Preventing excess winter deaths and morbidity NICE quality standard

Draft for consultation

October 2015

Introduction

This quality standard covers the prevention of excess winter deaths and morbidity. The quality standard covers all populations, although some people are more at risk from the effects of the cold, including:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5s)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions.

For more information see the winter deaths: preventing excess winter deaths topic overview.

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as winter fuel allowances, grants and energy pricing are therefore not covered by this quality standard.

Why this quality standard is needed

Cold weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health

problems such as depression, and the risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or ventilated. Overall, the death rate in the UK is higher during winter months (from the start of December to the end of March in the UK) and this is referred to as 'excess winter deaths' (Public Health England The cold weather plan for England 2014).

The average annual number of excess winter deaths in England and Wales in the period 2009/10 to 2013/14 was 25,114 (Office for National Statistics Statistical bulletin: excess winter mortality in England and Wales, 2013/14).

Most excess winter deaths and illnesses are caused by respiratory and cardiovascular problems during normal winter temperatures, when the average outdoor temperature drops below 5–8°C (Department of Health Making the case). The risk of death and illness increases as the temperature falls further.

The Standard Assessment Procedure (SAP) is the method used by the Government to assess and compare the energy and environmental performance of housing. Housing is rated on a scale between 0–100, with 100 representing the most energy efficient. The SAP rating of housing across England varies considerably. In 2012 the average was 59 out of 100. The proportion of energy‑efficient housing (above 69) increased from 2% in 1996 to 18% in 2012. However, around 2 million properties (9% of housing) had a SAP of less than 30 in 2012.

A 2010 survey by the Centre for Sustainable Energy, You just have to get by, reported that people living on less than 60% of the national average income had difficulty paying their fuel bills. During the previous winter 46% had cut back on heating and 63% had lived in homes that were colder than they wanted them to be; 47% said the cold had made them feel anxious or depressed, and 30% said an existing health problem had worsened.

The death rate rises 2.8% for every degree Celsius drop in the outdoor temperature for people in the coldest 10% of homes. This compares with a 0.9% rise in deaths for every degree Celsius drop in the warmest 10% of homes (Joseph Rowntree Foundation Cold comfort). Public Health England's advice is that the minimum temperature for homes in winter is 18°C (65°F) (Public Health England The cold weather plan for England 2014).

Excess winter deaths are more common in, but are not confined to, older people. The Office for National Statistics Statistical bulletin: excess winter mortality in England and Wales, 2013/14 reported:

- 51% of cold‑related deaths were in people aged 85 years and older
- 27% were in people aged between 75 and 84 years.

In many cases simple preventative action could avoid many of the deaths and illnesses associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather. Public Health England produces an annual cold weather plan for England which provides guidance on how to prepare for and respond to cold weather which can affect everybody's health. It triggers actions in the NHS, public health, social care and other community organisations, to support vulnerable people who have health, housing or economic circumstances that increase their risk of harm.

The quality standard is expected to contribute to improvements in the following outcomes:

- Mortality
- Morbidity
- Fuel poverty
- Exacerbations of current health problems
- Timely discharge
- Rates of hospital admissions and re-admissions.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- Public Health Outcomes Framework 2013–2016
- NHS Outcomes Framework 2015–16
- Adult Social Care Outcomes Framework 2015–16.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities ***Indicators*** 1.17 Fuel poverty
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.1 Infant mortality* (NHSOF 1.6i) 4.3 Mortality rate from causes considered preventable ** (NHSOF 1a) 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1) 4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2) 4.15 Excess winter deaths
Alignment across the health and social care system * Indicator shared with the NHS Outcomes Framework. ** Complementary indicators in the NHS Outcomes Framework	

Table 2 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicator*** 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1b Life expectancy at 75 i Males ii Females ***Improvement areas*** **Reducing premature mortality from the major causes of death** 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions (ASCOF 1A**) ***Improvement areas*** **Reducing time spent in hospital by people with long-term conditions** 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s **Enhancing quality of life for people with mental illness** *2.5 ii Health-related quality of life for people with mental illness (ASCOF 1A** & PHOF 1.6**)* **Improving quality of life for people with multiple long-term conditions** *2.7 Health-related quality of life for people with three or more long-term conditions (ASCOF 1A**)*
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary *Italics* – Indicator is in development	

Table 3 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
2 Delaying and reducing the need for care and support	***Overarching measure*** 2A. Permanent admissions to residential and nursing care homes, per 100,000 population ***Outcome measures*** **Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.** **Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.** 2D The outcomes of short-term services: sequel to service.
4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	***Overarching measure*** 4A. The proportion of people who use services who feel safe (PHOF1.19*) ***Outcome measures*** **People are protected as far as possible from avoidable harm, disease and injuries.**
Aligning across the health and care system ** Indicator is complementary	

Coordinated services

The quality standard for preventing excess winter deaths and morbidity specifies that services should be commissioned from and coordinated across all relevant agencies. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people who may be at risk of health problems associated with the cold.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service are listed in Related quality standards.

The Health and Social Care Act 2012 introduced legal duties on clinical commissioning groups and local authorities to have regard to the need for reduction of health inequalities and to exercise functions with a view to ensuring that services

are provided in an integrated way where they consider that this would reduce inequalities in access to services and outcomes achieved. Given the strong relationship that exists between excess mortality and morbidity due to the cold and factors such as age, disability and deprivation, reducing inequality is an important consideration in providing services to address the mortality and health problems associated with the cold.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing people who may be at risk of health problems associated with a cold home should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people who may be at risk of health problems associated with a cold home. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about assessment and planned interventions.

List of quality statements

Statement 1. Local health and social care commissioners and providers collaborate on year-round planning and data sharing to identify populations who are at risk of health problems associated with a cold home.

Statement 2. People who are at risk of health problems associated with a cold home receive tailored support with help from a local single-point-of-contact health and housing referral service.

Statement 3. People who are at risk of health problems associated with a cold home are asked at least once a year if they have difficulty keeping warm at home by a primary healthcare or home care practitioner.

Statement 4. People who are being discharged to their own homes from hospital, a mental health or social care setting are assessed for the risk of health problems associated with a cold home.

Statement 5. People who are at risk of health problems associated with a cold home who are being discharged to their own homes from hospital, a mental health or social care setting have a discharge plan to ensure their homes are warm enough.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection here. Examples of using NICE quality standards can also be submitted.

Questions about the individual quality statements

Question 4 For draft quality statement 1: Should this statement focus on a specific action associated with collaborative strategic or year-round planning, and should the focus be on identifying at-risk populations or individuals?

Question 5 For draft quality statements 3, 4 and 5: These statements include reference to the assessment of risk associated with cold homes. When such assessments are undertaken, where should data on the risk of health problems associated with cold homes be held? Who should own and be responsible for this information? For example, should this form part of the GP record?

Quality statement 1: Year-round planning

Quality statement

Local health and social care commissioners and providers collaborate on year-round planning and data sharing to identify populations who are at risk of health problems associated with a cold home.

Rationale

Local coordination is needed to ensure populations who are risk of health problems associated with cold homes can be identified. Year-round planning, for example through local joint strategic needs assessments and joint health and well-being strategies, can set out how statutory and non-statutory local organisations can work together and share data to identify those at risk of health problems associated with cold homes. This includes closer partnership working with the voluntary and community sector to help reduce vulnerability and support the planning and response to cold weather.

Quality measures

Structure

Evidence of local arrangements for collaboration on year-round planning and data sharing between health and social care commissioners and providers to identify populations who are at risk of health problems associated with a cold home.

Data source: Local data collection, including evidence of local action to support the Public Health England Cold Weather Plan.

Outcome

Identification of populations at risk of health problems associated with a cold home.

Data source: Local data collection.

What the quality statement means for service providers, commissioners and health, public health and social care practitioners

Service providers (such as local authority departments, local NHS providers, housing organisations and voluntary organisations) ensure that systems are in place for collaboration on year-round planning and data sharing between providers to identify populations who are at risk of health problems associated with a cold home. Long-term, year-round planning and commissioning to reduce cold-related harm should be considered core business.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) take a strategic approach to the reduction of excess winter deaths and morbidity by contributing to collaboration on year-round planning and data sharing to identify populations who are at risk of health problems associated with a cold home.

Health, public health and social care practitioners ensure that they support collaborative year-round planning by sharing information relating to populations who are at risk of health problems associated with a cold home to ensure they receive the tailored support they need.

What the quality statement means for patients, service users and carers

People who may be at risk of health problems caused by living in a cold home are more likely to be identified and supported if they live in an area where the local services work together to identify the groups of people who may be at risk as part of year-round planning.

Source guidance

- Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendations 1 and 4.

Definitions of terms used in this quality statement

Populations at risk

Some groups of people are more at risk of health problems associated with a cold home, including:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5s)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions.

[Adapted from Excess winter deaths and morbidity and the health risks associated with cold homes (NICE guideline NG6)]

Health problems associated with a cold home

Cold homes and poor housing conditions have been linked with a range of health problems in children and young people, including respiratory health, growth and long-term health. In older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu, hospital admission, and lower strength and dexterity leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health as cold is linked with increased risk of depression and anxiety.

[Adapted from Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (Public Health England 2014)]

Question for consultation

Should this statement focus on a specific action associated with collaborative strategic or year-round planning, and should the focus be on identifying at-risk populations or individuals?

Quality statement 2: Single-point-of-contact health and housing referral service

Quality statement

People who are at risk of health problems associated with a cold home receive tailored support with help from a local single-point-of-contact health and housing referral service.

Rationale

A single-point-of-contact health and housing referral service can identify the most effective action to meet an individual's needs from a range of interventions and services. It will have links with relevant national and local services that can provide a range of solutions which are likely to include: health and social care providers, local housing providers, advice agencies (such as Citizens Advice Bureaux and money advice organisations), health and social care charities, voluntary organisations and home improvement agencies.

Quality measures

Structure

Evidence of local arrangements to ensure that people who are at risk of health problems associated with a cold home receive tailored support with help from a local single-point-of-contact health and housing referral service.

Data source: Local data collection

Process

Proportion of people who are at risk of health problems associated with a cold home who receive tailored support with help from a local single-point-of-contact health and housing referral service.

Numerator – the number in the denominator who receive tailored support with help from a local single-point-of-contact referral service.

Denominator – the number of people who are at risk of health problems associated with a cold home.

Data source: Local data collection.

Outcomes

a) Experience of people using the local single-point-of-contact health and housing referral service.

Data source: Local data collection.

b) Mortality as a consequence of cold homes.

Data source: Local data collection.

What the quality statement means for service providers, health, public health, social care and third sector practitioners, and commissioners

Service providers (such as local authority departments, local NHS organisations, housing providers and voluntary organisations) ensure that processes are in place for people who are at risk of health problems associated with a cold home to be referred to the local single-point-of-contact health and housing referral service, and for self-referral to the service. Health and social care providers should identify all local organisations providing the relevant interventions and services when establishing and monitoring the service and there should be close partnership working with the voluntary and community sector to help reduce vulnerability. The local single-point-of-contact service should ensure that people living in cold homes using the service receive tailored support by assessing the person's needs and working with identified partners to help them.

Health, public health, social care and third sector practitioners ensure they are aware of the local single-point-of-contact health and housing referral service and refer people who are identified as being at risk of health problems associated with a cold home to the service.

Commissioners (such as clinical commissioning groups and local authorities) jointly commission a local single-point-of-contact health and housing referral service that helps people who are at risk of health problems associated with a cold home to receive tailored support.

What the quality statement means for patients, service users and carers

People who are at risk of health problems associated with a cold home can refer themselves or be referred (usually by health or social care professionals, or people from voluntary organisations), to a local health and housing referral service that will discuss their needs with them and organise the help they need to keep their home warm.

Source guidance

- Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendations 2 and 3.

Definitions of terms used in this quality statement

Health problems associated with a cold home

Cold homes and poor housing conditions have been linked with a range of health problems in children and young people, including respiratory health, growth and long-term health. In older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu, hospital admission, and lower strength and dexterity leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health as cold is linked with increased risk of depression and anxiety.

[Adapted from Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (Public Health England 2014)]

Single-point-of-contact referral service

A local single-point-of-contact health and housing referral service provides access to interventions to address the needs of people living in cold homes. Health and wellbeing boards should identify all local providers of interventions and services

(such as relevant local authority departments, the health sector, utilities, housing organisations and organisations in the voluntary sector) to address health problems associated with a cold home when setting up and monitoring the service. The service should actively assist the people who self-refer or are referred to it by providing access to tailored interventions and services. It should not act as a signposting service.

[Adapted from Excess winter deaths and morbidity and the health risks associated with cold homes (NICE guideline NG6), recommendations 2 and 3 and expert opinion]

Tailored support

Tailored support is the delivery of interventions and services designed for people living in cold homes to address their needs. This support takes into account the language and reading ability of the person, including any vision or hearing problems, and their ability to understand and act on information provided to them.

Support includes but is not limited to:

- Housing insulation and heating improvement programmes and grants. Programmes are led, or endorsed, by the local authority and include those available from energy suppliers.
- Advice on being energy efficient in the home and having the most appropriate fuel tariff and billing system (including collective purchasing schemes, if available).
- Help to ensure all due benefits are being claimed, as people receiving certain benefits may be entitled to additional help with home improvements and may get help to manage their fuel bills and any debt.
- Registration on priority services registers (for energy supply and distribution companies) to ensure households at risk get tailored support from these companies.
- Advice on how to avoid the health risks of living in a cold home. This includes information about what these health risks are (see Public Health England's Cold weather plan for England for further information).

- Access to, and coordination of, services that address common barriers to tackling cold homes. For example, access to home improvement agencies that can fix a leaking roof, or to voluntary groups that can help clear a loft ready for insulation.
- Short-term emergency support in times of crisis (for example, room heaters if the central heating breaks down or access to short-term credit).

[Adapted from Excess winter deaths and morbidity and the health risks associated with cold homes (NICE guideline NG6), recommendation 3]

Equality and diversity considerations

Good communication between the referral service and people who may be at risk of the health consequences of living in a cold home is essential. People at risk are likely to include those who have communication needs including older people over 65 years, people who are frail or confused, and people who have difficulty understanding and acting on information provided to them. These people may have different support needs. The referral service should provide people with the level of support they need to ensure any needs identified can be acted on.

Quality statement 3: Keeping warm at home

Quality statement

People who are at risk of health problems associated with a cold home are asked at least once a year if they have difficulty keeping warm at home by a primary healthcare or home care practitioner.

Rationale

Living in a cold home may have a greater effect on people who spend a longer than average time at home. This includes people with chronic conditions or disabilities who are likely to be in regular contact with primary healthcare services and home care services. By asking, at least annually, if they or someone in their household is experiencing difficulties keeping warm at home primary healthcare and home care practitioners can refer people to a single-point-of-contact health and housing referral service to receive help to reduce any risks that are identified.

Quality measures

Structure

a) Evidence of local arrangements to ensure that people at risk of health problems associated with a cold home are asked at least once a year if they have difficulty keeping warm at home by primary healthcare practitioners.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that people at risk of health problems associated with a cold home are asked at least once a year if they have difficulty keeping warm at home by home care practitioners.

Data source: Local data collection.

Process

a) Proportion of people who are identified as being at risk of health problems associated with a cold home who are asked at least once a year if they have difficulty keeping warm at home by primary healthcare practitioners.

Numerator – the number in the denominator who are asked at least once a year if they have difficulty keeping warm at home by primary healthcare practitioners.

Denominator – the number of people who are identified as at risk of health problems associated with a cold home.

Data source: Local data collection.

b) Proportion of people who are visited by home care practitioners who are asked at least once a year if they have difficulty keeping warm at home by home care practitioners.

Numerator – the number in the denominator who are asked at least once a year if they have difficulty keeping warm at home by home care practitioners.

Denominator – the number of people who receive home care.

Data source: Local data collection.

Outcome

Referral rates to a local single-point-of-contact health and housing referral service.

Data source: Local data collection.

What the quality statement means for service providers, primary health and home care practitioners, and commissioners

Service providers (local authority departments, primary healthcare organisations and home care providers) ensure that systems are in place for people at risk of health problems associated with a cold home to be asked at least once a year if they have difficulty keeping warm at home, for staff to consider room temperatures when they are making home visits and for communication between agencies to ensure any needs identified are addressed.

Primary health and home care practitioners ask people at risk of health problems associated with a cold home at least once a year if they have difficulty keeping warm at home. This can be done when visiting the person's home, when they should also be aware of the room temperature, or through discussions with the person during a

primary care consultation. They should refer the person appropriately and communicate with the relevant agencies to ensure the person's needs are addressed.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission primary healthcare and home care services where the practitioners ask people at risk of health problems associated with a cold home at least once a year if they have difficulty keeping warm at home and consider room temperatures when making home visits.

What the quality statement means for patients, service users and carers

People who are at risk of health problems associated with a cold home are asked at least once a year if they have difficulty keeping warm at home. This can be done by health and home care workers who visit their home, or when they visit their GP.

Source guidance

- Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendations 5, 8 and 9.

Definitions of terms used in this quality statement

Difficulty keeping warm at home

Practitioners should take into account the needs of people who are at risk of the health consequences of living in a cold home by asking if they are experiencing, or are likely to experience, difficulties keeping their home warm enough. This can be done either on home visits (by visiting health and home care practitioners) or elsewhere, for example during a routine consultation with a GP. The conversation should include, but not be limited to, the following considerations:

- The amount of time the person spends at home.
- How and when they use their heating.
- If the cost of their heating makes them limit its use and risk being cold at home.

- Any illnesses or long-term conditions they have and the extent to which it is likely to get worse by being cold at home.

[Adapted from Excess winter deaths and morbidity and the health risks associated with cold homes (NICE guideline NG6), recommendation 5 and expert consensus]

Health problems associated with a cold home

Cold homes and poor housing conditions have been linked with a range of health problems in children and young people, including respiratory health, growth and long-term health. In older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu, hospital admission, and lower strength and dexterity leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health as cold is linked with increased risk of depression and anxiety.

[Adapted from Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (Public Health England 2014)]

Equality and diversity considerations

Good communication between primary care and home care practitioners and people who may be at risk of the health consequences of living in a cold home is essential. People at risk are likely to include those who have communication needs including older people, people who are frail or confused, and people who have difficulty understanding when asked about their home heating needs.

Question for consultation

Statements 3, 4 and 5 include reference to the assessment of risk associated with cold homes. When such assessments are undertaken, where should data on the risk of health problems associated with cold homes be held? Who should own and be responsible for this information? For example, should this form part of the GP record?

Quality statement 4: Assessment before discharge

Quality statement

People who are being discharged to their own homes from hospital, a mental health or social care setting are assessed for the risk of health problems associated with a cold home.

Rationale

Being at risk of cold at home, for example in people who are frail or have long-term health conditions, can lead to existing conditions getting worse and cause new illnesses. Risks are increased in people who spend significant amounts of their time at home. An assessment at discharge (at any time of the year) of vulnerability to the cold at home can lead to their needs being addressed and prevent avoidable illness.

Quality measures

Structure

a) Evidence of arrangements for people who are being discharged to their own homes from hospital to be assessed for the risk of health problems associated with a cold home.

Data source: Local data collection.

b) Evidence of arrangements for people who are being discharged to their own homes from a mental health setting to be assessed for the risk of health problems associated with a cold home.

Data source: Local data collection.

c) Evidence of arrangements for people who are being discharged to their own homes from a social care setting to be assessed for the risk of health problems associated with a cold home.

Data source: Local data collection.

Process

a) Proportion of people who are being discharged to their own homes from hospital who are assessed for the risk of health problems associated with a cold home.

Numerator – the number of people in the denominator who are assessed for the risk of health problems associated with a cold home.

Denominator – the number of people being discharged to their own homes from hospital.

Data source: Local data collection.

b) Proportion of people who are being discharged to their own homes from a mental health setting who are assessed for the risk of health problems associated with a cold home.

Numerator – the number of people in the denominator who are assessed for the risk of health problems associated with a cold home.

Denominator – the number of people being discharged to their own homes from a mental health setting.

Data source: Local data collection.

c) Proportion of people who are being discharged to their own homes from a social care setting who are assessed for the risk of health problems associated with a cold home.

Numerator – the number of people in the denominator who are assessed for the risk of health problems associated with a cold home.

Denominator – the number of people being discharged to their own homes from a social care setting.

Data source: Local data collection.

Outcome

Readmission rates.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as hospitals, mental health inpatient settings and social care residential settings) ensure that they can identify and support people who may be at risk of the health problems associated with a cold home by having systems in place to assess people who are being discharged to their own homes from hospital, a mental health or social care setting, at any time of year.

Health and social care practitioners (such as occupational therapists, nurses and residential care managers) assess people who are being discharged to their own homes from hospital, a mental health or social care setting, at any time of year, to identify if they are at risk of health problems associated with a cold home. They should ensure that people understand why they are being assessed and that help is available to them to encourage them to answer questions honestly.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission hospital inpatient, mental health inpatient and residential social care services that can identify and support people who may be at risk of the health problems associated with a cold home by assessing people who are being discharged to their own homes, at any time of year.

What the quality statement means for patients, service users and carers

People who are being discharged to their own homes from hospital, a mental health or social care setting (for example a residential care home) at any time of year will be assessed to find out if they could be at risk of health problems associated with living in a home that is cold.

Source guidance

- Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendations 7 and 8.

Definitions of terms used in this quality statement

Assessment

The assessment should consider whether the person is likely to be vulnerable to the cold and if action is needed to make their home warm enough for them to return to. This assessment should take place at any time of the year, not just during colder weather, and well before they are due to be discharged to allow time for remedial action. For instance, it could take place soon after admission or when planning a booked admission.

[Adapted from Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendation 7]

Health problems associated with a cold home

Cold homes and poor housing conditions have been linked with a range of health problems in children and young people, including respiratory health, growth and long-term health. In older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu, hospital admission, and lower strength and dexterity leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health as cold is linked with increased risk of depression and anxiety.

[Adapted from Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (Public Health England 2014)]

Equality and diversity considerations

Good communication between health and social care practitioners and people who may be at risk of the health consequences of living in a cold home is essential. People at risk are likely to include those who have communication needs including older people, people who are frail or confused, and people who have difficulty understanding when asked about their home heating needs.

Question for consultation

Statements 3, 4 and 5 include reference to the assessment of risk associated with cold homes. When such assessments are undertaken, where should data on the risk

of health problems associated with cold homes be held? Who should own and be responsible for this information? For example, should this form part of the GP record?

Quality statement 5: Discharge plan

Quality statement

People who are at risk of health problems associated with a cold home who are being discharged to their own homes from hospital, a mental health or social care setting have a discharge plan to ensure their homes are warm enough.

Rationale

If people who are being discharged to their own homes from hospital, a mental health or social care setting are cold at home this can lead to new illnesses or their existing conditions getting worse and the person being readmitted. When a person is identified as being at risk of health problems associated with a cold home their needs can be addressed through a discharge plan, potentially involving support from a single-point-of-contact health and housing referral service. Sometimes immediate steps can be taken to ensure the home is warm to return to, for example by asking a family member or neighbour to switch the heating on in advance.

Quality measures

Structure

a) Evidence of arrangements for people who are at risk of health problems associated with a cold home who are being discharged to their own homes from hospital to have a discharge plan to ensure their homes are warm enough.

Data source: Local data collection.

b) Evidence of arrangements for people who are at risk of health problems associated with a cold home who are being discharged to their own homes from a mental health setting to have a discharge plan to ensure their homes are warm enough.

Data source: Local data collection.

c) Evidence of arrangements for people who are at risk of health problems associated with a cold home who are being discharged to their own homes from a social care setting to have a discharge plan to ensure their homes are warm enough.

Data source: Local data collection.

Process

a) Proportion of people who are at risk of health problems associated with a cold home who are being discharged to their own homes from hospital who have a discharge plan to ensure their homes are warm enough.

Numerator – the number of people who have a discharge plan to ensure their homes are warm enough.

Denominator – the number of people who are at risk of health problems associated with a cold home who are being discharged to their own homes from hospital.

Data source: Local data collection.

b) Proportion of people who are at risk of health problems associated with a cold home who are being discharged to their own homes from a mental health setting who have a discharge plan to ensure their homes are warm enough.

Numerator – the number of people who have a discharge plan to ensure their homes are warm enough.

Denominator – the number of people who are at risk of health problems associated with a cold home who are being discharged to their own homes from a mental health setting.

Data source: Local data collection.

c) Proportion of people who are at risk of health problems associated with a cold home who are being discharged to their own homes from a social care setting who have a discharge plan to ensure their homes are warm enough.

Numerator – the number of people who have a discharge plan to ensure their homes are warm enough.

Denominator – the number of people who are at risk of health problems associated with a cold home who are being discharged to their own homes from a social care setting.

Data source: Local data collection.

Outcomes

a) Referral rates to a local single-point-of-contact health and housing referral service.

Data source: Local data collection.

b) Readmission rates.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as hospitals, mental health inpatient settings and social care residential settings) ensure that they support people at risk of health problems associated with a cold home by having systems in place for them to have a discharge plan, at any time of year, to ensure their home is warm enough both at the time of discharge and throughout the year. The discharge plan should include referral to services that provide help to reduce any risks identified.

Health and social care practitioners (such as occupational therapists, nurses and residential care managers) ensure a discharge plan is in place, at any time of year, to ensure the home is warm enough for people who are at risk of health problems associated with a cold home. The home should be warm enough both at the time of discharge and throughout the year. This discharge plan should include referral to ensure they have help to reduce any risks identified. Any immediate and practical needs, such as the heating being switched on before they arrive home, should also be arranged.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission hospital inpatient, mental health inpatient and residential social care services that provide a discharge plan, at any time of year, to ensure the home is warm enough both at the time of discharge and throughout the year for people who are at risk of health problems associated with a cold home, including referral to services that provide help to reduce any risks identified.

What the quality statement means for patients, service users and carers

People who are being discharged to their own homes from hospital, a mental health or social care setting (for example a residential care home) at any time of year will be assessed to find out if they could be at risk of health problems associated with living in a home that is cold. If they could be at risk and their home is cold they will be offered help to ensure they can keep it warm throughout the year. They will also be given help before they go home, if they need it, for example having their heating switched on so that their home is warm when they arrive.

Source guidance

- Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendation 7.

Definitions of terms used in this quality statement

Discharge plan

As part of the planned discharge, at any time of year, practitioners should ensure the person's home is warm enough. This could include simple measures such as turning on the heating before discharge, providing advice on the ill effects of cold on health, or providing advice on how to use the heating system.

If additional help is needed, for example assistance with utility bills or additional insulation, the person could be referred to the local single-point-of-contact health and housing service for any required interventions or services.

Actions to ensure the home is warm enough

The help a person needs may be a simple, immediate task for example their heating being switched on so that their home is not cold when they arrive. If other types of intervention, for example home improvements or assistance with heating tariffs are needed, the person can be referred to the single-point-of-contact-service. In some cases, people will need both immediate help and referral to the single-point-of-contact-service.

[Adapted from Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6, recommendation 7]

Health problems associated with a cold home

Cold homes and poor housing conditions have been linked with a range of health problems in children and young people, including respiratory health, growth and long-term health. In older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu, hospital admission, and lower strength and dexterity leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health as cold is linked with increased risk of depression and anxiety.

[Adapted from Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (Public Health England 2014)]

Equality and diversity considerations

Good communication between health and social care practitioners and people who may be at risk of the health consequences of living in a cold home is essential. People at risk are likely to include those who have communication needs including older people, people who are frail or confused, and people who have difficulty understanding when asked about their home heating needs.

Question for consultation

Statements 3, 4 and 5 include reference to the assessment of risk associated with cold homes. When such assessments are undertaken, where should data on the risk of health problems associated with cold homes be held? Who should own and be responsible for this information? For example, should this form part of the GP record?

Status of this quality standard

This is the draft quality standard released for consultation from 7 October to 4 November 2015. It is not NICE's final quality standard on preventing excess winter deaths and morbidity. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 4 November 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from March 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and people who may be at risk of health problems associated with a cold home is essential. Care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who may be at risk of the health consequences of living in a cold home should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Excess winter deaths and morbidity and the health risks associated with cold homes (2015) NICE guideline NG6

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Children's Society (2015) Show some warmth: exposing the damaging impact of energy debt on children
- Department of Energy and Climate Change (2015) Cutting the cost of keeping warm: A fuel poverty strategy for England
- Children's Society (2014) Behind cold doors: the chilling reality for children in poverty
- Local Government Association (2014) Healthy homes, healthy lives
- Office for National Statistics (2014) Excess winter mortality in England and Wales 2013/14 (provisional) and 2012/13 (final)
- Public Health England (2014) Cold weather plan for England 2014
- Public Health England (2014) Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems
- UK Health Forum (2014) Fuel poverty: how to improve health and wellbeing through action on affordable warmth
- UK Health Forum (2014) Fuel poverty: tackling cold homes and ill health: a guide for primary care
- British Medical Association (2013) Beating the effects of winter pressures: Briefing Paper
- Department for Energy and Climate Change (2013) Fuel poverty: a framework for future action
- Economic and Social Research Council (2013) The impoverishment of the UK: PSE UK first results: living standards

- Institute for Public Policy Research (2013) Help to heat: a solution to the affordability crisis in energy
- Ofgem (2013) Consumer vulnerability strategy
- Strategic Society Centre (2013) Cold enough: excess winter deaths, winter fuel payments and the UK's problem with the cold
- Age UK (2012) The cost of cold: why we need to protect the health of older people in winter
- Barnados (2012) Priced out: the plight of low income families and young people living in fuel poverty
- Friends of the Earth and the Marmot Review Team (2011) The health impacts of cold homes and fuel poverty
- Joseph Rowntree Foundation (2011) Tackling fuel poverty during the transition to a low-carbon economy
- Local Government Association (2011) Warm and healthy homes: how councils are helping householders improve the energy efficiency of their homes

Related NICE quality standards

Published

- Asthma (2013) NICE quality standard 25
- Chronic obstructive pulmonary disease (2011) NICE quality standard 10.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Falls prevention
- Internal air: health effects

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

Miss Alison Allam
Lay member

Dr Harry Allen
Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

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The following specialist members joined the committee to develop this quality standard:

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Seasonal Health & Affordable Warmth Co-ordinator, London Borough of Islington

Dr Nada Lemic

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Mr Andrew Probert

Lay member

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Chief Executive, Centre for Sustainable Energy, Bristol

Mr Neil Walker

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NICE project team

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on excess winter deaths and illnesses associated with cold homes.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those

countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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