



**London Borough of Hammersmith & Fulham**

**BRIEFING TO HEALTH AND WELLBEING BOARD**

**22 June 2015**

**National Institute for Health and Care Excellence (NICE) guideline 'Excess winter deaths and morbidity and the health risks associated with cold homes'**

**Report of the Executive Director of Adult Social Care and Health**

**Open Report**

**Classification:** For Information

**Key Decision:** No

**Wards Affected:** All

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## **1. EXECUTIVE SUMMARY**

- 1.1 In March 2015 the National Institute for Health and Care Excellence (NICE) published guideline 'Excess winter deaths and morbidity and the health risks associated with cold homes'. This sets out 12 recommendations as to how local authorities through their Health and Wellbeing Boards (HWBs) and key delivery partners should mitigate and reduce the risk of death and ill health associated with living in a cold home. The aim is to help meet a range of outcomes.
- 1.2 This paper presents the 12 recommendations set out in the guidance in order to support the HWB to consider an appropriate response in the context of Hammersmith and Fulham's Housing Strategy, *Delivering the Change We Need in Housing* and the Public Health Strategy, *Improving our Public's Health*.

## **2. RECOMMENDATION**

- 2.1 HWBB members are asked to consider:
- the extent to which current activity adequately addresses the 12 recommendations of the guidance,
  - what further action might be required in order to reduce the risk of death and ill health associated with living in a cold home and
  - how best this might be taken forward in partnership.

## **3. INTRODUCTION AND BACKGROUND**

- 3.1 There is mounting evidence that living in a cold home has severe and wide ranging adverse health impacts, resulting in cost and increased activity to the NHS and other services. The health problems associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather; an increase in death rates due to a drop in temperature can happen when temperatures drop below about 6°C.
- 3.2 A wide range of people are vulnerable to the cold. This is either because of a long term condition, a disability that, for instance, stops people moving around to keep warm, or makes them more likely to develop chest infections; or personal circumstances, such as being unable to afford to keep warm enough.
- 3.3 The NICE guideline aims to help meet a range of public health and other goals, including:
- Reducing preventable excess winter death
  - Improving health and wellbeing among vulnerable groups
  - Reducing pressure on health and social care services
  - Reducing 'fuel poverty' and the risk of fuel debt
- Improvements to the home may also reduce absences from work and school that result from illnesses caused by living in a cold home.
- 3.4 The guideline sets out 12 recommendations as to how local authorities through their HWBs and key delivery partners should mitigate and reduce the risk of death and ill health associated with living in a cold home.

**Table one: NICE Guideline Recommendations, related activity and identified gaps**

NICE Recommendation	Action to date	Gaps
<p><u>Recommendation 1</u></p> <p>Health and wellbeing boards should include the health consequences of living in a cold home in the joint strategic needs assessment process and develop a strategy to address the health consequences of cold homes.</p>	<p><i>Improving our Public's Health</i> includes the following two priorities</p> <ul style="list-style-type: none"> <li>➤ 'Improve preventative services, by helping design and deliver services that have the capacity to have the biggest impact on prevention, early intervention and positive health promotion'.</li> <li>➤ 'To reduce the health inequalities associated with childhood poverty'</li> </ul> <p>The Child Poverty JSNA (2014) makes the following recommendations:</p> <ul style="list-style-type: none"> <li>➤ Ensure that ... primary healthcare works closely with children's centres, early help and other family services to identify and address the family's wider socio-economic issues more effectively.</li> <li>➤ Develop greater integration between Residential Environmental Health Services (REHS) and other front line services, particularly health and social care, to ensure that poor housing conditions are addressed regardless of tenure.</li> </ul> <p>Hammersmith and Fulham's Housing Strategy, <i>Delivering the Change We Need in Housing</i> includes emphasis on improving housing standards in the private rented sector.</p>	<p>The Public Health Annual Report 2013-14 does not present local data regarding the proportion of the population living in cold homes or the number of excess winter deaths.</p> <p>There has been no specific consideration of excess winter deaths or morbidity due to cold homes, or the reasons for them in the London Borough of Hammersmith and Fulham JSNAs.</p> <p>A formal borough strategic approach to tackling excess winter deaths is lacking.</p>
<p><u>Recommendation 2</u></p> <p>Health and wellbeing boards should ensure there is a single-point-of-contact health and housing referral service for people living in cold homes, ensuring anyone who comes into contact with vulnerable groups is able to refer people to the referral service and that the referral service links with relevant national and local services that can provide a range of solutions.</p>	<p>A food and fuel poverty multi-agency working group is exploring how a range of front line professionals supporting vulnerable people in their own home might work to better effect, making every contact count. It is reviewing local care pathways and the information and advice available to both front line professionals and residents regarding the services available locally.</p> <p>The 'Healthier homes, healthier people initiative', funded by Public Health, provides a residential environmental health service to residents whose health and wellbeing is compromised by poor housing conditions. Particular emphasis is given to those living in fuel poverty. Specific objectives include</p>	<p>As yet this work could not be said to be systematic or comprehensive as it is at an early stage of development.</p>
<p><u>Recommendation 3</u></p>		

NICE Recommendation	Action to date	Gaps
<p>Health and wellbeing boards and their partners should ensure the local single-point-of-contact health and housing referral service provides access to tailored solutions to address identified needs, rather than an off-the-shelf approach.</p>	<ul style="list-style-type: none"> <li>➤ To facilitate the development and implementation of a whole person approach to addressing the needs of vulnerable households, which enables front line professionals across the system to identify a range of potential health and wellbeing issues and make the appropriate referral(s).</li> </ul>	
<p><u>Recommendation 4</u> Primary health and home care practitioners should identify people at risk of ill health from living in a cold home.</p>	<ul style="list-style-type: none"> <li>➤ To develop effective working relationships with health and social care professionals and other front line providers.</li> <li>➤ To support partner agencies in developing their understanding and use of the service, enabling them to make timely and appropriate referrals.</li> </ul>	<p>Local health services are not currently systematically assessing or referring vulnerable residents to available assistance programmes.</p>
<p><u>Recommendation 5</u> Primary health and home care practitioners make every contact count by assessing the heating needs of people who use primary health and home care services</p>		
<p><u>Recommendation 6</u> Non-health and social care workers who visit people at home should assess their heating needs, providing information and onward referral.</p>		
<p><u>Recommendation 7</u> Those responsible for someone's discharge from a health or social care setting should ensure the arrangements are in place for vulnerable people to be discharged to a warm home.</p>		<p>Discharge planning could be further developed to ensure that housing considerations are systematically incorporated at the appropriate stage.</p>
<p><u>Recommendation 8</u> Training providers for health and social care practitioners should ensure training to support continuing professional development incorporates the impact of living in a cold home on health and wellbeing and how to help people whose homes may be too cold.</p>	<p>The 'Healthier homes, healthier people initiative', referred to above incorporates two specific outputs which relate:</p> <ul style="list-style-type: none"> <li>➤ The creation and provision of marketing and training sessions / learning opportunities for staff of partner agencies.</li> <li>➤ In conjunction with partner agencies, the provision of staff training sessions / learning opportunities for REHS staff regarding the identification of potential health and wellbeing</li> </ul>	

NICE Recommendation	Action to date	Gaps
<p><u>Recommendation 9</u></p> <p>Training providers for housing professionals and for people working in the faith and voluntary sector should ensure housing professionals and faith and voluntary sector workers are trained to identify and help people whose homes may be too cold for their health and wellbeing.</p>	<p>issues and appropriate referral routes.</p>	
<p><u>Recommendation 10</u></p> <p>Employers who install and maintain heating systems, electricity and gas meters and building insulation and those involved in employee training should train heating engineers, meter installers and those providing building insulation to identify and help appropriately vulnerable people at home.</p>	<p>This recommendation is being explored with housing colleagues with respect to council owned stock.</p>	
<p><u>Recommendation 11</u></p> <p>Health and wellbeing boards, Public Health England and the Department of Energy and Climate Change should raise awareness among practitioners and the public about how to keep warm at home.</p>	<p>The 'Healthier homes, healthier people initiative', referred to above incorporates a specific output which relates:</p> <ul style="list-style-type: none"> <li>➤ The provision of awareness events and initiatives (e.g. web page on councils' websites for residents.</li> </ul> <p>Three public events were specifically organised around cold homes week in February 2015.</p>	
<p><u>Recommendation 12</u></p> <p>Building control officers, housing officers, environmental health and trading standards officers should ensure buildings meet ventilation and other building and trading standards.</p>	<p>This recommendation is being explored with the relevant council departments.</p>	

#### **4. PROPOSAL**

- 4.1 Several key elements of the NICE recommendations are already being addressed in Hammersmith and Fulham. However there do remain some gaps, notably in our knowledge of the extent to which excess winter deaths and morbidity associated with cold homes are an issue in the borough.
- 4.2 Reference was made in the Annual Public Health Report 2014 to the importance of a healthy home environment but this did not incorporate assessment of current housing conditions. Similarly, while there is reference to excess winter deaths and the impact of cold homes in the JSNA Highlights report for 2013/14, there is no analysis of the geographical spread across the borough, the residents affected / at risk, or the type of housing stock presenting the greatest challenge. Neither document provides an analysis of the assets we have to address the issues or the gaps. JSNA reports prior to 2013/14 also did not address this area of public health.
- Further research on available data, possibly through the JSNA process, that specifically looks at this area in depth could provide a more accurate picture of the impact of cold homes, which could then be used to inform a programme of action, supported by cost benefit analysis, which might achieve a tangible difference to health inequalities.
- 4.3 HWB Board Members are asked to consider how they wish to respond to the NICE guideline.

#### **5. EQUALITY IMPLICATIONS**

- 5.1 Excess winter deaths and the health and wellbeing impact of cold homes have a strong correlation with deprivation. Activity to address the recommendations in the NICE guidance will enhance the Council's ability to reduce health inequalities.
- 5.2 Any significant changes in service delivery as a result of this strategy will be subject to Equality Impact Assessments as part of the decision making process.

#### **6. LEGAL IMPLICATIONS**

- 6.1 There have not yet been any proposals that impact on services and therefore there has not been the need to seek legal advice.
- 6.2 Implications verified/completed by: N/A

#### **7. FINANCIAL AND RESOURCES IMPLICATIONS**

- 7.1 Any request for further research into data and information through the JSNA process would need to be considered by the JSNA Steering Committee.
- 7.2 Implications verified/completed by: N/A

#### **8. RISK MANAGEMENT**

- 8.1 RISK – Should a JSNA be requested, there may be capacity issues due to the current workplan.
- 8.2 RISK – Age UK and the National Right to Fuel Campaign (NRFC) have written to the Chair of the HWB. Age UK expressed a desire that the Board ‘implement the guidance as a matter of urgency...[and] review your Joint Strategic Needs Assessment and Health and Wellbeing Strategy to incorporate the proposals from NICE’. The NRFC asked that the HWB ‘review the guideline with a view to adopting the ... recommendations locally’. A response has been provided to both Age UK and the NRFC to the effect that the guideline will be discussed at the HWB and they will be awaiting feedback.
- 8.3 Implications verified/completed by: Stuart Lines, Interim Director of Public Health for LBHF.

## **9. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

- 9.1 There are none.
- 9.2 Implications verified/completed by: N/A

