Reducing visits to GP practices, out-of-hours services and walk-in centres and a reduction in district nurse visits. Also reducing A&E attendances and inpatient emergency hospital admissions. This would free up staff time, improve productivity and use of resources.
- Savings on 1 GP consultation could, for example, amount to £46 for 1 patient contact lasting 11.7 minutes. ([Unit costs of health and social care 2014](#).)
- Savings on drug prescriptions associated with the health problems that people living in a cold home face. GP prescription costs per consultation are estimated at £43.90. ([Unit costs of health and social care 2014](#).)
- Savings from, for example, avoiding 1 A&E attendances could range from £57 to £235 per attendance (2014/15 National Tariff Payment System: Annex 5A: National prices).
- Reducing social care service costs, such as payments to carers. [Carer's allowances](#) could cost up to £61.35 a week.

## 5 Conclusion

Organisations are advised to assess the local resource implications of this guideline. Potential additional costs may be incurred as follows:

- Resources for a single-point-of-contact health and housing referral service
- Providing tailored solutions to improve the energy efficiency of homes (for example, insulation, boilers and gas central heating).

- Training for health and social care practitioners, housing professionals and faith and voluntary sector workers.
- Training for heating engineers and meter installers (funded by the private sector)
- Ensuring buildings meet ventilation and other building and trading standards.

Potential areas for savings locally are:

- Reduced GP consultations, out-of-hours calls, attendances at walk-in centres, district nurse visits and drug prescriptions.
- Reduced emergency department visits.
- Reduced inpatient admissions.
- Reduced social care service costs.

## **About this costing statement**

This costing statement is an implementation tool that accompanies NICE's guideline on [excess winter deaths and illness](#) (NICE guideline NG6).

**Issue date:** March 2015

### **This statement is written in the following context**

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting professionals. It should be read in conjunction with NICE's guideline. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of this guideline is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this



guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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