AGENDA ITEM 9

Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Preventing Illness by Tackling Cold Homes	
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Report for Discussion	

1. Purpose of this Paper

This paper will outline the potential role of Bristol Health and Wellbeing Board (HWB) and the wider health service in reducing the health impacts of living in a cold home.

2. Executive Summary

The Centre for Sustainable Energy (CSE), seeks the support of the HWB in fulfilling the Bristol Green Capital objective of fully implementing the NICE guidance on reducing the health impacts of living in a cold home. CSE, a Bristol-based charity with 35 years' practical experience of tackling cold homes, has made substantial progress in 2015 in gaining the support of Bristol CCG and Public Health as well as a number of frontline health services. These include supporting GPs, hospitals and pharmacies to identify and refer those patients that would benefit from cold homes support. To drive forward implementation beyond 2015, NICE recommends that the HWB support this progress and to ensure that through planning, commissioning and implementation, a robust and comprehensive service continues.

If successful, the benefit to the HWB will be twofold: improved health and wellbeing of vulnerable groups of patients and reduced pressure on the local health service.

3. Context

The recent NICE guidance[1] was written for commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a

[1] Excess winter deaths and morbidity and the health risks associated with cold homes NICE guidelines [NG6] Published date: March 2015

home they can't keep warm. The guidance includes 12 detailed recommendations but these can be boiled down to the following key points:

1. **Cold homes are a health issue.** Substantial evidence shows living in an under-heated home is bad for people's health. Making homes easier to keep warm can improve the health and wellbeing of vulnerable groups and reduce the pressure on health and social care services.
2. **Health and wellbeing boards must act.** HWBs should: develop a strategy to address the health consequences of cold homes. Planning should include identifying relevant providers of support from all relevant sectors.
3. **Every contact must count.** Identifying and supporting people at risk are the responsibility of all those services that come in contact with vulnerable people, particularly the health service.
4. **A single point of contact.** All relevant organisations, sectors and interest groups should be included in this, but to reduce complexity and costs, there needs to be a single point of contact so that anyone who comes into contact with vulnerable groups can easily refer people for support. The single point of contact should provide access to a variety of services to improve housing energy performance, help households reduce their fuel costs and improve their ability to manage their heating.

CSE has been funded by Bristol Green Capital to help Bristol become to fully implement the new NICE guidance on cold homes. A brief summary of the local evidence of the need for this service can be found in Appendix 1. CSE has already made some good progress in partnership with the Bristol health sector which includes a pharmacy campaign, pilots with local GP surgeries, and integration with the TotalMobile software tool used by Bristol Community Health. This culminated in two recent initiatives:

- Bristol's three leading voluntary sector practitioners on reducing cold homes - CSE, Talking Money (the main charity in Bristol supporting people in financial hardship) and West of England Care and Repair (Bristol's Home Improvement Agency) agreed to work together to set up a single point of contact service - the Action on Cold Homes Network.
- CSE organised a national conference with Public Health England (PHE) on the health impacts of cold homes in Bristol, supported locally by the CCG and Public Health, who have publicly committed to implementing the guidance.

While the NICE guidance makes a case for intervention across the health sector, GPs are one of the key likely beneficiaries of implementing the guidance - 19% of GPs time (Caper and Plunkett, 2015) is spent on non-medical issues, with 77% of these problems being related to housing. NICE recommends that any local single-point-of-contact health and housing referral service provides access to tailored solutions to address identified needs, preferably involving face-to-face contact, with the following interventions:

- Housing insulation and heating improvement programmes and grants.
- Advice on managing energy effectively in the home and securing the most appropriate fuel tariff and billing system.

- Help to ensure all due benefits are being claimed, as people receiving certain benefits may be entitled to additional help with home improvements – and may get help to manage their fuel bills and any debt.
- Registration on priority services registers (for energy supply and distribution companies) to ensure vulnerable households get tailored support from these companies.
- Access to, and coordination of, services that address common barriers to tackling cold homes. For example, access to home improvement agencies that can fix a leaking roof.
- Short-term emergency support in times of crisis (for instance, room heaters if the central heating breaks down or access to short-term credit).

Interventions to improve the warmth of people's homes has been shown to make a significant impact on health outcomes and for this reason there are an increasing number of cases across the country where Public Health teams and Clinical Commissioning Groups are funding (at least part) of the intervention on the basis of making savings in the medium to long term. In a small trial by Gentoo Housing Association where GPs prescribed an intervention to make their patients homes a warmer place to live – GP appointments were reduced by 28% and outpatient visits by 33%.

Public Health England, the Royal College of GPs (RCGP) and NICE all back the Care Act aspiration to shift towards more preventative health care. As vice Chair of the RCGP Tim Ballard put it: *"If we get this right, less stuff will happen – fewer people will see their GP, fewer will be admitted to hospital, and fewer people will die. These are the outcomes we want, but it's a real leap for commissioners to start to seriously commission for things 'not happening".*

4. Main body of the report

The implementation of the NICE guidance on cold homes in Bristol will contribute to improvements in the following three Department of Health outcome frameworks: Public Health Outcomes Framework 2013-2016, NHS Outcomes Framework 2015-16 and Adult and Social Care Outcomes Framework 2015-16. Table 1 outlines the domain and objectives that supporting customers to have warmer, healthier homes will contribute to improvements in.

Table 1 - Relevant Department of Health outcomes frameworks, domains and objectives

Framework	**Domain**	**Objective/Overarching indicator or measure**
Public Health Outcomes Framework 2013-2016	1 Improving the wider determinants of health	Improvements against wider factors which affect health and wellbeing and health inequalities
		Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
NHS Outcomes Framework 2015-16	1 Preventing people from dying prematurely	1a Potential years of life lost (PYLL) from causes considered

		amenable to healthcare
		1b Life expectancy at 75
	2 Enhancing quality of life for people with long-term conditions	2 Health-related quality of life for people with long-term conditions
Adult and Social Care Outcomes Framework 2015-16	2 Delaying and reducing the need for care and support	2A. Permanent admissions to residential and nursing care homes, per 100,000 population
	4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	4A. The proportion of people who use services who feel safe

Full details of relevant outcome measures and improvement areas can be found in the draft NICE quality standard: *Preventing excess winter deaths and morbidity*. This quality standard builds on the recommendations of the NICE guidance (a list of the key relevant recommendations of the NICE guidance on cold homes can be found in Appendix 2) and makes further recommendations in a number of notable areas:

1. Local health and social care commissioners and providers collaborate on year-round planning and data sharing to identify populations who are at risk of health problems associated with a cold home.
2. People who are at risk of health problems associated with a cold home are asked at least once a year if they have difficulty keeping warm at home by a primary healthcare or home care practitioner.
3. Commissioners (such as clinical commissioning groups and local authorities) jointly commission a local single-point-of-contact health and housing referral service that helps people who are at risk of health problems associated with a cold home to receive tailored support

Table 2 charts the potential changes required in Bristol to meet the recommendations of the NICE guidance on cold homes (and the relevant draft quality standard) and the progress to date in achieving them.

Table 2 – progress in Bristol in implementing the NICE guidance on cold homes

Change required	**Progress**
1) All outreach health teams trained and enabled to systematically make referrals for support for those living in cold homes	CSE have trained the following teams to date: • Financial assessment officers • Health Champions (Bristol North) • Pharmacies (Healthy Living) This obviously represents a tiny proportion of the opportunity. CSE are keen to continue to provide this training to other teams and have funding to do this through the Bristol Green Capital funded project.
2) GP guidance and referral systems	CSE have trained 7 GP surgeries in Bristol to date.

(e.g. SystmOne or EMIS Web) updated to include new NICE guidance on cold homes and triggered one click referrals for support	There remains an opportunity to roll this training out further.CSE have been in contact with the RCGP who will be running a trial of their one click referral system and identification system in Wiltshire. There is an opportunity to role this out in Bristol.
3) Senior staff in charge of outreach workers to receive training on the importance of making referral	See 1 & 2
4) Referral for cold homes support to become a formal part of the assessment process and systems for outreach teams (e.g. included on TotalMobile system for Bristol Community Health)	Progress has been made with Bristol Community Health where a TotalMobile cold homes referral update is in development and a quality assurance framework is being agreed. However, training of on the ground teams to use this functionality is yet to begin. There has not yet been any significant progress in updating systems and processes outside of BCH but CSE has started conversations with Public Health looking at the possibility of including cold homes in the assessment of care and support needs.
5) Commission a single point of access cold homes referral service	CSE, Talking Money and WE Care and Repair are currently working together to create a framework for joined up service by ensuring their current relevant services fit together as efficiently as possible. However, whilst this solution moves Bristol towards meeting the standard, it does not give the single point of access and seamless customer experience envisaged in the guidance. It is also only a temporary solution vulnerable to the policy, funding and demand pressure each organisation may face.
6) Include improving cold homes in the Health and Wellbeing Strategy (ideally as strategic priority)	Not yet
7) Include making cold homes referrals as a deliverable in relevant re-commissioning	Not yet
8) Set up data sharing arrangements to identify those who would most benefit from support	CSE has sent out a joint letter with Southmead Surgery to at-risk patients but otherwise there has been little progress in this area

5. Key risks and Opportunities

Bristol has an opportunity to build on the progress made during the European Green Capital year, by rolling out all of the practical and proven interventions outlined in 'changes required' in table 2 above; for the HWB to take a central role and responsibility in planning, commissioning and implementing a robust, comprehensive and ongoing service. Specifically this entails:

1. Developing a strategy to address the health consequences of cold homes in Bristol
2. Enabling the commissioning of a single point of contact cold homes referral service. Building on similar services adopted in Wigan, Liverpool and Islington.
3. Supporting implementation by ensuring that all parts of the Health Service refer into the service.

The risk is that this momentum stalls and Bristol slips behind other areas in moving this agenda forward. As a result:

- More people will continue to die unnecessarily (36 people are likely to have died in the winter of 2014 in Bristol due to cold homes[2]) and an estimated 78,000 at risk of ill-health from living in a cold home
- The costs to the health service of doing nothing will be far greater than doing something (see section 6 below)

6. Implications (Financial and Legal if appropriate)

Cost to health of fuel poverty and poor housing

There is a growing body of evidence of the impact of helping people to secure affordable warmth on health outcomes. However, the data on the impact on reduced unplanned hospital admissions and reduced GP referrals requires more work. There is a great opportunity to carry out this work in Bristol, and Bristol Health Partners (through David Relph and Helen Baxter) have shown a keen interest in taking this forward. In the meantime, the following figures give an outline of the scale of the opportunity.

In its '*Framework for Action'* the Government indicates that it has been working with experts on a methodology[3] to "estimate and monetise change in Quality Adjusted Life Years (QALY) that result from improving the energy efficiency of homes and the resultant increase in temperature".
This Health Impacts of Domestic Energy Efficiency model (HIDEEM) uses "epidemiological evidence to capture the relationship between a change in exposure to cold / internal pollutants and certain negative health outcomes. It then uses a 'life table' model to estimate patterns of survival in the population". By applying this methodology to installations of cavity wall insulation, loft insulation and boiler replacements in Bristol between 2000 and 2012 the estimated benefits detailed in the Table 3 have been calculated. This reflects only installations through the Government's Warm Front scheme and the councils Bristol Energy Efficiency Scheme.

The figures in Table 3 provide an insight into the potential scale of the saving but significantly underestimate the opportunity to make savings and improve health outcomes. There are a large amount of additional benefits of a holistic cold homes intervention that will improve the QALY outcomes that cannot be captured at this stage (due to not having QALY figures for the given measures) e.g. increased income, lower fuel costs from better tariff choices, behavioural advice (and resulting improvements in achieving affordable warmth and reducing damp and mould).

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[2] Local action on health inequalities: Fuel poverty and cold home related health problems, Public Health England, September 2014. This estimate is based on Public Health England figures on excess winter deaths and applying NICE's estimates on the likely EWDs caused by living in a cold home.

[3] University College London and the London School of Hygiene and Tropical Medicine are working on a 'Health Impacts of Domestic Energy Efficiency Model' (HIDEEM) on behalf of Government The model is built from a number of inter-related modules covering a building's permeability properties and individual health conditions. HIDEEM uses the Quality Adjusted Life Year (QALY) method to monetise these health impacts. This involves placing a value on a year of perfect health and assessing changes from this state. For further information see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211137/fuel_poverty_strategic_framework_analytical_annex.pdf

Table 3 – Health benefit of installing energy efficiency measures in Bristol: 2000-2012.

Year	Measure	Number of Install	Quality Adjusted Life Years benefit per measure	Net Present Value (per household)	Total value of health benefit per year for all household
2000-2012	Cavity Wall Insulation	9,141	0.049	£969	£738,135
2000-2012	Loft Insulation	17,884	0.045	£885	£1,318,945
2000-2008	Boiler Replacements	2,583	0.009	£224	£48,216

Excess Winter Deaths

While excess winter deaths are not an exact proxy for measuring the impact of cold homes there is enough evidence that there is a link between excess winter deaths and cold homes (NICE/PHE) that they provide another method of calculating the scale of the opportunity in terms of improved health outcomes. The Public Health figure for excess winter deaths in Bristol in 2014 was 167. On the basis that for every death there are eight hospital admissions (according to NICE), there could have been 1,336 avoidable hospital admissions related to excess winter deaths in 2014. If each of these admissions results in 1 acute hospital bed day and the cost of that bed is £575, then the total cost of excess winter emergency admissions during 2014 is estimated at around £750,000. This figure is likely to be a significant underestimate of the saving as it does not include:

- Cost to the health service of the 167 deaths (a proportion of which will be in hospital)
- Costs of increased GP visits – including out of hour emergency call outs
- Ambulance service - reduced emergency call-outs.
- Mental health care - there is evidence that anxiety and depression are made worse during cold winter periods. Fuel poverty, therefore, may increase the likelihood of a mental health admission.
- Social care - cold due to fuel poverty can lead to serious illness that can result in a vulnerable person no longer being independent and thus requiring social care either within the home or having to go into a care home. Therefore, addressing fuel poverty can potentially reduce social care costs

The level of financial saving in reducing excess winter emergency admissions is dependent on:

- The effectiveness of identifying those at risk of fuel poverty and for whom the impact of fuel poverty is high, i.e. could lead to a winter emergency admission.
- The effectiveness of the intervention(s), i.e. the proportion of people for whom the intervention prevents a winter emergency admission.

If we assume (conservatively) that at the beginning of the programme 20% of the at-risk population can be identified and the intervention is 60% effective

then there is a potential saving of at least £90,000* per year in respect of reduced winter emergency admissions. There will also be a cumulative impact of this saving that will accrue over a number of years. This figure still remains very conservative in terms of a cost saving to the health service as it does not include many of the additional costs that will be incurred (as listed on page 8).

7. Conclusions

Bristol City Council has already taken a lead in making securing affordable warmth for Bristol residents a strategic priority in its year as European Green Capital. There is still much work to do in turning this aspiration into a reality and, in the light of the NICE guidance on cold homes, an opportunity exists for the HWB to take a central role and responsibility in planning, commissioning and implementing a robust, comprehensive and ongoing response to the recommendations of the NICE guidance to improve the health and wellbeing of many of Bristol's most vulnerable residents.

8. Recommendations

1. Develop a strategy to address the health consequences of cold homes in Bristol
2. Enable the commissioning of a single point of contact cold homes referral service. Identify where this can be actioned and any requirements to make a further business case.
3. Supporting implementation by ensuring that all parts of the Health Service refer into the service.
4. Enable data sharing so that the patients that would benefit most from the support can be identified and supported

9. Appendices

Appendix 1 – Short summary of local evidence of need

28% of Bristol's housing stock is in the lowest 3 bands of the standard energy efficiency rating. Many of these customers are paying between two and four times the energy bill of someone living in a modern property. For those on low incomes this is simply not achievable and they are faced with the grim Hobson's choice of debt, food rationing or a cold home. Deprivation in Bristol is higher than the UK average with 25.3% (19,600 children) living in poverty[4]. The current draft Bristol Housing Strategy, states 17.9% of the Bristol population is in fuel poverty. These residents are likely to struggle to maintain a warm, healthy home which in turn is likely to cause or exacerbate any existing health conditions. Bristol has a number of health inequalities: lower life expectancy and higher levels of depression, Hypertension, Asthma and COPD (Bristol JNSA). These conditions are exacerbated by living in cold homes. Public Health England[5] found evidence of a number of impacts on young people:

- 28% of young people lacking affordable warmth were at risk of multiple mental health symptoms compared to just 4% of young people living in a sufficiently warm home
- Children living in a cold, damp and mouldy home are 1.5-3 times more likely to develop symptoms of asthma than those in warm and dry homes
- Children living in inadequately heated homes were found to be twice as likely to suffer from chest and breathing problems as those in warm homes.

Appendix 2 – List of the most relevant NICE recommendations

Recommendation 1 - Develop a strategy
Health and wellbeing boards should:

- Include the health consequences of living in a cold home in the joint strategic needs assessment process.
- Develop a strategy to address the health consequences of cold homes. This should include:
    - Identifying people whose health is at risk from cold homes.
    - Assessing how heating and insulation needs to be improved to raise properties to an acceptable standard assessment procedure (SAP) rating. As a minimum, properties should be raised to a band C (69–80) and ideally, to a band B (81–91) rating.
    - A tailored programme to make any necessary changes, including preventive measures, all year round – not just in the winter.
    - Identifying and meeting the training needs of local practitioners involved in providing the services.

[4] Public Health England's Bristol profile for 2014
[5] Local action on health inequalities: Fuel poverty and cold home related health problems, Public Health England, September 2014

- Consider how the issues and actions identified are reflected in health and wellbeing and other relevant local strategies or plans and ensure actions take account of other local and national strategies.
- Ensure the strategy includes monitoring and evaluation. Also ensure any evaluation is used to improve the strategy and is made publicly available.

Recommendation 2 - Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes

Health and wellbeing boards should:

- Ensure a local single-point-of-contact health and housing referral service is commissioned (see recommendation 3) to help vulnerable people who live in cold homes.
- Ensure anyone who comes into contact with vulnerable groups is able to refer people to the referral service.
- Ensure the referral service:
    - Takes account of existing services.
    - Involves face-to-face contact, if necessary, with the person using the service, their families and their carers.
    - Works with the person and their carers to identify problems caused by living in a cold home and the possible solutions.
    - Makes it clear to the person and their carer what actions are planned (or taking place) and coordinates activities to minimise disruption in the home.
    - Encourages self-referrals using a free phone number.
    - Monitors and evaluates the impact of actions taken and gives feedback to the practitioner or agency that originally referred the person.

Recommendation 3 - Provide tailored solutions via the single- point-of-contact health and housing referral service for people living in cold homes

Health and wellbeing boards and their partners (see who should take action?) 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.

Recommendation 4 - Identify people at risk of ill health from living in a cold home

Ensure data sharing issues are addressed so that people at risk can be identified.

Recommendation 5 Make every contact count by assessing the heating needs of people who use primary health and home care services

Primary health and home care practitioners should:

- At least once a year, assess the heating needs of people who use their services, whether during a home visit or elsewhere, taking into account the needs of groups who are vulnerable to the cold.
- Use their time with people to assess whether they (or another member of the household) are experiencing (or are likely to experience) difficulties keeping their home warm enough.

Recommendation 8 Train health and social care practitioners to help people whose homes may be too cold

Training providers for health and social care practitioners should:

- Ensure training to support continuing professional development includes detail on the effect on health and wellbeing of living in a cold home and the benefits of addressing this issue (for example, insulation could save money on heating bills).
- Ensure ongoing training programmes raise awareness of local systems and services to help people who are living in homes that are too cold for their health.
- Ensure practitioners can raise the issue of living in a home that is too cold. They should also be able to advise on sources of support and help and know how to refer someone, if necessary.

The full guidance can be found here.