NOVEMBER 2016

NEA

Action for Warm Homes

GET WARM SOON?

PROGRESS TO REDUCE ILL HEALTH ASSOCIATED WITH COLD HOMES IN ENGLAND

This report assesses how many health and wellbeing boards in England are including public health indicators on fuel poverty and excess winter deaths in their needs assessments and health and wellbeing strategies.

The report also assesses the extent to which health and wellbeing boards are applying National Institute for Health and Care Excellence (NICE) recommendations to reduce ill health associated with living in a cold home.

Disclaimer

NEA has sought to contact all health and wellbeing boards in an effort to collect evidence from boards to inform this research. If your board has evidence that you would like included please advise the authors and the online version of this report will be updated.

Update

This version of the report has been updated to include evidence received from Islington London Borough Council.

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Enfield CAB
Esher and District CAB
Gateshead CAB
Gateshead Council
Hammersmith and Fulham CAB
Hampshire County Council
Havant CAB
Havering CAB
Hounslow Council
Islington London Borough Council
Joseph Rowntree Housing Trust
Kent County Council
Knowsley CAB
Knowsley Council
Leeds CAB
Leicester City Council
Leicestershire County Council
Liverpool Council
London Borough of Hammersmith and Fulham
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Manchester CAB
Manchester City Council
Medway Council
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Northamptonshire CAB
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Peterborough CAB
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Salford City Council
Sandwell Council
Sefton Council
Shropshire Council
South Gloucestershire Council
South Tyneside Council
St Helens Council
Staffordshire County Council
Surrey County Council
Swindon Borough Council
Telford CAB
Warrington Borough Council
Warwickshire County Council
Wigan Council
Wiltshire Council
York CAB

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Executive summary

It is a well-established fact that cold temperatures can kill. In 2014/15 there were 43,900 excess winter deaths in England and Wales, the highest number this century. At least 14,000 of these deaths are attributable to cold homes, and ill health caused by poor housing is an even bigger problem. Treating the health impacts of cold homes, including cardiovascular and respiratory diseases, falls and injuries and mental ill health, is costing the NHS an estimated £1.36 billion each year.

To address this public health crisis the National Institute for Health and Care Excellence (NICE) published a set of 12 recommendations on how to reduce the risk of death and ill health associated with living in a cold home. Local health and wellbeing boards, formed in 2012 to tackle health inequalities in their local populations, are charged with a leadership role to implement key recommendations from NICE's guidance. In particular, they should develop a strategy to address the health consequences of cold homes and ensure single point of contact health and housing referral services are in place locally to provide tailored solutions for vulnerable households.

One year on from the publication of the NICE guidance, NEA carried out research to assess the extent to which health and wellbeing boards in England are taking action on cold-related ill health.

The research was carried out in two stages. The first stage involved a review of the latest joint strategic needs assessments and joint health and wellbeing strategies produced by 152 health and wellbeing boards in England. Every document that was publicly available online by August 2016 was examined in order to determine the extent to which health and wellbeing boards are addressing and prioritising fuel poverty and excess winter deaths and undertaking actions in line with the NICE recommendations. In the second stage NEA sought feedback on these initial findings from local fuel poverty service providers and boards themselves. In particular, Stage 2 sought to identify any key actions helping to apply NICE recommendations locally that had not been referenced in health and wellbeing board documents.

The majority of health and wellbeing boards are not yet playing the leadership role envisaged by NICE and Public Health England. This is in part due to limitations on their commissioning powers in which some local actors do not view boards as the locus for attracting healthcare funding to fuel poverty services.

Our findings show cause for concern.

- The strategies of 40% of health and wellbeing boards fail to address fuel poverty or excess winter deaths. This represents negligible progress from 2013 when Age UK found 42% of boards fell into this category.

- More encouragingly, the number of higher performing boards is increasing. Over one third of boards (38%) are prioritising fuel poverty as an issue in their strategies, an increase of 17% from 2013 based on Age UK findings.

- Only 32% of health and wellbeing boards reference actions in their joint strategic needs assessments or strategy that are in line with at least one of the 12 NICE recommendations. Overall, and following stakeholder feedback, we collected evidence of 105 areas demonstrating good to excellent actions to reduce ill health from cold homes. However performance varied markedly within this group. This indicates boards are not always involved in or publicly recognising efforts to address fuel poverty and excess winter deaths.

- 45 areas (30%) have some form of health and housing referral service in place to provide tailored solutions to people vulnerable to the cold (NICE recommendation 2). But only one fifth of boards reference such a service in their strategies. Moreover, this is often a 'signpost' mention without disaggregating the health and wellbeing board's role in shaping the service to reflect NICE good practice guidance. This follows a pattern in health and wellbeing board documents where priorities and action plans for addressing cold-related ill health are not adequately set out and individual healthcare bodies' and other agencies' roles and responsibilities defined.

- Evidence of procedures that make sure hospitals and other service providers do not discharge patients into cold homes (NICE recommendation 7) is available for 19 areas (13%). Only 7% of health and wellbeing boards refer to such protocols in their documents. This is disappointing given the potential for significant savings and benefits from proper discharge planning – to both the NHS and vulnerable patients alike.

- The majority of health and wellbeing boards are not yet playing the leadership role envisaged by NICE and Public Health England to address ill health from cold homes. This is in part due to limitations on their commissioning powers in which some local actors do not view boards as central to attracting healthcare funding to fuel poverty services. None the less, as the nexus of local council and local NHS leadership, they are strategically important and the natural meeting point from which to plan, commission and deliver integrated health and housing services.

Despite our findings showing room for improvement, an encouraging but small number of health and wellbeing boards are applying the NICE guidance and demonstrating good practice.

- Sutton has developed a comprehensive local strategy which sets out plans to develop a single point of contact referral scheme, conduct a housing condition survey to identify those vulnerable to fuel poverty and deliver targeted housing interventions. It also plans to expand its hospital discharge scheme to prevent readmission and enable early discharge into a warm home.

- Blackburn with Darwen's strategy prioritises improvements to housing in order to tackle fuel poverty. It plans to continue and expand the GLOW (Guidance for Living Over Winter) scheme to include health and social care referrals and will evaluate its DASH (Decent and Safe Homes) service to inform future delivery models.

- Wigan has established a collaborative Task and Finish Group which has developed a Fuel Poverty Strategy for 2016-2020. Energy efficiency and other fuel poverty interventions are being delivered to cold and sick residents through AWARM. This is a single point of contact scheme involving health and social care workers to identify and refer their vulnerable clients, including through GP practices and hospital discharge teams.

Health and wellbeing boards that have yet to adequately address cold-related ill health should look to these good practice examples, apply the NICE guidance locally and plan and commission fuel poverty services that target prevention alongside treatment. Boards need to be supported in their role by leadership at a national level which commits to substantial and sustainable funding for public health services and facilitates a greater role for health and wellbeing boards in commissioning.

In turn, boards need to be held accountable by the Department of Health and Public Health England for undertaking action to reduce cold-related ill heath in line with NICE's quality standard and informed by their own health and wellbeing strategies. This should include establishing systems of national oversight and review.

To support this transition of fuel poverty into public health the UK Government needs to unlock resources for improving the energy standards of vulnerable households' homes. Without these actions at a national and local level the healthcare system in England will continue to fail millions of the poorest and most vulnerable in our society.

Summary of recommendations

Incorporating the NICE guidance into joint health and wellbeing strategies

1. Health and wellbeing boards update their joint strategic needs assessments and joint health and wellbeing strategies to apply the NICE guidance recommendations and quality standard on cold homes to their local contexts.

2. The Department of Health consider how to improve the accountability of health and wellbeing boards to address the NICE guideline and quality standard on cold homes, including establishing systems of national oversight and review.

Improving public health leadership to tackle cold homes

3. The Department of Health, Public Health England and NHS England, along with boards themselves, consider how health and wellbeing boards can transition from a coordination to a commissioning role in order to deliver high-quality, cost-effective and joined-up health and housing services.

Improving accountability

4. The Department of Health amend its statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies to recommend that health and wellbeing boards review and refresh these documents annually, in order to inform yearly planning and commissioning cycles.

5. Public Health England lead on improving the preparation and transparency of joint strategic needs assessments and joint health and wellbeing strategies. This should include establishing good practice guidance for the production of these documents that covers:

- how the documents relate and refer to public health outcome framework indicators and NICE guidance and quality standards
- how priority areas of need identified in joint strategic needs assessments are carried through into subsequent strategies
- how health and wellbeing boards set out their own responsibilities and intentions, including with regard to commissioning, for any priority or action areas identified within their strategies.

6. Public Health England identify, publish and promote examples of high performing health and wellbeing boards whose strategies are effectively addressing fuel poverty, excess winter deaths and the NICE recommendations.

7. Health and wellbeing boards improve preparation of their joint health and wellbeing strategies to more effectively demonstrate how their local areas are addressing public health outcomes framework indicators on fuel poverty and excess winter deaths and applying NICE recommendations and quality measures on cold homes. This includes carrying through needs and priorities on fuel poverty and excess winter deaths identified in their joint strategic needs assessments into their joint health and wellbeing strategies. Or, where an area of need has been identified but not prioritised for further action, providing a rationale for this decision.

8. When referring to an initiative to tackle ill health from cold homes in their joint health and wellbeing strategies, health and wellbeing boards clearly delineate their own roles and responsibilities with regard to planning, commissioning, provision and oversight of a specified service.

Implementing the NICE recommendations

9. Health and wellbeing boards urgently prioritise adoption of the 2016 NICE quality standard on cold homes. This includes action to:

- produce local winter plans that are informed by multi-stakeholder year-round planning
- commission or support delivery of single point of contact health and housing referral services
- set out hospital discharge and admission protocols that identify vulnerable patients and release them into warm homes.

10. Health and wellbeing boards take steps to make sure initiatives which meet the relevant NICE recommendations are sufficiently funded. To support this Government must commit to substantive and sustainable levels of public health funding and health and wellbeing boards should transition to have a greater role in commissioning from integrated budgets.

Tailoring fuel poverty schemes to address public health priorities

11. Fuel poverty service providers link action on cold homes to priorities for their local health and wellbeing boards and, where appropriate, incorporate relevant public health aims and outcomes into scheme design and delivery.

Government must commit to substantive and sustainable levels of public health funding and health and wellbeing boards should transition to have a greater role in commissioning from integrated budgets.

1. Background

The health impacts of cold weather and cold homes are well established. More people die in winter than in summer, with 43,900 excess winter deaths (EWDs) in England and Wales in 2014/15; the highest number since 1999/00 (ONS, 2015). According to the World Health Organisation about a third, or 14,000, of these deaths can be attributed to poor quality, energy inefficient housing (Rudge, 2011). Indeed, it is a sad fact that people living in the coldest quarter of homes are a fifth more likely to die during winter than those living in the warmest properties (Wilkinson et al., 2001).

Living in a cold home can cause or exacerbate certain health conditions, in particular cardiovascular and respiratory diseases, along with mental ill health (Marmot Review Team, 2011). People with those conditions are particularly vulnerable to the cold, along with older people, disabled people, families with young children, pregnant women and low income households (NICE, 2015).

While cold homes are a risk factor for ill health, fuel poverty[1] has traditionally been treated as a housing, not healthcare, issue. This may be because solutions are perceived to lie outside the healthcare system, in particular improving the energy efficiency of buildings. However it is disappointing when evidence suggests that treating cold-related illnesses costs the NHS around £1.36 billion per year (Age UK, 2012). Moreover, poor health resulting from living in the worst housing stock[2] has an associated total cost to the NHS estimated at £192 million (Mason and Roys, 2011).

Taking action on cold homes will not only save the NHS money but have other tangible impacts including reduced absence from school and work (London School of Hygiene & Tropical Medicine, 2015). The evidence is clear: there are multiple benefits from addressing fuel poverty and tackling cold-related ill health (IEA, 2014). What is required is a joined-up response across the healthcare and housing sectors.

Changes to public health in England

A new opportunity to integrate the health and housing agendas arose in 2012 when local authorities were handed back responsibility for public health in their areas. This was a 'fundamental change' (House of Commons Health Committee, 2016) that precipitated a renewed focus on tackling the wider determinants of health, including cold homes. The drive to create a sustainable NHS through upscaling prevention and integrating health and social care is reflected in key documents including the NHS Five Year Forward View (2014), Sustainability Transformation Plans (NHS, 2016) and the Better Care Fund, which requires clinical commissioning groups (CCGs) and local authorities to pool budgets and agree upon integrated spending plans (Department of

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Health and Department for Communities and Local Government, 2016). Furthermore, devolution is a key factor influencing local council and local NHS cooperation. For example, Greater Manchester Combined Authority (GMCA) is taking charge of their £6 billion health and social care budget through the Greater Manchester Health and Social Care Partnership (GMCA, 2015).

Under this new public health structure, each local authority in England has to establish a health and wellbeing board (HWB) that brings together key representatives from across health and social care to tackle health inequalities in the local population. HWBs have responsibility for producing two key documents:

1. Joint strategic needs assessments (JSNAs) which map local health needs

2. Health and wellbeing strategies, which set out plans for improving health and wellbeing and tackling health inequalities in the local area

Both these documents should inform the commissioning of local healthcare services. In developing their strategies, HWBs are to be guided by the new Public Health Outcomes Framework (PHOF) for England (PHE, 2013). This framework sets out a range of indicators to track progress on delivering two high-level public health outcomes: increasing quality of life; and addressing health inequalities. Both fuel poverty and EWDs are included as indicators in the PHOF. In addition, the Cold Weather Plan for England (PHE, 2015) identifies a broader range of indicators which may be drivers for taking action on cold homes. These are set out in full at Appendix A but include wider determinants of health such as children in poverty and social isolation.

NICE guidance on cold homes

In their Cold Weather Plan, Public Health England (PHE, 2015: 41) stress that fuel poverty and reducing excess winter illness and death should be considered 'core business' by HWBs and included in JSNAs and health and wellbeing strategies in order to inform year-round commissioning. This recommendation is supported by new guidance from the National Institute for Health and Care Excellence (NICE, 2015) on the health risks associated with cold homes.[3] The guidance aims to meet a range of public health and other goals including improving health and wellbeing among vulnerable groups and reducing pressure on health and social care services. To meet these aims NICE outlines a set of 12 recommendations, summarised in Table 1.1 on the following page.

In their Cold Weather Plan, Public Health England stress that fuel poverty and reducing excess winter illness and death should be considered 'core business' by health and wellbeing boards and included in JSNAs and health and wellbeing strategies in order to inform year-round commissioning.

Table 1.1. NICE recommendations from guidance on cold homes

Recommendation	Who Should Take Action
1. Develop a strategy to address the health consequences of cold homes	**Health and wellbeing boards**
2. Ensure there is a **single point of contact** health and housing **referral service** for people living in cold homes	**Health and wellbeing boards**
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**; local authorities; housing providers; energy utility and distribution companies; faith and voluntary sector organisations
4. Identify people at risk of ill health from living in a cold home	Primary health and home care practitioners
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
6. Non-health and social care workers who visit people at home should **assess their heating needs**	People who do not work in health and social care services but who visit people at home (e.g. meter installers, faith and voluntary sector workers, housing professionals etc.)
7. Discharge vulnerable people from health or social care settings **to a warm home**	Secondary healthcare practitioners; social care practitioners
8. Train health and social care practitioners to help people whose homes may be too cold	NHS England, universities and other training providers
9. Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold	Training providers (e.g. Chartered Institute of Environmental Health, Chartered Institute of Housing etc.)
10. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home	Employers who install and maintain heating systems, electricity and gas meters and building insulation; training providers
11. Raise awareness among practitioners and the public about how to keep warm at home	**Health and wellbeing boards;** Public Health England; the Department of Energy and Climate Change
12. Ensure buildings meet ventilation and other building and trading standards	Building control officers; housing officers; environmental health officers; trading standards officers

Together, public health indicators and the NICE guideline provide a clear directive for HWBs in England to tackle cold homes as a healthcare priority. Their health and wellbeing strategies, as per national-level recommendations (NICE, 2015, PHE, 2015), should address cold-related ill health through year-round planning, integrated working and informing commissioning that addresses prevention alongside treatment.

However, to what extent is this happening? One year on from the publication of the NICE guideline it remains unclear whether the recommendations are being implemented. Furthermore, previous research carried out by Age UK (2013) found that only 4% of HWBs were prioritising fuel poverty and EWDs in their strategies. To update this picture, NEA decided to carry out a review of local progress on tackling cold-related ill health.

2. Research objectives

The purpose of this research was to assess the extent to which HWBs in England are taking action to reduce ill health associated with cold homes, including applying the recommendations of the 2015 NICE guideline on cold homes. This involved reviewing the strategies and JSNAs of 152 HWBs in England to determine:

- Progress on addressing the PHOF indicators on fuel poverty and EWDs
- Whether actions to address wider determinants of health (such as poverty, educational achievement and social isolation) make specific reference to initiatives targeting cold homes
- Progress on applying the recommendations of the 2015 NICE guideline

The following report summarises findings from this review. It comments on progress to date, highlights examples of good practice, identifies where gaps exist and improvements are required and makes recommendations for action.

The report aims to help make the case for increased action by the health sector to address ill health from cold homes, including improving the energy standards of buildings occupied by vulnerable people.

3. Method

This research is based on a two stage review: 1. Reviewing the latest JSNAs and joint health and wellbeing strategies produced by 152 HWBs[4] that were publicly available online by August 2016[5]; 2. Stress-testing and supplementing this document review with a call for evidence issued to local Citizens Advice Bureaux, local fuel poverty service providers and HWBs.

In the first stage, a rapid review of each HWB's JSNA and strategy was undertaken to identify reference to any of the key terms outlined in Table 3.1 below. Key terms were chosen that would help to identify action on cold homes aligning with either the NICE recommendations or relevant PHOF indicators (see Appendix A).

When a key term was identified surrounding text was reviewed in order to qualitatively assess any relevant action. Overall, HWB documents were evaluated using the following criteria:

A. Action to address the PHOF indicator on fuel poverty and/or action to address other PHOF indicators that include initiatives to tackle cold-related ill health

B. Action to address the PHOF indicator on EWDs

C. Action to apply the NICE guidance recommendations or action that is in line with the recommendations (where a document was written before the NICE guidance was published)

Performance by HWBs against these criteria was detailed and graded using an assessment matrix outlined at Appendix B. Each HWB received a score out of six (see Chapter 4, Section 4.5).

Table 3.1. Key terms used to review joint strategic needs assessments and health and wellbeing strategies

Cold	**Fuel (incl. fuel poverty and fuel poor)**	**Mould**
Damp	**Heat**	**National Institute for Health and Care Excellence / NICE**
Energy (incl. energy efficiency)	**Home**	**Referral (to identify referral services)**
Excess winter death	**Housing**	**Warm**
Flu (incl. influenza)	**Income (to identify actions on income maximisation)**	**Winter**

Following the review of all JSNAs and strategies, high performing HWBs were short-listed to identify two good practice examples for follow-up interviews. Interviews were semi-structured lasting for around 30 minutes and took place by telephone. Findings from these interviews are presented as case studies in this report. Both the initial document review and interviews were carried out by NEA in March/April 2016.

While it is an expectation that HWB documents reviewed for Stage 1 of this research would be broadly up-to-date in order to inform evidence-based commissioning, it became apparent that relevant local cold homes initiatives were not always referenced in HWB documents. Neither does the prioritisation of an indicator (e.g. fuel poverty) within a document guarantee those priorities will be translated into concrete actions.

A second stage of research was therefore carried out to stress-test and supplement intelligence gained from the initial document review. In particular, Stage 2 sought to identify key local actions helping to apply NICE good practice recommendations (e.g. a local single point of contact health and housing referral service) that had not been referenced in HWB documents. Additional information was collected in a two-part call for evidence:

a) Feedback from HWBs: NEA wrote to every HWB included in the research informing them of their performance to address ill health from cold homes based on the information contained within their JSNA and strategy, and inviting them to respond with any additional information. Responses were received from 44 out of 152 HWBs

b) Feedback from local fuel poverty service providers: With the support of Citizens Advice, a call for evidence was issued to frontline staff working within local Citizens Advice Bureaux, NEA and key stakeholders within NEA's membership network covering 169 local authorities, housing associations and third sector organisations. The call included a request for information regarding cold homes-related initiatives that agencies had been involved with locally, and the corresponding involvement of the HWB. Responses were received from stakeholders covering 48 areas

Information collected from this two-part call for evidence was cross-referenced and supplemented with details of fuel poverty and health schemes from two key sources:

a) Catalogue of health-related fuel poverty schemes prepared by NEA for the then Department of Energy and Climate Change (NEA for DECC, 2015)

b) Schemes in receipt of funding from NEA's Warm and Healthy Homes Partnerships Programme, part of the Health and Innovation Programme (HIP). Funding from this programme targets households most at risk of fuel poverty and cold-related illness for heating, insulation and other complementary measures

Cold homes schemes and partnerships identified from this two stage review are detailed at Appendix C.

4. Results of document review

Section 4.1. Reference to fuel poverty and excess winter deaths

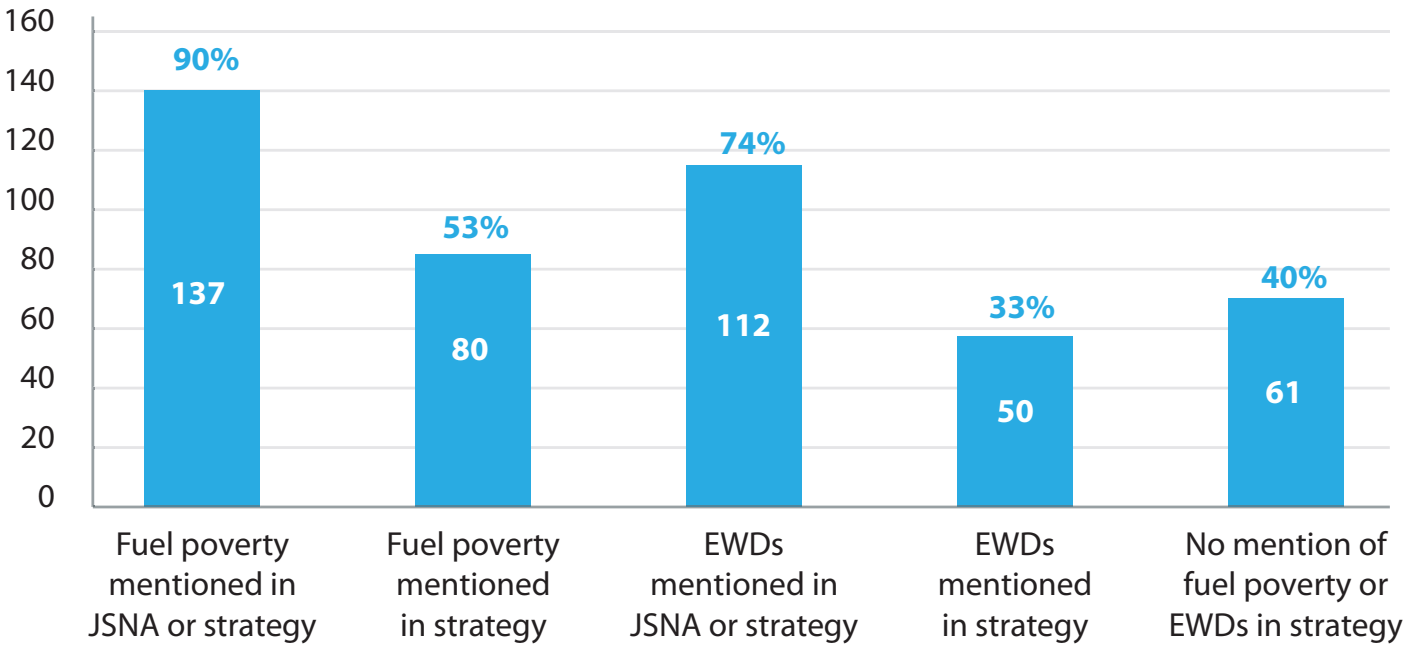
As Figure 4.1 shows, fuel poverty[6] is mentioned by 137 HWBs (90%) in either their JSNA or strategy. However, of those, 57 refer to fuel poverty in their JSNA only. This means 80, or just over half of HWBs (53%), are referring to fuel poverty in their strategies.

EWDs are mentioned by 112 HWBs (74%) in either their JSNA or strategy. However, of those, 62 refer to EWDs in their JSNA only. This means 50 HWBs (33%) are referring to EWDs in their strategies.

Sixty-one, or 40% of HWBs, fail to mention either fuel poverty or EWDs in their strategies.

In instances where fuel poverty or EWDs are mentioned in the JSNA (but not the strategy), this is sometimes only to briefly refer to the indicator, e.g. provide local fuel poverty statistics. In other cases, the JSNA sets out a number of recommendations to tackle cold-related ill health and then the HWB fails to even mention the problem in their subsequent strategy. These findings are concerning and reveal that a large proportion of HWBs – while recognising the problems of fuel poverty and EWDs – are not taking forward action plans to prioritise or even address the PHOF indicators.

Figure 4.1. Reference to fuel poverty and excess winter deaths in health and wellbeing board strategies and joint strategic needs assessments



Section 4.2. Prioritisation of fuel poverty and excess winter deaths

Figure 4.2. Prioritisation of fuel poverty and excess winter deaths in health and wellbeing board strategies

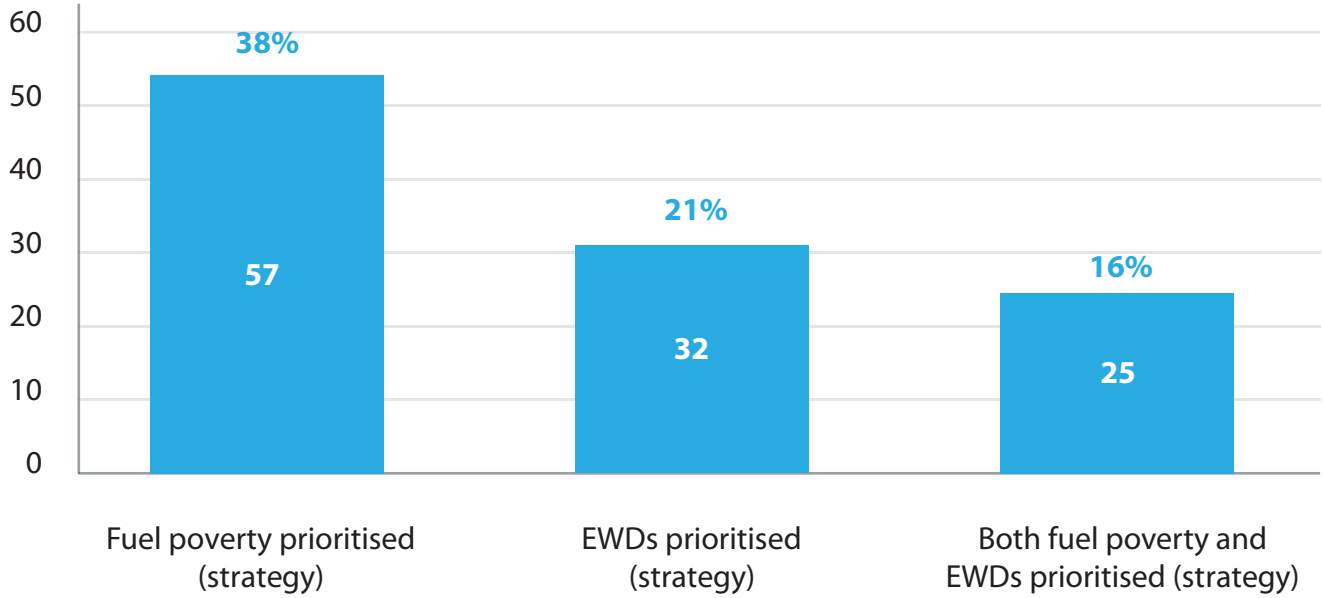


Figure 4.2 shows that fuel poverty is prioritised in 57 HWB strategies (38%) while EWDs are prioritised in 32 HWB strategies (21%). Both fuel poverty and EWDs are prioritised by 25 HWBs in their strategies (16%). We classify prioritisation as either a.) mentioning the indicator in the strategy and setting out or referring to actions to address it or, b.) mentioning the indicator in the strategy and simply listing it as a priority for action.

It should be noted that prioritisation therefore includes instances where addressing fuel poverty or EWDs is stated as a key commitment of a HWB but no plan or actions are set out on how to actually tackle cold homes. Prioritisation also includes cases where there is a brief reference to fuel poverty or EWDs accompanied by a referral to another council-led initiative or strategy (usually the housing or affordable warmth strategy). This is not necessarily a problem if the other document or initiative has input from health leaders in the community and is informing local commissioning. However, it is concerning if HWBs reference and prioritise fuel poverty or EWDs, only to assume another council department is leading on addressing the issue.

The role of a HWB is to ensure that coordinated local action to address the health impacts of the cold is being taken: where no schemes exist boards need to lead on developing them. Where initiatives are in place boards need to ensure they meet the NICE guideline and associated quality standard – that is, play the leadership role envisaged by NICE (2016). Without further follow-up research it is not possible to determine whether a brief reference to a cold homes initiative in a HWB strategy implies meaningful HWB involvement in that scheme. However, generally, the number of HWBs prioritising and then acting on fuel poverty and EWDs may be even less than our results indicate.

Box 4.1. Examples of health and wellbeing strategies that prioritise fuel poverty and excess winter deaths

East Riding of Yorkshire

Fuel poverty is mentioned as a priority in East Riding HWB's strategy (East Riding of Yorkshire Council, 2013), where readers are then referred to the council's affordable warmth strategy (East Riding of Yorkshire Council, 2015). It is clear that there has been some involvement from the HWB in development of the latter, which has a strong emphasis on tackling the health impacts associated with living in a cold home.

The main initiative to achieve public health and other outcomes outlined in the affordable warmth strategy is the npower East Riding Health Through Warmth scheme. This scheme was developed in conjunction with NHS East Riding of Yorkshire and aims to 'make every contact count' by training frontline workers (including from health and social care) to identify and refer vulnerable residents suffering from cold-related ill health.

The affordable warmth strategy sets a target to increase the number of workers provided with training and expand the number of referrals made into Health Through Warmth by 2020. There are also plans to expand a hospital discharge scheme across all hospitals within the East Riding area. This would make sure that patients are not discharged back into unsuitable housing (including homes that are too cold). In addition, the council pledges to hold an annual fuel poverty conference to develop further support for Health Through Warmth and share good practice with other agencies.

Progress on achieving actions set out in the affordable warmth strategy is detailed in an annual report to the HWB.

Middlesbrough

Middlesbrough HWB's JSNA (2012) emphasises a need for good quality housing, along with related advice and support, in order to tackle the health consequences of living in fuel poverty. Middlesbrough HWB's (2013) strategy then prioritises fuel poverty as a social cause of poor health. A number of local schemes are identified to address ill health from cold homes.

Middlesbrough Council has developed the Staying Put Agency; designed to enable vulnerable people to live independently at home. It incorporates ancillary services such as the Safely Home Scheme, which acts as a hospital discharge service, and the Comfy & Cosy Scheme, which provides householders with small items to help them stay warm at home (e.g. fleeces). A main priority of the three services is to be able to identify and target vulnerable householders living in cold homes in order to prevent EWDs and reduce hospital admissions.

Section 4.3. Other public health priorities for taking action on cold homes

Fuel poverty and EWDs may not always be prioritised by HWBs, who have responsibility for addressing public health outcomes across a large range of indicators.

Even when fuel poverty and EWDs are mentioned, HWBs may be addressing them in the context of other determinants of health or healthcare priorities. It is interesting to understand this context in order to identify what the drivers are for HWBs taking action on cold homes. This may help stakeholders better position fuel poverty in their discussions with the healthcare sector.

Of the 80 HWBs that mention fuel poverty in their strategies, and the 50 HWBs that mention EWDs in their strategies, we qualitatively assessed the context in which the indictors were mentioned to identify other determinants of health and healthcare priorities that the indicators are being linked to. We then grouped together terms into key domains (e.g. child poverty was included under the domain child health and wellbeing).

The top 10 domains most frequently cited are presented in Tables 4.1 and 4.2 opposite.

Table 4.1. Context for addressing fuel poverty in health and wellbeing strategies

1.	General health and physical wellbeing	6.	Excess winter deaths
2.	Housing	7.	Ageing
3.	Mental health and wellbeing	8.	Social determinants of health
4.	Child health and wellbeing	9.	Falls and injuries
5.	Older people health and wellbeing	10.	Vulnerable people and health inequalities

Table 4.2. Context for addressing excess winter deaths in health and wellbeing strategies

1.	Housing	6.	Influenza
2.	General health and physical wellbeing	7.	Vulnerable people and health inequalities
3.	Older people health and wellbeing	8.	General poverty
4.	Fuel poverty	9.	Falls and injuries
5.	Ageing	10.	Mental health and wellbeing

Unsurprisingly, fuel poverty and EWDs are most frequently cited in relation to the impact cold homes can have on general physical health and wellbeing, with particular reference by some HWBs to cardiovascular and respiratory disease. However, mental ill health is also frequently linked to fuel poverty and highlights the latter is being used as a key indicator by many HWBs for improving mental health outcomes in the local population.

Fuel poverty is also frequently addressed by HWBs as part of a broader discussion on housing as a social determinant of health. Housing is also commonly linked to EWDs; this illustrates health bodies recognise living in a cold home is a key cause of preventable winter mortality (alongside other factors such as flu outbreak).[7]

With regard to public health target groups, action on fuel poverty and EWDs is often linked to improving health outcomes for older people. This is to be expected as the majority of EWDs occur among people aged 75 and over. However, fuel poverty is also frequently cited by HWBs in relation to child health and wellbeing. This includes addressing cold homes to reduce levels of child poverty and improve child educational achievement. This suggests local fuel poverty schemes may benefit from demonstrating targeting of low income families when working with HWBs.

Finally, cold homes were linked less frequently to older people's health and wellbeing in the context of addressing falls and injuries, preparing for an aging population (e.g. integrating health and social care to support independent living) and addressing social isolation.

The role of a health and wellbeing board is to ensure that coordinated local action to address the health impacts of the cold is being taken: where no schemes exist boards need to lead on developing them. Where initiatives are in place boards need to ensure they meet the NICE guideline and associated quality standard.

Section 4.4. Action to address the NICE guideline on cold homes

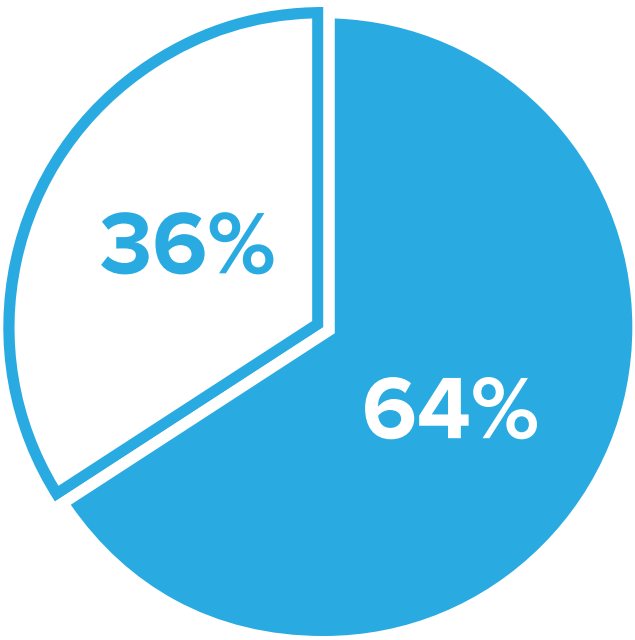
Approximately three quarters of JSNAs and strategies analysed for this report were produced before the NICE guidance was issued (March 2015). However, even before the publication of the guidance, HWBs should have been taking action in line with the Cold Weather Plan for England (first issued in 2011).

Because so many boards have not yet updated their documents to reflect the NICE guidance, this research has assessed HWBs in terms of whether they are referencing actions that are in line with any of the NICE recommendations, regardless of whether the guidance is referenced directly. We marked a NICE recommendation as 'addressed' if a HWB's strategy or JSNA outlined an action relevant to one or more of the recommendations. For example, if a strategy mentioned an initiative to train health practitioners we assessed it as addressing recommendation 8.

Using this method, and as Figure 4.3 shows, 54 HWBs (36%) are mentioning the NICE guideline or addressing at least one of its recommendations. Of those, 11 HWBs (7%) directly reference the guidance – either in their strategy, JSNA or a related document (e.g. an affordable warmth strategy). Only 48 HWBs (32%) refer to actions or strategies in place that are in line with at least one of the NICE recommendations.

It should be noted that not all NICE recommendations are targeted to HWBs. For example, recommendation 12 (to ensure buildings meet relevant standards) will largely be the responsibility of housing sector officers, though it inevitably links with local health agendas. We have therefore focused in our review on recommendations aimed at healthcare bodies and practitioners. These are recommendations 1, 2, 3, 4, 5, 7, 8 and 11. Findings are outlined below.

Figure 4.3. Extent to which health and wellbeing boards are addressing the NICE guidance on cold homes



54 HWBs (36%) mentioning the NICE guideline or addressing at least one of its recommendations in their strategies and/or JSNAs

98 HWBs (64%) not mentioning the NICE guideline and not addressing NICE recommendation(s) in their strategies and JSNAs

Health and wellbeing boards develop a strategy to address the health consequences of cold homes (R1)

With the exception of a few good practice examples (see Box 4.2), there is little evidence in HWB strategies that they are leading on developing and implementing year-round plans to identify and address the needs of people whose health is at risk from cold homes. Only 22 HWBs (14%) effectively demonstrate that they have a comprehensive strategy in place to deal with cold-related ill health. This figure does not include those HWBs that reference individual schemes to tackle the health consequences of the cold but where there is no evidence of wider local planning.

The quality standard produced by NICE (2016) states that HWBs should produce a local winter plan and demonstrate local arrangements are in place for multi-stakeholder winter planning meetings. Meanwhile, the NICE guideline (2015: 7) explicitly states that HWBs should set out in their strategies how they will 'put into practice' the other 11 recommendations. But, even before the NICE guideline and associated quality standard were issued, the Cold Weather Plan for England (PHE, 2015, guidance first issued in 2011) recommended that health and social care commissioners, as part of their year-round planning arrangements, should:

1. Take a strategic approach to the reduction of EWDs and fuel poverty

2. Ensure winter plans reduce health inequalities

3. Work with partners and staff on risk reduction awareness (e.g. flu vaccinations, signposting for winter warmth initiatives)

So far, this level of planning does not appear to be common across all boards. The detail in which plans for action are described in strategies varies widely, and sometimes goes no further than acknowledging the need to address the health consequences of the cold in a few sentences.

Indeed, it is more common for a document to recognise the health impacts of cold homes and then point to another strategy, particular energy initiative (e.g. community switching) or housing works programme without specifying HWB involvement and responsibilities. Neither do they give an indication that such schemes are part of any comprehensive, multi-stakeholder winter plan for the local area. It therefore appears that many HWBs are not yet playing the leadership role envisaged by NICE and PHE.

Box 4.2. Example of a health and wellbeing board addressing NICE recommendation 1

Salford HWB's strategy (Salford City Council,2013) refers readers to the Affordable Warmth Strategy Action Plan (Salford City Partnership, 2013), developed with input from the board.

This document outlines priorities, key tasks, outcomes and milestones for achieving actions that are in line with the NICE guidance, and aims to strengthen existing partnerships, form new ones and ensure links with other local strategies.

The strategy also details clear plans to raise awareness around energy efficiency, establish referral systems to provide affordable warmth to vulnerable households and to improve the energy efficiency of the local housing stock.

Health and wellbeing boards with partners put in place a single point of contact health and housing referral service that provides tailored solutions for people living in cold homes (R2 & R3)

The extent to which HWBs are addressing recommendations 2 and 3 is of particular interest. Coordinated services and commissioning across health, housing and other agencies is at the core of the NICE guideline and related quality standard. Indeed, as NICE (2016: 11) stresses, 'a person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people who may be vulnerable to the health problems associated with a cold home'.

Our document review found that 32 HWBs (21%) make reference to some form of local referral service or partnership to coordinate service delivery for people at risk from cold. This includes instances where a strategy or JSNA outlines a recommendation, plan or current action to encourage joint working and cross agency referrals. Often, details of any service are vague. For example, the strategy may include a recommendation to address fuel poverty through a referral mechanism without specifying actions to take this forward. In other cases a scheme is mentioned – e.g.an affordable warmth partnership programme – that is led by another area of the council and where the extent of input from public health and the HWB remains unclear.

Here, our results chime with previous findings from NEA's survey of health-related fuel poverty schemes (NEA for DECC, 2015). This survey highlights some excellent initiatives that are targeting householders with health problems for energy efficiency measures. The research found however that such schemes are mainly led by housing and environmental health departments in local councils and that gaining the buy-in of the health sector can be a significant challenge. We therefore conclude a small – although not insignificant – number of HWBs are leading the process of commissioning single point of contact referral services or making sure the health sector is effectively integrated into existing referral services, thus meeting NICE recommendations 2 and 3.

Box 4.3. Examples of health and wellbeing boards addressing NICE recommendation 2

Barnsley Council (2014) and its HWB has produced an asset map showing details of existing schemes and interventions in the local area. This is an important step to identifying partners and then encouraging their integration for a multi-agency, single point of contact health and housing referral service.

Lincolnshire HWB sets out a plan to work with the Home Energy Lincs Partnership to deliver an affordable warm strategy and address fuel poverty. A review of their strategy in 2015 (Lincolnshire County Council, 2015) identifies potential partners for implementing the strategy but finds that 'no formal relationship exists between these groups and the HWB'. To address this gap, the HWB proposes creating a steering group to implement the affordable warmth strategy. These are proactive steps to develop an integrated health and housing referral service. More needs to be done once partnerships are in place however to embed referral mechanisms, raise awareness amongst frontline staff and health practitioners and establish protocols to help identify vulnerable residents and safeguard their health through discharge to a warm home.

Primary health and home care practitioners identify people at risk of ill health from cold homes and make every contact count to assess the heating needs of people using health services (R4 & R5)

NICE's (2016) quality standard recommends implementing these two recommendations through data sharing and establishing local protocols for healthcare practitioners to ask vulnerable target groups at least once a year whether they have difficulty keeping warm at home. There is little evidence of anything this systematic in HWB documents. Out of the 24 HWBs (16%) that mention actions relevant to these recommendations, such references are usually brief, e.g. an aspiration to improve data sharing between agencies.

Some good practice is evident however. Durham is using cross-agency data mapping to target at risk households for fuel poverty interventions. Similarly, Herefordshire's strategy references a first contact alert and signposting service for professionals visiting older people's homes and spotting vulnerability to the cold.

Secondary healthcare and social care providers discharge vulnerable people to a warm home (R7)

Discharging patients from hospital back into a cold home can have significant health implications and is more likely to lead to readmission (NICE, 2016). Failing to assess whether remedial action is required to make a home warm enough soon after admission can also lead to delayed discharge (NICE, 2015). Each unplanned admission costs the NHS over £2,000 and each excess hospital bed day resulting from delayed discharge is an extra £300 on the public purse (Department of Health, 2015). This is money that a stressed healthcare system can ill afford and which a few simple measures, such as turning on a patient's heating before discharge, could help alleviate.

Unfortunately, discharge planning that includes arrangements to ensure a patient's home is warm enough, as recommended by NICE, was not evident from our review. Only 10 HWBs (7%) mention discharge procedures in relation to cold homes in either their JSNAs or strategies. Specific protocols are not referenced but some councils appear to have schemes in place, e.g. Middlesbrough's Safely Home Scheme, a hospital discharge service targeting older, vulnerable and disabled people.

The failure of most HWBs to address this recommendation appears to be a major gap given the potential for significant savings and benefits from proper discharge planning – to both the NHS and vulnerable patients alike.

Health and wellbeing boards and others to train and raise awareness amongst healthcare practitioners about cold homes issues (R8 & R11)

NICE recommends training health and social care practitioners to enable them to identify vulnerability to cold-related ill health, provide advice and, where possible, have access to an appropriate and integrated referral system.

Actions to train or raise awareness amongst health and other frontline staff are mentioned by 18 HWBs (12%). An example of good practice is East Riding – which has a target within its affordable warmth strategy (East Riding of Yorkshire Council, 2015) to identify and train an additional 300 frontline professionals to refer into its npower Health Through Warmth scheme. Similarly, Barnsley's health and wellbeing strategy mentions that staff from NHS Rotherham have been trained by Citizens Advice on giving energy advice to help families switch to lower tariffs (Barnsley Council, 2014). However, it is unclear to what extent the HWB has been involved in this process, and if there are any plans to put in place an area-wide scheme.

Good practice aside, 12% is clearly a disappointing figure and shows that HWBs are not yet doing enough to make sure health and social care practitioners have the knowledge or skills necessary to a) identify people vulnerable to the cold, and b) provide those people with advice on how to stay warm at home. Neither are they evidencing enough integrated, cross-agency work to make sure practitioners who do have such knowledge can access an adequate, single point of contact referral service.

Box 4.4. Examples of health and wellbeing boards addressing the NICE guidance

Durham

Durham County Council's (2015a) joint health and wellbeing strategy prioritises actions to address the impact of fuel poverty on EWDs and on health in general. Delivery of the council's associated affordable warmth strategy (Durham County Council, 2015b) for 2015-2020 is overseen by the County Durham Energy and Fuel Poverty Partnership, and encourages joint working between council services and partner agencies.

The affordable warmth strategy aims to make sure that a focus on fuel poverty is integrated into future JSNAs and housing strategies (addressing NICE recommendation 1), and that residents have access to information on affordable warmth via online tools (addressing NICE recommendation 11). It also emphasises a need to create a county-wide database for spatially mapping and listing fuel poverty/EWD targeting approaches (addressing NICE recommendation 4). This will enable data-sharing between partners and forms part of a wider aim to develop a single point of contact referral and assessment system, involving a range of frontline workers (addressing NICE recommendation 2).

The council's housing regeneration service also manages the Warm and Healthy Homes Programme. This programme aims to prevent hospital admissions and EWDs by improving the energy efficiency of properties via the installation of technical measures, as well as increasing knowledge of debt management (addressing NICE recommendations 11 and 12).

Central Bedfordshire

Central Bedfordshire Council's (2013) joint health and wellbeing strategy sets reducing fuel poverty and EWDs as priority areas for action. Its JSNA (2015), produced after the strategy, references the 2015 NICE guidance and makes recommendations for further action. Actions include: establish year-round planning to address EWDs; identify vulnerable residents through data sharing; increase referrals from primary and secondary healthcare providers; and recruit specialised officers to facilitate integrated working.

The single point of contact service developed by the council – Bedfordshire's Warm and Healthy Homes Partnership (addressing NICE recommendations 2 and 3) – works with discharge planning teams and general practitioners to 'make every contact count' and refer people vulnerable to ill health as a result of cold homes (addressing NICE recommendations 4, 5 and 7). As part of this service, training is provided to health and social care workers (addressing NICE recommendation 8). Referrals to the partnership programme then lead to joined-up assistance to access immediate warmth, free energy surveys, advice and support to residents and help in establishing rural oil buying schemes.

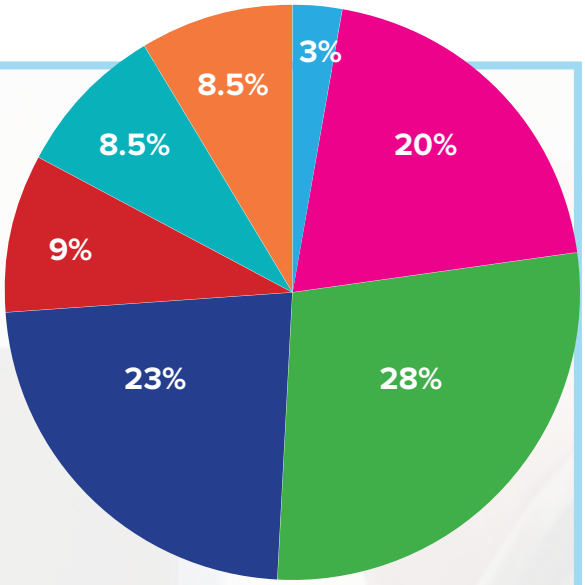
Section 4.5. Overall performance rating of health and wellbeing boards

Using the assessment matrix outlined at Appendix B, HWBs were scored in Stage 1 of this research on their efforts to address fuel poverty, EWDs and the NICE guidance insofar as they have described this in their published documents. For each of the three criteria HWBs scored:

- **0** if there was no mention of the criteria or actions addressing it
- **1** if they mentioned the criteria in their JSNA or strategy
- **2** if they prioritised the criteria in their strategy. Prioritisation means setting the criteria as a priority for action and/or referencing specific actions or a strategy to address the criteria

The maximum score a HWB could achieve was **6**. This means a HWB is prioritising both fuel poverty and EWDs in their strategy, as well as specifying actions to address the NICE guidance. HWB scores are shown in Figure 4.4.

Figure 4.4. Performance rating of health and wellbeing boards to address fuel poverty, excess winter deaths and the NICE guidance according to their joint strategic needs assessments and health and wellbeing strategies



Rated 0 (4 HWBs, 3%)
- Cheshire West & Cheshire
- Lewisham
- Westminster
- West Sussex

Rated 1 (31 HWBs, 20%)
- Blackpool
- Bournemouth & Poole
- Bristol
- Buckinghamshire
- Croydon
- Doncaster
- Dudley
- East Sussex
- Hackney
- Hammersmith & Fulham
- Harrow
- Havering
- Hillingdon
- Hounslow
- Kirklees
- Lancashire
- Leeds
- Liverpool
- Manchester
- Newham
- Norfolk
- Plymouth
- Sefton
- Shropshire
- Stockport
- Stoke on Trent
- Sunderland
- Swindon
- Telford & Wrekin
- Tower Hamlets
- Warwickshire

Rated 2 (42 HWBs, 28%)
- Bexley
- Brent
- Calderdale
- Cambridgeshire
- Camden
- Cumbria
- Darlington
- Derby City
- Derbyshire
- Dover
- Ealing
- Enfield
- Essex
- Gateshead
- Greenwich
- Hampshire
- Hull City
- Isle of Wight
- Kent
- Kingston Upon Thames
- Medway
- North Somerset
- Northumberland
- Nottinghamshire
- Peterborough
- Portsmouth
- Redbridge
- Redcar & Cleveland
- Richmond
- Rochdale
- Somerset
- Southend on Sea
- Staffordshire
- Tameside
- Torbay
- Trafford
- Wakefield
- Waltham Forest
- Wigan
- Windsor & Maidenhead
- Wolverhampton
- Worcestershire

Rated 3 (35 HWBs, 23%)
- Barnet
- Barnsley
- Birmingham
- Bracknell Forest
- Bromley
- Bury
- Cheshire East
- Coventry
- Devon
- Gloucestershire
- Hartlepool
- Haringey
- Halton
- Hertfordshire
- Islington
- Kensington & Chelsea
- Knowsley
- Leicester City
- Luton
- Newcastle
- Oldham
- Northamptonshire
- North East Lincolnshire
- Nottingham City
- Reading
- Sheffield
- Slough
- South Gloucestershire
- Thurrock
- Wandsworth
- Warrington
- West Berkshire
- Wiltshire
- Wokingham
- York

Rated 4 (14 HWBs, 9%)
- Bedford
- City of London
- East Riding of Yorkshire
- Herefordshire
- Lambeth
- Leicestershire
- Merton
- Middlesbrough
- Milton Keynes
- North Lincolnshire
- Oxfordshire
- Sandwell
- Walsall
- Wirral

Rated 5 (13 HWBs, 8.5%)
- Barking & Dagenham
- Bath & North East Somerset
- Bradford
- Bolton
- Central Bedfordshire
- Lincolnshire
- North Tyneside
- Rotherham
- Rutland
- Southampton
- Southwark
- St Helens
- Suffolk

Rated 6 (13 HWBs, 8.5%)
- Blackburn with Darwen
- Brighton & Hove
- Cornwall
- Dorset
- Durham
- Isles of Scilly
- North Yorkshire
- Salford
- Solihull
- South Tyneside
- Stockton on Tees
- Surrey
- Sutton

Figure 4.4 shows that four HWBs have a rating of 0. This means they are not referencing fuel poverty, EWDs or actions in line with the NICE guidance in their published JSNAs or strategies. A fifth of HWBs (20%) are rated 1, meaning their JSNAs or strategies only make a brief reference to one of fuel poverty, EWDs or actions in line with the NICE guideline.

We note here that a lower rating is not necessarily reflective of no action at a local level. For example Wigan and Islington, who scored 2 and 3 respectively, are implementing single point of contact referral schemes that address the NICE guideline (see Boxes 5.1 and 5.2).

The fact that such schemes are sometimes not mentioned in boards' JSNAs or strategies however illustrates a disconnect between initiatives that may be best practice and driven by local public health champions and a critical need to establish ill health from cold homes as 'core business' across all relevant parts of a local health and social care system.

Furthermore, if boards are to be held accountable for addressing cold homes, they need to update their documents to reflect local action. Chapter 5 discusses these issues in more detail.

With regard to high performing HWBs, 13 boards (9%) achieve the highest rating. This means their strategies prioritise fuel poverty and EWDs, along with referencing actions in line with the NICE guideline. Two of those boards are profiled as case studies in Boxes 4.5 and 4.6.

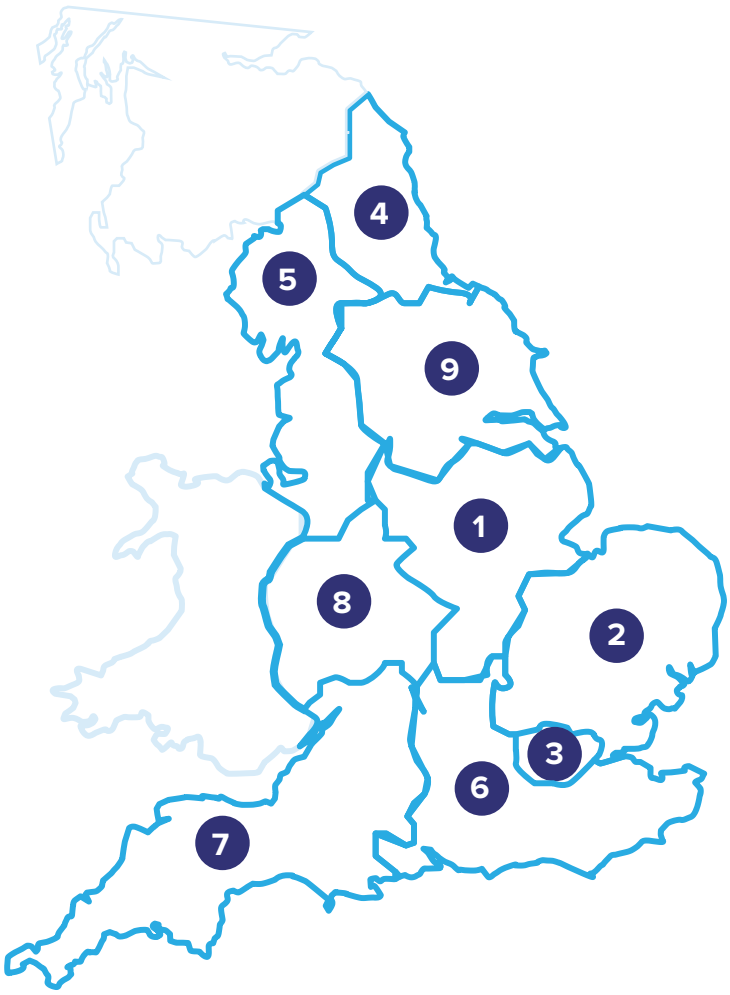
If boards are to be held accountable for addressing cold homes, they need to update their documents to reflect local action.

Investigating the geographical distribution of scores, Figure 4.5 shows the percentage of each English region's HWBs which received a higher performance rating (scored between 3 and 6).

The areas showing the highest regional performance are the East Midlands, the North East and Yorkshire & The Humber. These regions have historically experienced high rates of fuel poverty and EWDs. A contributing factor to their good scores may be the high number of local strategic partnerships which are in place compared to lower scoring regions. Examples include the County Durham Energy and Fuel Poverty Partnership, Seasonal Winter Health Strategic Partnership for North Yorkshire and the Derbyshire Partnership Forum. In other regions, individual HWBs that have received higher scores also tend to be members of local partnerships (such as Surrey's Seasonal Health Partnership). This suggests that the ability to engage in joined-up working and build local networks is key to implementing actions that comprehensively and strategically tackle cold-related ill health and apply the NICE guideline.

Overall, these performance ratings show some evidence of progress from 2013, when Age UK (2013) found only 11% of boards were prioritising cold homes in their strategies. That 26, or nearly one fifth of boards, are now detailing significant action plans and initiatives to tackle cold homes is encouraging. However there continue to be too many low performers – in 2013 42% of boards did not mention fuel poverty or EWDs in their strategies. In 2016 40% of boards fall into this category – a negligible drop. This lack of progress at the bottom end illustrates too many boards are still failing to grasp the public health benefits of addressing ill health from cold homes. Furthermore, while examples of joint working shine through amongst the high scorers, a majority of boards have yet to adopt a leadership role to implement good practice consistent with NICE recommendations.

Figure 4.5. Percentage of health and wellbeing boards within a region which received a higher performance rating (scored between 3 and 6)



1. East Midlands: 70% (7 HWBs)
2. East of England: 55% (6 HWBs)
3. London: 36% (12 HWBs)
4. North East: 58% (7 HWBs)
5. North West: 48% (11 HWBs)
6. South East: 47% (9 HWBs)
7. South West: 53% (8 HWBs)
8. West Midlands: 43% (6 HWBs)
9. Yorkshire & The Humber: 60% (9 HWBs)

Box 4.5. Case study of a high performing health and wellbeing board: Blackburn with Darwen

Blackburn with Darwen HWB scored highly for this research – its health and wellbeing strategy (2012) demonstrated prioritisation of fuel poverty, EWDs and actions in line with the NICE recommendations. We spoke with a representative from the board to gain a more in-depth understanding of its experiences in addressing cold-related ill health.

The board stressed that poor housing has been a long-standing issue in the area and as such cold homes have long featured as a health concern. To address this public health priority, and led by a chair with a history of working across the health and housing agendas, the HWB commissioned an external review of health and homes in Blackburn with Darwen in 2015. This allowed the board to gain a deeper understanding of needs flagged in its JSNA.

Recommendations from this review have informed the renewal of the board's health and wellbeing strategy for 2015-2018, which incorporates strategic actions in line with the NICE guidance. The guidance helped inform design of these actions while prioritising them was driven by a strong evidence base establishing local need.

One such action has been to continue and develop the DASH (Decent and Safe Homes) scheme, a single point of contact health and housing referral service for people living in cold homes. The scheme provides both measures and advice to address cold homes indicators, including fuel poverty, falls prevention and EWDs.

The board forms part of an innovative cross-council consortium named Cosy Homes in Lancashire (CHiL). This initiative pools activity and cross-subsidises interventions to improve the energy efficiency of local housing stock. In particular, targeting hard-to-treat properties and vulnerable households. The CHiL brand has now evolved to support and sponsor pan-Lancashire home energy works including the (first time) Central Heating Fund.

Strong partnerships with organisations outside the council, including with the voluntary sector, support work to address fuel poverty, e.g. with the local Health Living Centre, Care Network and Age UK. An affordable warmth forum helps bring together all these local agencies, incorporating stakeholders with diverse interests, such as landlords and neighbourhood workers.

Overall, the HWB plays a key role in promoting and championing cold homes schemes, as well as making sure such initiatives grow and develop in line with public health needs and good practice recommendations (including the NICE guideline).

In terms of challenges, the board explains the most significant to date has been integrating funding from different parts of the public sector, meaning cold homes interventions have to demonstrate their impact across a range of different metrics (e.g. housing improvement targets and number of emergency readmissions).

Referring to this problem, the board stresses that efforts at a national level can help facilitate more local action on cold homes by breaking down barriers between health and social care, public health and the wider public sector. This will allow for greater buy-in to invest to tackle the wider determinants of health, so a HWB is ultimately able to work from 'one budget, one team and one local plan'.

Box 4.6. Case study of a high performing health and wellbeing board: Sutton

Sutton HWB scored highly in our research. Their health and wellbeing strategy evidenced a comprehensive action plan to address cold-related ill health, incorporating a single point of contact health and housing referral service, along with systems to identify those vulnerable to the cold and protocols for discharging patients into a warm home. We spoke to a representative from the board to find out about the main drivers for action and to understand the challenges of implementing their strategy on the ground.

As with other high performing boards, prioritisation of cold homes has emerged from a long-standing and keen local awareness about the problem of fuel poverty and actions needed to tackle it. Furthermore, while the JSNA, health and wellbeing strategy and 2015 NICE guidance have all played an important role in steering local action, the most significant driver appears to be the personal commitment of key figures within public and environmental health.

For example, the Warm Rooms scheme provides vulnerable households with home assessments, benefits checks and emergency measures to provide affordable warmth. Environmental health had managed the project prior to the incorporation of public health into the local authority. After funding cuts threatened the scheme, public health stepped in with a grant, driven by a strong will to address the wider determinants of health.

The board stresses that 'a good [health and wellbeing] strategy doesn't mean that things are happening and vice versa'. What has been most important is the hard work done by the council's environmental team (and the expertise they possess), as well as the dedication of leaders within public health to push the issue onto the agenda and keep it there.

This successful merging of different perspectives, expertise sets and working cultures has proven a worthwhile challenge, with the two departments able to maintain open channels of communication in order to develop policies and partnerships that are truly collaborative in their approach.

Despite these successes accessing funds for cold home interventions is a continuing and substantial challenge. Local council budget cuts, piecemeal funding pots with short turnaround times for bids and national healthcare commissioners not always convinced by the value in delivering preventative measures all present barriers to action. What is needed, according to the board, is a centralised funding source that public health can access locally. This would free up time and resources to deliver sustainable action and achieve meaningful outcomes over the longer-term.

5. Stakeholder feedback

In the second stage of this research NEA sought feedback from key stakeholders on the scores given to individual HWBs according to the information contained within their strategies and JSNAs (Figure 4.4). We wanted to understand the extent to which these documents and their published priorities were setting the agenda and driving local action on cold homes. In addition, information collected in Stage 2 would be used to supplement intelligence from the initial document review to reassess the performance of areas (see Section 5.2).

Feedback was sought from HWBs and local fuel poverty service providers. NEA wrote to all HWBs in July 2016 informing them of their document score with 44 out of 152 boards responding. Citizens Advice issued a call for evidence to their bureaux network in May with 13 responses. NEA also sought feedback internally and via our members network, including presenting initial findings at the charity's Fuel Poverty Forums in June and July, covering all nine English regions. Feedback was collected on 36 areas through these forums.

Section 5.1. Key issues arising from stakeholder feedback

Using health and wellbeing board documents to assess local performance

HWB strategies and JSNAs were chosen as indicators of local action to reduce ill health from cold homes in this research because statutory guidance (Department of Health, 2012: 4) identifies the 'core aim' of these documents 'is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities'. It follows that if the purpose of the JSNAs and strategies is to inform commissioning action by local authorities, the local NHS and other parties will reflect priorities and commitments outlined in the documents.

What emerged from stakeholder feedback is that this is not always the case. Based on responses received from 93 stakeholders (boards, councils and other interested parties) 48 scores of the local HWB from Stage 1 were felt to be either too low or too high and 24 scores were described as being fair or additional information was provided without commenting on the individual HWB score.

As such, we can conclude from this research that published priorities and plans by HWBs are not always indicative of action (or a lack thereof) happening across the health and housing sector by the local council, local NHS and other partners. Reasons for this are varied and complex but some key factors were identified by stakeholders.

HWB documents are outdated, in the process of being updated, or used as summary documents, thus not always reflective of recent action. Because there are no rules governing HWBs with regard to the breadth, depth or frequency of publishing strategies and JSNAs, their utility in assessing local performance on cold homes can vary. For example, in some cases a strategy may represent high-level priorities but not list individual outcome indicators for delivering actions. Therefore, the absence of an issue within a strategy does not necessarily mean that the board is not taking action, or is not recognising the issue in practice.

HWB documents emerge from a complex process of negotiation in which the end product can be a blunt instrument from which to judge local action. Assessing HWB documents does not reveal the internal processes that have led to the inclusion or absence of an issue within a strategy. For example, the documents may represent a negotiation between clinical concerns and the need to tackle the wider determinants of health, where an emphasis on clinical priorities locally may act as a barrier for the strategic delivery of cold homes actions. Or, if a HWB has judged that sufficient work to tackle cold-related ill health is already taking place based on the information contained within the JSNA, it may choose to prioritise a different issue in its strategy.

Local action is sometimes led by other areas of the council – with, or without, the input of HWBs. As stressed by some boards in response to our request for feedback, HWBs have a strategic, not operational, role. As such, their documents do not always reflect local action on cold homes led by other parts of the council, and plans to address fuel poverty and EWDs may be outlined in other documents such as housing or winter planning strategies. Sometimes, these initiatives have input from the HWB and the local NHS. For example, Gateshead Council expressed disappointment at their low score from the document review (2), noting efforts of the HWB, CCG, public health and energy services teams in the council, along with other partners, to work collaboratively to reduce ill health from cold homes. In other cases however, stakeholders expressed disappointment that their efforts to deliver affordable warmth were not acknowledged by the HWB, and indicated this was reflective of a continual struggle to place the issue of cold homes on HWBs' agendas and keep it there.

Words do not always translate into action. Where some boards were not acknowledging local action others were paying lip service to the issues of fuel poverty and EWDs without following up with meaningful strategic input, according to some stakeholders. Cases such as this (a small number identified in the research) involved boards which scored highly based on the information contained within their documents but which were not supporting implementation of those published priorities in practice. The importance of individuals to push the cold homes agenda emerges as paramount here. As stressed by Sutton HWB in our case study at Box 4.6, it is not a good strategy which drives local action but the key commitment of influencers in the council.

Findings reinforce the complex and fragmented nature of the local public health landscape in England. Different areas have different models for delivering action on the wider determinants of health, including cold homes, which may by-pass a health and wellbeing board entirely.

What these findings reinforce is the complex and fragmented nature of the local public health landscape in England. Different areas have different models for delivering action on the wider determinants of health, including cold homes, which may by-pass a HWB entirely. While this in itself is not necessarily a problem, documentation of action lacks transparency, in part due to the lack of accountability in how boards prepare, use and update their JSNAs and strategies. Our findings here chime with a recent parliamentary inquiry into public health post-2013, which concluded the 'current system of sector-led improvement needs to be more clearly linked to comparable, comprehensible and transparent information on local priorities and performance on public health' (House of Commons Health Committee, 2016: 3).

Leadership role of health and wellbeing boards

The performance of HWBs was assessed for this research because they are the bodies charged with bringing together representatives from across the local healthcare system to plan strategically for and address the wider determinants of health impacting on local populations. This includes housing and fuel poverty. In addition, NICE identifies boards as having a leading role to play in implementing key recommendations from their guidance on cold homes, in particular ensuring a health and housing referral service exists locally.

However, as previously noted and raised by a number of stakeholders in feedback to NEA, boards have a strategic role only. They have no power to implement health and wellbeing strategies as they are not operational bodies and do not control local budgets. Because of this, it was often Public Health and CCGs which stakeholders viewed as the key bodies to influence in order to attract healthcare funding for cold homes initiatives.

Despite this absence of commissioning power, focusing the attention of HWBs on the health impacts of cold housing was generally viewed as strategically important by stakeholders. As the nexus of local council and local NHS leadership, they are bodies capable of creating links across health and housing, and of bringing those agendas together. Furthermore, the Director of Public Health, who sits on the HWB, was identified by stakeholders as a key individual. Their commitment could successfully push fuel poverty up the list of HWB priorities, and drive collaborative relationships across environmental and public health departments in the council. Where such a champion was not present locally public health arguments and evidence of need were not always enough to crystallise cold homes in the minds of health and social care decision makers.

Reflecting on the part HWBs can play to reduce local fuel poverty levels, questions remain about how their leadership and coordination role can be translated into evidence-based commissioning supporting effective action by local agencies. Discussions with stakeholders revealed a complex and at times opaque health and social care system in which it could be difficult for service providers to identify a transparent and systematic pathway to achieving healthcare commitment and funding for cold homes actions.

Section 5.2. Area-based performance

To account for feedback received from HWBs and stakeholders in Stage 2 of the research, NEA produced the area-based performance table shown at Figure 5.1. The purpose of this table is to reflect the performance of areas as a whole – covering schemes and initiatives addressing the health impacts of cold homes which are in place locally but do not necessarily involve the HWB.

The table bases performance on evidence documented at Appendix C, comprising information from HWB documents, feedback from boards and stakeholders through the Stage 2 call for evidence, as well as details of known health and fuel poverty schemes identified in NEA's previous catalogue for DECC (2015) or which have received funding under NEA's Warm and Healthy Homes Partnerships Programme.

Areas were graded as follows:

- **Minimal evidence** of action to reduce ill health from cold homes from published HWB documents (score 0-2) and **no additional substantive evidence** provided during stakeholder feedback

- **Good to excellent evidence** of action to reduce ill health from cold homes from published HWB documents (score 3-6) **and/or additional substantive evidence** provided during stakeholder feedback

While a majority of council areas in England are making encouraging links between health and housing, only a small minority appear to have the leadership, expertise, strategies, funding and programmes in place to demonstrate best practice.

Figure 5.1. Area-based performance to address the health impacts of cold homes in England

Minimal evidence of action to reduce ill health from cold homes (47 areas, 31%)		Good to excellent evidence of action to reduce ill health from cold homes (105 areas, 69%)		
Bexley	Windsor & Maidenhead	Barking & Dagenham	Knowsley	Walsall
Blackpool	Wolverhampton	Barnet	Lambeth	Waltham Forest
Bournemouth & Poole		Barnsley	Lancashire	Warwickshire
Brent		Bath & North East Somerset	Leicester City	Warrington
Buckinghamshire		Bedford	Leicestershire	Wandsworth
Calderdale		Bolton	Lewisham	West Berkshire
Cambridgeshire		Bracknell Forest	Lincolnshire	West Sussex
Camden		Brighton & Hove	Liverpool	Westminster
Cheshire West & Cheshire		Birmingham	Luton	Wigan
Croydon		Blackburn with Darwen	Manchester	Wiltshire
Cumbria		Bradford	Medway	Wirral
Dover		Bristol	Merton	Wokingham
Dudley		Bromley	Middlesbrough	Worcestershire
Ealing		Bury	Milton Keynes	York
Essex		Central Bedfordshire	Newcastle	
Greenwich		Cheshire East	North East Lincolnshire	
Hackney		City of London	North Lincolnshire	
Harrow		Cornwall	North Yorkshire	
Havering		Coventry	North Tyneside	
Hillingdon		Darlington	Northamptonshire	
Hull City		Derby City	Northumberland	
Isle of Wight		Derbyshire	Nottingham City	
Kingston Upon Thames		Devon	Nottinghamshire	
Kirklees		Doncaster	Oldham	
Leeds		Dorset	Peterborough	
Newham		Durham	Oxfordshire	
North Somerset		East Riding of Yorkshire	Reading	
Norfolk		East Sussex	Rotherham	
Plymouth		Enfield	Rutland	
Portsmouth		Gateshead	Salford	
Redbridge		Gloucestershire	Sefton	
Richmond		Halton	Sheffield	
Redcar & Cleveland		Hammersmith & Fulham	Shropshire	
Rochdale		Hampshire	Slough	
Somerset		Haringey	Solihull	
Southend on Sea		Hartlepool	South Gloucestershire	
Staffordshire		Herefordshire	South Tyneside	
Stoke on Trent		Hertfordshire	Southampton	
Stockport		Houslow	Southwark	
Tameside		Isles of Scilly	St Helens	
Telford & Wrekin		Islington	Stockton on Tees	
Torbay		Kensington & Chelsea	Suffolk	
Tower Hamlets		Kent	Sunderland	
Trafford			Surrey	
Wakefield			Sutton	
			Swindon	
			Thurrock	

NEA stresses that of 105 areas demonstrating good to excellent evidence of action to address cold homes, performance is varied within this group. Where some councils and HWBs are high performing and implementing best practice action in line with NICE recommendations (see Boxes 5.1 and 5.2) other areas in this group still have room for improvement to develop comprehensive strategies and services to support residents vulnerable to the cold. Reflecting this key point, and drawing on information documented at Appendix C, our two-stage evidence review identified the following efforts to implement good practice action in line with key NICE recommendations:

- Evidence of having local and strategic partnerships and action plans in place to coordinate and deliver services to address cold-related ill health (R1) was collected for 31 areas (20%)
- Evidence of operating a single point of contact health and housing referral service (R2) was collected for 45 areas (30%).[8] This compares to 32 HWBs (21%) that referred to such a service in their JSNAs or strategies
- Evidence of discharge planning services (R7) was collected for 19 areas (13%). This compares to 10 HWBs (7%) that mentioned discharge planning in their JSNAs or strategies

These findings indicate that while a majority of council areas in England have fuel poverty on their agendas and are making encouraging links between health and housing, only a small minority appear to have the leadership, expertise, strategies, funding and programmes in place to demonstrate best practice.

Feedback collected at Stage 2 also suggests local action to reduce ill health from cold homes is not always recognised by HWBs, while boards are not always viewed as the most effective or preferred body by local agencies through which to focus public health attention on the issue. It appears then that while connections are being made, missing links in the chain leading from health to housing continue to impede vulnerable households from accessing joined-up services at the local level.

Box 5.1. Example of a high performing area: Wigan

An example of an area where stakeholder feedback indicated higher performance than was discernible from HWB documents alone is Wigan. The JSNA (Wigan MBC, 2011) references fuel poverty statistics and links cold homes with EWDs. These issues are not then subsequently carried through into Wigan's health and wellbeing strategy (Wigan MBC, 2013), resulting in a document-based score of 2 in Stage 1 of the research.

However, feedback received from the HWB demonstrated that a significant number of actions are being delivered locally to tackle cold-related ill health. Collaboration between the customer transformation team, housing and public health areas of the council has led to the establishment of a Task and Finish Group which is specifically focused on fuel poverty. This in turn has led to the development of a Fuel Poverty Strategy for 2016-2020.

The key local delivery mechanism for achieving affordable warmth is AWARM, a single point of contact referral scheme which provides energy efficiency and heating measures, along with other forms of fuel poverty and health support, to vulnerable households. Frontline staff working across the health and social care sector have received training to enable them to identify vulnerability to fuel poverty and refer their clients into AWARM. The AWARM referral system is currently piloting services in GP practices, alongside testing an electronic system to generate referrals from the health sector, including from Wigan's integrated hospital discharge team.

Together, actions in Wigan demonstrate good practice in line with a wide range of NICE recommendations.

Box 5.2 Example of a high performing area: Islington

Alongside Wigan (Box 5.1), Islington is another area which showcases best practice to address cold homes and the NICE guidance despite no recognition of these issues in the area's health and wellbeing strategy. We spoke to a member of Islington Council's Seasonal Health and Affordable Warmth (SHAW) Team to discover more about the challenges and successes to addressing cold-related ill health in the London borough.

The SHAW Team has won multiple awards for its innovative approach to tackling fuel poverty as well as seasonal morbidity and mortality, and delivers schemes such as the Well Winter Campaign, Warmth on Prescription and CRISP (Climate Resilience Islington South Project). It was responsible for setting up the Seasonal Health Interventions Network (SHINE), which was the first single point of contact referral service of its kind to unite seasonal health concerns with housing, energy efficiency and affordable warmth, income and social isolation. Between 2010 and 2016, the scheme received over 12,000 referrals, and clients are able to benefit from up to 30 services on offer. These interventions range from energy efficiency measures to health checks and falls assessments.

Members of the SHAW Team were directly involved in drafting the NICE guidance and its recommendations. However, while the Council's energy and housing departments have led on implementing NICE recommendations locally, engagement from the HWB to date has been limited. More extensive support has instead been received from colleagues in Public Health and other parts of the local health service.

When considering how to integrate cold homes prevention measures into health and social care services, the SHAW representative reflects: 'it's worth considering that HWBs may not be the be all and end all [to tackling ill health from cold homes locally], and that there are other bits of the health and social care system that we should be focusing on instead'. Indeed, the team has had most success engaging parts of the NHS where they directly see the impacts of cold, damp homes or that have greater focus on the wider determinants of health, such as respiratory and mental health teams. More challenging has been working with areas that focus on a narrower, biomedical model of health. However, the SHAW representative emphasises attitudes need to change and wider determinants of health should be 'built meaningfully into all healthcare pathways rather than be considered the remit of Public Health alone'. This requires a cultural change: 'We need to get people in the health service thinking about delivering a more sustainable service, and that involves thinking about prevention and not just sending people back to cold, damp, unsafe housing.'

6. Conclusions

This report has assessed the extent to which HWBs in England are taking action to reduce ill health from cold homes. Evidence was collected from board's JSNAs and health and wellbeing strategies along with feedback received from boards themselves and other stakeholders.

Our findings show that, of the 152 HWBs in England reviewed, 40% fail to address fuel poverty or EWDs in their strategies. Conversely, the strategies of 25 boards (16%) comprehensively address both criteria. These results chime with Age UK's (2013) previous review of HWB performance on cold homes. That report found that 42% of boards did not mention fuel poverty or EWDs in their strategies and only 4% of boards prioritised both issues. While the increase in the number of higher performing boards is encouraging similarities across the findings demonstrates that – three years on – not nearly enough progress has been made by HWBs to start taking cold homes seriously.

This is in spite of the publication in 2015 of the NICE guidance which includes 12 recommendations to prevent EWDs and illness associated with cold homes and identifies a leading role for HWBs in making sure action happens. To date, only 11 HWBs (7%) are directly referencing the NICE guidance in their strategies or JSNAs. The documents of only 32% of boards refer to actions in place that are in line with at least one of the NICE recommendations.

Moreover, of boards that are addressing fuel poverty, EWDs or the NICE guidance, too often the quality of their reporting is poor. Recommendations for action made within a JSNA are not always carried through into a strategy. Or, a HWB prioritises fuel poverty or EWDs but sets out no detail on how to actually tackle cold homes. Where actions and schemes are referenced a HWB rarely disaggregates its roles and responsibilities. Boards need to ensure that a service to address ill health from cold homes not only exists at a local level but that it meets the requirements of the 2015 NICE guideline and the 2016 NICE quality standard.

This last point is particularly relevant to the key NICE recommendation that HWBs ensure single point of contact health and housing referral services are in place locally. While one fifth of boards make reference to some form of local referral service, and sometimes these schemes are excellent initiatives and examples of good practice, they appear as exceptions rather than the rule in HWB documents. Overall, our review identified no broad trend toward local health bodies establishing protocols to implement the NICE recommendations or mainstream measures to prevent ill health from cold homes into year-round planning and commissioning.

These finding raise questions about the leadership role of HWBs in coordinating health and housing services to improve public health outcomes. Feedback from stakeholders in Stage 2 of this research found that boards were not always involved in or recognising local action to address the health impacts of cold homes. In part this is because HWBs are not operational bodies and for the most part do not control local health and social care budgets. But, straddling local council and local NHS leadership, they are the nexus which can bring resources and priorities together to successfully tackle the wider determinants of health, including fuel poverty. At the moment this opportunity is being missed.

High performing areas still rely on public health champions to issue the clarion call for cold homes. Transparent pathways leading from prioritising needs to commissioning services to delivering integrated public and environmental health outcomes are absent. There are no national enforceable directives on the preparation, use and renewal of HWB strategies which could help turn commitments into action. Here, our findings concur with recent reports by The King's Fund (2015), Joseph Rowntree Foundation (2016) and House of Commons Health Committee (2016) which all called for improvements in the coordination and accountability of local health and social care leadership, commissioning and reporting.

Looking forward, the implications of not acting to address cold homes are grave. Without adequate responses at a national and local level, 125,000 vulnerable people across the UK may die needlessly from the cold between 2015 and 2030 (NEA, 2015).[9] The NHS may need to spend in excess of £20 billion in England over the same 15 year period to treat cold-related morbidity.[10]

HWBs cannot be expected to address this issue alone, nor can we assume their successful leadership within a fragmented and underfunded public health landscape. More resources are needed to insulate and heat cold homes. Recent research suggests that government support for energy efficiency measures has fallen by 80% since 2012 (ACE, 2016). Without improved investment in energy efficiency, the ability of local actors to commission and support services that meet the NICE guideline and quality standard will be compromised. However HWBs need to help make the case to close this funding gap, not use it as a reason to defer action. We need integrated public and environmental health leadership and resources to prevent death and ill health among the poorest and most vulnerable in our society.

High performing areas still rely on public health champions to issue the clarion call for cold homes. Transparent pathways leading from prioritising needs to commissioning services to delivering integrated public and environmental health outcomes are absent.

7. Recommendations

Incorporating the NICE guidance into joint health and wellbeing strategies

One year after the publication of the NICE guidance on cold homes only 7% of HWBs directly reference the guidance in their JSNAs or joint health and wellbeing strategies, yet around a quarter of strategies were published after the guidance was issued. Following on from this guidance, the NICE quality standard on cold homes has now been published. While The Health and Social Care Act 2012 sets out an expectation that healthcare commissioners and providers consider NICE quality standards when planning and delivering services, there is currently no effective mechanism to track the country-wide application of NICE recommendations and standards into commissioning and service delivery at the local level. We therefore recommend:

1. Health and wellbeing boards update their joint strategic needs assessments and joint health and wellbeing strategies to apply the NICE guidance recommendations and quality standard on cold homes to their local contexts.

2. The Department of Health consider how to improve the accountability of health and wellbeing boards to address the NICE guideline and quality standard on cold homes, including establishing systems of national oversight and review.

Improving public health leadership to tackle cold homes

Bringing together key decision makers from across the local NHS and local authority, HWBs are the natural meeting point from which to plan, commission and deliver integrated health and housing services to address fuel poverty and EWDs. At the moment however their lack of commissioning power means local actors do not always view them as the preferred or most effective body through which to focus health and social care attention on the problem of cold homes. A fragmented public health funding landscape in which clarity about the roles and powers of different actors is sometimes missing means high performing areas are still overly reliant on individual champions to maintain cold homes high on the agendas of local decision makers. We therefore recommend:

3. The Department of Health, Public Health England and NHS England, along with boards themselves, consider how health and wellbeing boards can transition from a coordination to a commissioning role in order to deliver high-quality, cost-effective and joined-up health and housing services.

Improving accountability

Currently, HWBs are not legally obliged to update or refresh their JSNAs and strategies on a regular basis. Instead, the statutory guidance issued by the Department of Health (2012: 10) states HWBs must 'decide for themselves' when to update these documents. This lack of transparency translates into the preparation and use of JSNAs and strategies. There is no clear understanding within these documents about how local need with regard to addressing fuel poverty and EWDs is being carried through into plans for action and what role the HWB has in those plans. Instead, a JSNA may reference fuel poverty, list areas for action and then make no mention of the indicator in their subsequent strategy. Similarly, a HWB may refer to a local scheme tackling cold homes without disaggregating its roles and responsibilities. We therefore recommend:

4. The Department of Health amend its statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies to recommend that health and wellbeing boards review and refresh these documents annually, in order to inform yearly planning and commissioning cycles.

5. Public Health England lead on improving the preparation and transparency of joint strategic needs assessments and joint health and wellbeing strategies. This should include establishing good practice guidance for the production of these documents that covers:

- how the documents relate and refer to public health outcome framework indicators and NICE guidance and quality standards

- how priority areas of need identified in joint strategic needs assessments are carried through into subsequent strategies

- how health and wellbeing boards set out their own responsibilities and intentions, including with regard to commissioning, for any priority or action areas identified within their strategies.

6. Public Health England identify, publish and promote examples of high performing health and wellbeing boards whose strategies are effectively addressing fuel poverty, excess winter deaths and the NICE recommendations.

7. Health and wellbeing boards improve preparation of their joint health and wellbeing strategies to more effectively demonstrate how their local areas are addressing public health outcomes framework indicators on fuel poverty and excess winter deaths and applying NICE recommendations and quality measures on cold homes. This includes carrying through needs and priorities on fuel poverty and excess winter deaths identified in their joint strategic needs assessments into their joint health and wellbeing strategies. Or, where an area of need has been identified but not prioritised for further action, providing a rationale for this decision.

8. When referring to an initiative to tackle ill health from cold homes in their joint health and wellbeing strategies, health and wellbeing boards clearly delineate their own roles and responsibilities with regard to planning, commissioning, provision and oversight of a specified service.

Implementing the NICE recommendations

With the exception of some good practice examples there is little evidence from this research that most HWBs are taking on a leadership role to implement the three key NICE recommendations to reduce ill health from cold homes. Namely, develop a strategy to address the health consequences of cold homes, ensure a single point of contact referral service that provides tailored solutions for people living in cold homes is in place locally, and make sure vulnerable people are discharged from hospitals into warm homes.
We therefore recommend:

9. Health and wellbeing boards urgently prioritise adoption of the 2016 NICE quality standard on cold homes. This includes action to:

- produce local winter plans that are informed by multi-stakeholder year-round planning

- commission or support delivery of single point of contact health and housing referral services

- set out hospital discharge and admission protocols that identify vulnerable patients and release them into warm homes.

To facilitate such actions, and the wider delivery of services to reduce ill health from cold homes, we recommend:

10. Health and wellbeing boards take steps to make sure initiatives which meet the relevant NICE recommendations are sufficiently funded. To support this Government must commit to substantive and sustainable levels of public health funding and health and wellbeing boards should transition to have a greater role in commissioning from integrated budgets.

Tailoring fuel poverty schemes to address public health priorities

There is evidence that fuel poverty and EWDs are sometimes being addressed by HWBs in the context of addressing other public health priorities, for example reducing child poverty. Fuel poverty service providers need to be prescient to these priorities in order to attract support and funding from local healthcare commissioning bodies. We therefore recommend:

11. Fuel poverty service providers link action on cold homes to priorities for their local health and wellbeing boards and, where appropriate, incorporate relevant public health aims and outcomes into scheme design and delivery.

Without improved investment in energy efficiency, the ability of local actors to commission and support services that meet the NICE guideline and quality standard will be compromised. However HWBs need to help make the case to close this funding gap, not use it as a reason to defer action. We need integrated public and environmental health leadership and resources to prevent death and ill health among the poorest and most vulnerable in our society.

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ENDNOTES

1. The legal definition for fuel poverty across all of Great Britain is a member of a household living on a lower income in a home which cannot be kept warm at a reasonable cost.
2. Dwellings with an energy efficiency rating of EPC Bands F and G.
3. References to the NICE guideline throughout this report refer to the 2015 NICE guideline NG6.
4. HWBs are a statutory requirement for local authorities in England only. This report and its findings therefore covers England only.
5. A list of HWBs in England was taken from a regional map produced by the Local Government Association (LGA, 2013) available for download here: www.local.gov.uk/health/-/journal_content/56/10180/3510973/ARTICLE.
6. Fuel poverty figures in this report include instances where HWBs may not have referenced the term directly but used a related term such as cold homes or affordable warmth.
7. The Marmot Review Team (2011) attributes 21.5% of all EWDs to the coldest quarter of housing, due to it being colder than other housing.
8. Evidence was required of a tailored scheme with multiple partner agencies operating and generating health and housing referrals through a single point of contact.
9. Estimated using the most recent five year average of EWDs across the UK and assuming 30% of EWDs are caused by cold housing.
10. Based on the Age UK's (2012) figure that treating cold-related illnesses costs the NHS an estimated £1.36 billion per year.

9. Appendices

Appendix A. Public Health Outcomes Framework indicators linked to action to reduce harm from cold weather (PHE, 2015)

1. Improving the wider determinants of health

1.1 Children in poverty
(improvements in the heating and energy efficiency of housing, along with maximising income, can reduce levels of child poverty)

1.3 Pupil absence
(living in cold, damp conditions increases the risk of respiratory problems and recurrent infections in children)

1.9 Sickness absence rate
(living in low temperatures can worsen existing conditions)

1.17 Fuel poverty
(low incomes, poor and energy inefficient housing and the high cost of energy can result in cold homes)

1.18 Social isolation
(living in cold homes can result in people being socially isolated at home)

2. Health improvement

2.11 Diet
(fuel poor households must often choose between heating and eating)

2.23 Self-reported wellbeing
(cold can affect mental, physical and emotional health)

2.24 Falls/injuries in over 65s
(cold can affect mobility, thus increasing the risk of falls)

3. Health protection

3.3 Population vaccination coverage
(influenza vaccinations are needed in order to reduce excess winter morbidity)

3.6 Public Sector Organisations with Sustainable Development Management Plans
(this includes ensuring buildings are energy efficient and warm)

3.7 Public Health Incident Plans
(including a multi-agency approach to responding to (and preparing for) cold weather)

4. Reducing premature mortality

4.3 Preventable mortality
(living at a healthty temperature at home can prevent a number of conditions and causes of mortality)

4.4 <75 Cardiovascular mortality
(living in cold homes has been shown to increase the incidence of cardiovascular disease)

4.7 <75 Respiratory mortality
(living in cold homes has been shown to increase the incidence of respiratory conditions)

4.8 Mortality from communicable disease
(e.g. seasonal influenza)

4.11 Emergency readmissions
(release from hospital into a cold home can worsen conditions or prevent recovery)

4.13 Health-related quality of life for older people
(warmer homes mean healthier homes)

4.14 Hip fractures in older people
(living at low temperatures can reduce mobility and dexterity)

4.15 Excess winter deaths
(could be reduced by tackling health issues caused by living in cold homes)

Appendix B. Stage 1 Assessment matrix

Assessment criteria		Scoring system				
		Reference to fuel poverty	**Context**	**Prioritisation**	**Details**	**Maximum score**
	A. Action to address the Public Health Outcomes Framework indicator on fuel poverty and/or action to address other Public Health Outcomes Framework indicators that include initiatives to tackle cold-related ill health	Fuel poverty mentioned and/or reference to cold homes in HWB strategy/ JSNA = 1 point	Under what category/ priority fuel poverty/cold homes is mentioned (free text, no points)	Set as a priority or action plan/strategy is in place (in HWB strategy) = 1 point	Details of any action/strategy (free text, no points)	2
		Reference to EWDs	**Context**	**Prioritisation**	**Details**	**Maximum score**
	B. Action to address the Public Health Outcomes Framework indicator on excess winter deaths (EWDs)	EWDs mentioned in HWB strategy/ JSNA = 1 point	Under what category/ priority EWDs are mentioned (free text, no points)	Set as a priority or action plan/strategy is in place (in HWB strategy) = 1 point	Details of any action/strategy (free text, no points)	2
		Reference to NICE guideline		**Prioritisation**	**Details**	**Maximum score**
	C. Action to apply the NICE guidance recommendations or action that is in line with the recommendations	NICE guideline mentioned and/or addressing NICE recommendation(s) in HWB strategy/JSNA = 1 point		Action plan/strategy in place to address NICE recommendation(s) (in HWB strategy) = 1 point	Details of any action/strategy (free text, no points)	2
	Total points					6

Appendix C. Stage 2 area-based performance database

A Health and Wellbeing Board	**C** Stage 1: HWB document score (out of 6)	**E** Evidence of action to address ill health from cold homes (Good evidence denotes scored 3-6 Stage 1 or feedback collected during Stage 2)	F Known schemes and initiatives
B Region	**D** Stage 2: Additional information received (Y/N)		G Known strategies and partnerships

A	B	C	D	E	F	G
Barking and Dagenham	London	5	Y	Good Evidence		
Barnet	London	3	N	Good Evidence	• Warm and Healthy Homes Programme (SPOC referrals, EE measures) • Winter Well Programme (EE measures, advice)	
Barnsley	Yorkshire and the Humber	3	Y	Good Evidence	• Better Homes Barnsley • Locality Parenting Team with Public Health and Citizens Advice • The Barnsley Landlords Accreditation Scheme • Winter Warmth Scheme	
Bath & North East Somerset	South West	5	Y	Good Evidence	• Energy At Home Scheme (EE measures, advice, SPOC referrals)	• Bath & North East Somerset Energy At Home partnership
Bedford	East of England	4	N	Good Evidence	• Street Energy • Bedfordshire and Luton Energy Scheme • Warm Homes, Healthy People Programme	• Affordable Warmth Strategy
Bexley	London	2	N	Minimal Evidence		
Birmingham	West Midlands	3	N	Good Evidence		
Blackburn with Darwen	North West	6	Y	Good Evidence	• Cosy Homes in Lancashire • Decent and Safe Homes (DASH) scheme • Guidance for Living Over Winter (GLOW) scheme	• Winter Warmth Plan • Affordable Warmth Strategy
Blackpool	North West	1	N	Minimal Evidence		• Affordable Warmth Strategy
Bolton	North West	5	N	Good Evidence	• Bolton Healthy heating (EE measures, SPOC referrals) • Affordable Warmth Referral System	• Affordable Warmth Strategy • Affordable Warmth Steering Group
Bournemouth & Poole	South West	1	N	Minimal Evidence	• Warm and Healthy Bournemouth (EE measures)	
Bracknell Forest	South East	3	Y	Good Evidence	• Energy Improvement Programme (EE measures) • Year of Self Care Programme: Winter Wellness • Making Every Contact County Initiative	• Housing Strategy
Bradford	Yorkshire and the Humber	5	N	Good Evidence	• Bradford Community Warmth Programme • Bradford WISH scheme • Healthy Heat in Bradford • Warm Homes, Healthy People Partnership	• Housing Partnership; Communities Strategy • Sustainable Homes and Neighbourhoods in a Successful District: Joint Housing Strategy for Bradford 2008-2020 • Bradford Homelessness Strategy
Brent	London	2	Y	Minimal Evidence	• Fighting Fuel Poverty in Brent (referrals, advice, training)	
Brighton & Hove	South East	6	Y	Good Evidence	• Warmth For Wellbeing (SPOC referrals, EE measures, advice, training) • Warm Homes Healthy People Programme	• Fuel Poverty and Affordable Warmth Strategy • Your Energy Sussex • Brighton & Hove Local Health Economy Cold

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B Region	**D** Stage 2: Additional information received (Y/N)		G Known strategies and partnerships

A	B	C	D	E	F	G
						Weather Plan 2015
Bristol	South West	1	Y	Good Evidence	• Preventing Illness by Tackling Cold Homes (PITCH) • Warm Up Bristol (EE measures) • Warm and Healthy Bristol (EE measures, advice, referrals)	
Bromley	London	3	N	Good Evidence		
Buckinghamshire	South East	1	N	Minimal Evidence		
Bury	North West	3	N	Good Evidence	• Healthy Homes Project (EE measures)	
Calderdale	Yorkshire and the Humber	2	N	Minimal Evidence		
Cambridgeshire	East of England	2	N	Minimal Evidence		• Housing Board Action Plan
Camden	London	2	N	Minimal Evidence		
Central Bedfordshire	East of England	5	N	Good Evidence	• Warm and Healthy Homes Partnership (make every contact count, SPOC referrals, discharge planning) • Warm Homes Healthy People Programme (SPOC referrals)	
Cheshire East	North West	3	Y	Good Evidence	• Save Energy Advice Line • Save Energy Team • Energy Advisors	• Winter Wellbeing Group
Cheshire West and Cheshire	North West	0	N	Minimal Evidence		
City of London	London	4	N	Good Evidence		
Cornwall	South West	6	N	Good Evidence	• Winter Wellness and Boilers on Prescription (EE measures, advice, referrals) • Warm Me Up campaign	• Cornwall Debt and Financial Inclusion Group • Housing Strategy
Coventry	West Midlands	3	Y	Good Evidence	• Affordable Warmth Team (referrals, advice, EE measures) • Keeping Coventry Warm (advice, EE measures) • Affordable Warmth on Prescription Scheme (SPOC referrals, EE measures) • Affordable Warmth for Disabled Households (EE measures, advice)	
Croydon	London	1	N	Minimal Evidence		
Cumbria	North West	2	N	Minimal Evidence	• Cumbria Affordable Warmth Project	
Darlington	North East	2	Y	Good Evidence	• Council external cladding programme • HEAT (Health and Energy Affordability Team led by Age UK) • Healthy New Town programme • Safe and Well (delivered by Fire and Rescue Service and Age UK Darlington) • Warm Up North (EE measures)	
Derby City	East Midlands	2	Y	Good Evidence	• Stay Warm and Healthy Programme (awareness raising, advice, home and heating maintenance) • Healthy Housing Hub (targeted SPOC referral service) • Warm and Well in Derby	• Derby City Cold Weather Plan; Adverse Weather Plan
Derbyshire	East Midlands	2	Y	Good Evidence	• Derbyshire Healthy Home Project (targeted, tailored SPOC referrals service, advice, EE	• Derbyshire Joint Anti-Poverty

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A	B	C	D	E	F	G
					measures)	Strategy • Derbyshire Partnership Forum
Devon	South West	3	Y	Good Evidence	• Cosy Devon Partnership	• Devon Strategic Housing Officers Group • Private Sector Housing Group
Doncaster	Yorkshire and the Humber	1	Y	Good Evidence	• Winter Warmth Programme (training, awareness raising, discharge procedures and SPOC referrals) • Boilers on Prescription Programme (targeted SPOC referrals) • DMBC Energy Team • Energy Action for Health (advice, grant assistance)	• Affordable Warmth Strategy • Doncaster Council's Corporate Plan • Winter Warmth Strategy Group • Warm and Well Families Research
Dorset	South West	6	Y	Good Evidence	• Healthy Homes Dorset Programme (EE measures, SPOC referrals) • Dorset and Wiltshire Fire Service Safe and Well Checks • Safe and Independent Living (SAIL) (SPOC referrals)	• Dorset Energy partnership • Dorset Sustainable Energy Working Group (DSEG) • 'Our Dorset' Sustainability and Transformation programme for Dorset • Total Place report
Dover	South East	2	N	Minimal Evidence		
Dudley	West Midlands	1	N	Minimal Evidence	• Dudley Winter Warmth Support(EE measures, advice, referrals, grant assistance) • Keep Warm Keep Well (discharge planning, SPOC referrals)	
Durham	North East	6	Y	Good Evidence	• COPD/CVD patient pathway work with County Durham and Darlington NHS Foundation Trust • GR surgery targeted fuel poverty work with high prevalence COPD and asthma • Warm and Healthy Homes Programme • Warmer Homes Programme (Fire and Rescue Service)	• Affordable Warmth Strategy • County Durham Energy and Fuel Poverty Partnership • Integrated Needs Assessment (INA) • The Cold Weather Plan • The County Durham Strategy
Ealing	London	2	N	Minimal Evidence	• The Ealing Handyperson Scheme (EE measures)	
East Riding of Yorkshire	Yorkshire and the Humber	4	Y	Good Evidence	• Health through Warm scheme (training, SPOC referrals, discharge planning, making every contact count)	• Affordable Warmth Strategy
East Sussex	South East	1	Y	Good Evidence	• Citizens Advice Winter Resilience Pilot Health and Housing Service • East Sussex Winter Home Check Service (SPOC referrals, EE measures, advice)	• Better Together Health Partnership • East Sussex Energy Partnership (ESEP) • East Sussex Housing Officers Group

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B Region	**D** Stage 2: Additional information received (Y/N)		G Known strategies and partnerships

A	B	C	D	E	F	G
						• East Sussex Financial Inclusion Steering Group
Enfield	London	2	Y	Good Evidence	• Enfield Warm Households Programme • Enfield Winter Warmers Project (EE measures, referrals service) • CAB on your doorstop (SPOC referrals, discharge planning) • Warm and Healthy Homes Programme (SPOC referrals, EE measures) • Social Prescribing Project (SPOC referrals, discharge planning)	
Essex	East of England	2	Y	Minimal Evidence	• Citizens Advice Winter Resilience Pilot Health and Housing Service (SPOC)	
Gateshead	North East	2	Y	Good Evidence	• Green Doctors Plus with Groundworks NE and Cumbria, Gateshead Council and CCG (SPOC referrals) • Warm up North with the council's Energy Services Team and Gateshead Housing Company (EE measures)	• Housing Strategy • Main review topic of care, Health & Wellbeing Overview Committee for 2016/17 is the 'Role of Housing in Promoting Health & Wellbeing'
Gloucestershire	South West	3	Y	Good Evidence	• Citizens Advice Winter Resilience Pilot Health and Housing Scheme (SPOC referrals)	
Greenwich	London	2	N	Minimal Evidence		
Hackney	London	1	N	Minimal Evidence		
Halton	North West	3	N	Good Evidence		
Hammersmith and Fulham	London	1	Y	Good Evidence	• Tri-Borough Initiative (SPOC referrals, training) • Healthier Homes (SPOC referrals, EE measures, advice)	
Hampshire	South East	2	Y	Good Evidence	• Hitting the Cold Spots	• Ageing Well in Hampshire Older People's Well-being Strategy (2014-18)
Haringey	London	3	N	Good Evidence	• Warm and Healthy Homes Programme (SPOC referrals, EE measures) • Locality Teams (SPOC referrals) • RE:NEW (EE demonstrations) • Warmth and Comfort scheme (EE measures)	• Affordable Warmth Strategy
Harrow	London	1	N	Minimal Evidence		
Hartlepool	North East	3	N	Good Evidence		
Havering	London	1	Y	Minimal Evidence		
Herefordshire	West Midlands	4	N	Good Evidence	• Keep Herefordshire Warm (EE measures, advice, referrals)	
Hertfordshire	East of England	3	N	Good Evidence	• Herts Healthy Homes (EE measures, advice, SPOC referrals) • Keep Warm Stay Well (SPOC referrals service)	
Hillingdon	London	1	N	Minimal Evidence		
Hounslow	London	1	Y	Good Evidence	• Better Homes, Better Health (SPOC referrals, advice) • Lunch and Learn Seminar Programme	• Seasonal Health Working Group • Severe Weather

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A	B	C	D	E	F	G
					(training)	Planning Proposal
Hull City	Yorkshire and the Humber	2	N	Minimal Evidence		
Isle of Wight	South East	2	N	Minimal Evidence		
Isles of Scilly	South West	6	N	Good Evidence		
Islington	London	3	Y	Good Evidence	• Seasonal Health Intervention Network (SHINE) (SPOC referrals, advice) • Winter Well Campaign • HomeSmart • CRISP (Climate Resilience Islington South Project) • Seasonal Health and Affordable Warmth (SHAW) Team • Energy Doctor (EE measures, advice)	
Kensington and Chelsea	London	3	Y	Good Evidence	• Tri-Borough Initiative (SPOC referrals, training)	
Kent	South East	2	Y	Good Evidence	• Keep Warm, Keep Well (EE measures, referrals) • Warm Homes Campaign (EE measures, referrals)	• Fuel Poverty Strategy • Local Sustainability Needs Assessment • Kent and Medway Sustainable Energy Partnership • Kent Environment Strategy • Kent Energy Efficiency Partnership • Kent Hosing and Affordable Warmth Strategy
Kingston Upon Thames	London	2	N	Minimal Evidence		
Kirklees	Yorkshire and the Humber	1	N	Minimal Evidence		
Knowsley	North West	3	Y	Good Evidence	• Healthy Homes Knowsley (targeted SPOC referrals, EE measures, advice) • Warm Homes Healthy Homes (grant assistance, EE measures)	• Knowsley Housing Strategy 2016 • Partnership Extreme Weather Planning Group
Lambeth	London	4	N	Good Evidence		• Fuel Poverty Strategy
Lancashire	North West	1	Y	Good Evidence	• Cosy Homes in Lancashire (discharge planning, SPOC referrals) • Hospital-in-Reach scheme (discharge planning, SPOC referrals)	
Leeds	Yorkshire and the Humber	1	Y	Minimal Evidence	• Warm Homes Service (EE measures, advice, referrals)	
Leicester City	East Midlands	3	Y	Good Evidence	• Lightbulb Project (targeted SPOC referrals, discharge planning, advice, EE measures • Warm Homes services • First Contact Programme • Home Energy office	
Leicestershire	East Midlands	4	Y	Good Evidence	• Leicestershire Warm Homes, Healthy Homes	

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A	B	C	D	E	F	G
					Service (targeted SPOC referrals, training, advice, awareness raising)	
Lewisham	London	0	Y	Good Evidence	• Warm Homes Healthy People (EE measures, advice, referrals) • Community Action Partnership Award • Seminar and workshop series	
Lincolnshire	East Midlands	5	N	Good Evidence		• Home Energy Lincs Partnership
Liverpool	North West	1	Y	Good Evidence	• Healthy Homes Programme (tailored SPOC referrals, advice, discharge planning, EE measures, training • Citizens Advice Winter Resilience Pilot Health and Housing Service (SPOC referrals)	
Luton	East of England	3	Y	Good Evidence	• Private Sector Housing Team (advice, EE measures) • Decent Homes Assistance programme (EE measures)	• Luton Borough Council Corporate Energy Group • Welfare Reform Board • Health Inequalities Board • System Resilience Group
Manchester	North West	1	Y	Good Evidence	• Home from Hospital Service (discharge planning) • Citizens Advice Winter Resilience Pilot Health and Housing Service (SPOC referrals) • Green Doctor Service (targeted referrals, advice) • Carbon Co-ops • Winter Warm (awareness raising, advice) • Affordable Warmth Access Referral Mechanism (AWARM, Manchester) (SPOC referrals, EE measures, advice)	• Manchester Strategy ('Our Manchester') • Manchester City Council Family Poverty Strategy • Green and Healthy Manchester Partnership
Medway	South East	2	Y	Good Evidence	• Kent and Medway Green Deal Partnership (EE measures)	• Housing Strategy
Merton	London	4	N	Good Evidence		
Middlesbrough	North East	4	N	Good Evidence	• Fire Service Stay Safe and Warm • Middlesbrough Staying Put Agency through Warm and Healthy Homes Fund • Safely Home Scheme and Comfy & Cosy through Staying Put Agency (discharge planning) • Warm Homes, Health People Programme	• Middlesbrough Affordable Warmth Partnership
Milton Keynes	East Midlands	4	N	Good Evidence	• Milton Keynes Boiler Cashback Scheme • Decent Homes Programme (EE measures) • Lakes estate housing improvements	
Newcastle	North East	3	Y	Good Evidence	• Newcastle Council Energy Department • Warm Up North (EE measures, referrals) • Health Through Warmth (tailored referrals, EE measures, awareness raising, training, discharge planning) • Newcastle's Active Inclusion (making every contact count) • First Contact (SPOC referrals)	• Council's Energy Department Strategy • Newcastle Future Needs Assessment • Know Your City • Wellbeing for Life Strategy
Newham	London	1	N	Minimal Evidence	• Newham Affordable Warmth Project (EE measures, referrals)	
Norfolk	East of England	1	N	Minimal Evidence	• Warm and Well (EE measures, advice, referrals)	
North East Lincolnshire	Yorkshire and the Humber	3	N	Good Evidence		

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A	B	C	D	E	F	G
North Lincolnshire	Yorkshire and the Humber	4	Y	Good Evidence	• Affordable Warmth Assistance (EE measures, advice and referrals) • Warmer Homes Initiative	
North Somerset	South West	2	Y	Minimal Evidence		
North Tyneside	North East	5	Y	Good Evidence	• Safe and Healthy Homes Team (SPOC referrals, advice, EE measures)	• Housing Strategy 2016-21 • Fuel Poverty Partnership Board
North Yorkshire	Yorkshire and the Humber	6	Y	Good Evidence	• Warm and Well Scheme (SPOC referrals)	• North Yorkshire Winter Health Strategy 2015-2020 • Seasonal Winter Health Strategic Partnership for North Yorkshire
Northamptonshire	East Midlands	3	Y	Good Evidence	• Citizens Advice Winter Resilience Pilot Health and Housing Service (SPOC referrals) • Financial Health and Wellbeing Service (EE measures, advice, referrals)	
Northumberland	North East	2	Y	Good Evidence	• Warm Up North • Ticket Home (discharge planning) • Boilers on Prescription (SPOC referrals, EE measures)	• Northumberland Strategic Partnership • Northumberland Financial Inclusion Group • Home Energy Conversation Act Progress Report
Nottingham City	East Midlands	3	N	Good Evidence	• Nottingham Energy Partnership (EE measures, advice, referrals) • Greater Nottingham Healthy Housing Service • The Home Safety Improvement Service • Nottingham City Signposting Service	• Nottingham Health and Housing Partnership
Nottinghamshire	East Midlands	2	Y	Good Evidence	• Local Authorities' Energy Partnership (LAEP) Nottinghamshire Warm Homes Project (referrals, EE measures, advice) • Warm Homes, Healthy People Programme • The Healthy Housing Service • Handypersons and Preventative Adaptation Service	
Oldham	North West	3	Y	Good Evidence	• Warm Homes Oldham (EE measures, advice, referrals)	• Joint Investment Agreement • Oldham Locality Plan for Health and Social Care Transformation (2016-21)
Oxfordshire	South East	4	Y	Good Evidence	• Better Housing Better Health Programme (SPOC referrals, EE measures)	• Affordable Warmth Network
Peterborough	East of England	2	Y	Good Evidence	• Healthy Homes project • Care & Repair Scheme • Winter Warmth Project	
Plymouth	South West	1	N	Minimal Evidence		
Portsmouth	South East	2	N	Minimal Evidence	• Love your Loft	
Reading	South East	3	N	Good Evidence	• Winter Watch (EE measures, referrals)	
Redbridge	London	2	N	Minimal Evidence	• Warm and Healthy Homes Programme (referrals, discharge planning, EE measures)	

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A	B	C	D	E	F	G
Redcar and Cleveland	North East	2	N	Minimal Evidence		
Richmond	London	2	N	Minimal Evidence		
Rochdale	North West	2	N	Minimal Evidence		
Rotherham	Yorkshire and the Humber	5	N	Good Evidence	• Winter Warmth England (tailored SPOC referrals)	
Rutland	East Midlands	5	N	Good Evidence	• Energy Action for Rutland	• Staying Healthy Action Plan
Salford	North West	6	Y	Good Evidence	• Winter Welfare Programme • Salford Mosaic Map • Warm Salford Programme • Creating a New Pendleton (EE measures, advice, referrals)	• Affordable Warmth Action Plan • Salford Private Sector Stock Condition Survey
Sandwell	West Midlands	4	Y	Good Evidence	• Repairs on Prescription (EE measures) • Healthy Homes Advocate Programme • Winter Warmth Programme (EE measures, advice) • Affordable Warmth Programme (EE measures) • Decent Homes Programme (EE measures)	• Public Health Annual Report
Sefton	North West	1	Y	Good Evidence	• Affordable Warmth Service (referrals, training, advice) • Healthy Homes Pilot Project (targeted EE measures) • Cold Weather Refuge • Foodbank Referrals Service	• Sefton Affordable Warmth Strategy • Sefton Affordable Warmth Partnership Group
Sheffield	Yorkshire and the Humber	3	N	Good Evidence	• Sheffield Fuel Poverty Knowledge Group (SPOC referrals and warmth on prescription, advice, training)	
Shropshire	West Midlands	1	Y	Good Evidence	• Heatsavers • Live4Less • Warmer Marches • Housing Team	• Shropshire Together • Shropshire's Energy Supply Partnership
Slough	South East	3	N	Good Evidence		
Solihull	West Midlands	6	N	Good Evidence	• Winter Warmth in Solihull (data sharing, SPOC referrals, training, EE measures)	• Home Energy and Affordable Warmth Strategy
Somerset	South West	2	N	Minimal Evidence		
South Gloucestershire	South West	3	Y	Good Evidence	• Warm and Well Scheme (EE measures) • Private Sector Housing Team • Hanham Cosy Homes (EE measures) • Warm Up South Gloucestershire • First Contact (SPOC referrals)	• Housing Strategy
South Tyneside	North East	6	N	Good Evidence		• CCG Urgent Care Delivery Group Winter Plan
Southampton	South East	5	N	Good Evidence	• Southampton Warmth for All Partnership (SWAP) (EE measures, advice, referrals)	
Southend on Sea	East of England	2	N	Minimal Evidence		
Southwark	London	5	Y	Good Evidence	• Citizens Advice Winter Resilience Pilot Health and Housing Service (SPOC referrals) • Housing Improvement Programme	• Housing Strategy
St Helens	North West	5	Y	Good Evidence	• Affordable Warmth Unit • Save Energy Advice Line • St Helens Winter Warmer Scheme • Winter Fuel Poverty in St Helens (EE	• St Helens Fuel Poverty Focus Group

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B Region	**D** Stage 2: Additional information received (Y/N)		G Known strategies and partnerships

A	B	C	D	E	F	G
					measures, advice, referrals) • St Helens Health and Housing Partnership (SPOC referrals, EE measures, discharge planning)	
Staffordshire	West Midlands	2	Y	Minimal Evidence		• Healthier Housing Strategy
Stockport	North West	1	N	Minimal Evidence		
Stockton on Tees	North East	6	Y	Good Evidence	• Citizens Advice Winter Resilience Pilot Health and Housing Service (SPOC referrals) • Go Warm • Warm Homes Healthy People Stockton	
Stoke on Trent	West Midlands	1	N	Minimal Evidence	• Revival Hospital Discharge Project (discharge planning, EE measures, advice)	
Suffolk	East of England	5	N	Good Evidence	• Warm and Healthy Homes Programme (discharge planning, EE measures) • Warm Homes Healthy People (SPOC referrals, EE measures)	
Sunderland	North East	1	Y	Good Evidence	• Age UK Sunderland Warm Homes Team (Advice, measures, referrals) • Hospital Discharge Team	
Surrey	South East	6	Y	Good Evidence	• Winter Preparedness Campaign • Boiler on Prescription (EE measures)	• Seasonal Health Partnership • Falls Prevention and Management Multi-Agency Network • Community Resilience Partnership
Sutton	London	6	Y	Good Evidence	• Minor Homes Repair Scheme • Hospital Discharge Scheme	
Swindon	South West	1	Y	Good Evidence	• Swindon Safe and Warm Scheme (EE measures, advice, referrals) • Keep Warm Keep Well campaign • Safe and Independent Living Scheme	• Ageing Well Strategy
Tameside	North West	2	N	Minimal Evidence	• Get me Toasty (EE measures)	• Greater Manchester Fuel Poverty Strategy Group
Telford & Wrekin	West Midlands	1	Y	Minimal Evidence		
Thurrock	East of England	3	N	Good Evidence	• Warm and Healthy Homes (EE measures)	
Torbay	South West	2	N	Minimal Evidence		
Tower Hamlets	London	1	N	Minimal Evidence		
Trafford	North West	2	N	Minimal Evidence		
Wakefield	Yorkshire and the Humber	2	N	Minimal Evidence	• Home and Personalisation Intervention Scheme (EE measures, advice, referrals) • Wakefield Fuel Poverty Fund (EE measures, advice) • Wakefield Energy Savers (EE measure) • Home Energy Efficiency Database (UNO system)	• Affordable Warmth Strategy • Wakefield Affordable Warmth Partnership
Walsall	West Midlands	4	N	Good Evidence		
Waltham Forest	London	2	Y	Good Evidence	• Warm and Healthy Homes Programme (SPOC referrals, discharge planning, EE measures) • HEET (SPOC, advice, measures)	
Wandsworth	London	3	N	Good		

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A	B	C	D	E	F	G
				Evidence		
Warrington	North West	3	Y	Good Evidence	• Winter Health Stay Warm, Well & Safe Campaign • Solar PV Programme (EE measures) • Housing Options Health Pathway (SPOC referrals)	• System Resilience Group
Warwickshire	West Midlands	1	Y	Good Evidence	• Warm and Well in Warwickshire Partnership Network (SPOC referrals, EE measures, advice, training) • Affordable Warmth/Boilers on Prescription (SPOC referrals, EE measures)	• Health Protection Strategy 2016-2021
West Berkshire	South East	3	N	Good Evidence		
West Sussex	South East	0	Y	Good Evidence		• West Sussex Fuel Poverty Partnership • Your Energy Sussex • Fuel Poverty Steering Group
Westminster	London	0	Y	Good Evidence	• Tri-Borough Initiative (SPOC referrals, training) • Warm and Healthy Homes Programme (SPOC referrals, EE measures)	
Wigan	North West	2	Y	Good Evidence	• Affordable Warmth Access Referral Mechanism (AWARM Wigan) (SPOC referrals, advice, EE measures, training, discharge planning)	• Fuel Poverty Strategy 2016-2020
Wiltshire	South West	3	Y	Good Evidence	• Warm and Healthy Homes Wiltshire (SPOC referrals, discharge planning, data sharing) • Warm & Safe Wiltshire (SPOC referrals, discharge planning, data sharing, advice, EE measures)	• Affordable Warmth Partnership • Health through Warmth Strategy • Wiltshire Energy Resilience Plan
Windsor & Maidenhead	South East	2	N	Minimal Evidence		
Wirral	North West	4	N	Good Evidence		
Wokingham	South East	3	N	Good Evidence		
Wolverhampton	West Midlands	2	N	Minimal Evidence		
Worcestershire	West Midlands	2	Y	Good Evidence	• Boilers on Prescription • Warmer Worcester Partnership	
York	Yorkshire and the Humber	3	Y	Good Evidence		

Next Steps

NEA will maintain an online version of this document on our website, refreshing it at regular intervals to update the evidence base.

Evidence can be emailed to **Jamie.Ruse@nea.org.uk**

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