NICE National Institute for Health and Care Excellence

NICE quality standard

Preventing excess winter deaths and illness associated with cold homes

Quality standard
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Contents

Quality statements ... 4

Quality statement 1: Year-round planning to identify vulnerable local populations ... 5

Quality statement ... 5

Rationale ... 5

Quality measures ... 5

What the quality statement means for different audiences ... 6

Source guidance ... 7

Definitions of terms used in this quality statement ... 7

Quality statement 2: Identifying people vulnerable to health problems associated with a cold home ... 9

Quality statement ... 9

Rationale ... 9

Quality measures ... 9

What the quality statement means for different audiences ... 10

Source guidance ... 10

Definitions of terms used in this quality statement ... 11

Quality statement 3: Single-point-of-contact health and housing referral service ... 13

Quality statement ... 13

Rationale ... 13

Quality measures ... 13

What the quality statement means for different audiences ... 15

Source guidance ... 16

Definitions of terms used in this quality statement ... 16

Equality and diversity considerations ... 19

Quality statement 4: Asking people about keeping warm at home ... 20

Quality statement ... 20

Rationale ... 20

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Quality measures 20
What the quality statement means for different audiences 22
Source guidance 23
Definitions of terms used in this quality statement 23
Equality and diversity considerations 25
Quality statement 5: Identifying people vulnerable to health problems associated with cold homes on admission 26
Quality statement 26
Rationale 26
Quality measures 26
What the quality statement means for different audiences 27
Source guidance 27
Definitions of terms used in this quality statement 28
Equality and diversity considerations 29
Quality statement 6: Discharge plan 30
Quality statement 30
Rationale 30
Quality measures 30
What the quality statement means for different audiences 31
Source guidance 32
Definitions of terms used in this quality statement 32
Equality and diversity considerations 34
About this quality standard 35
Resource impact 35
Diversity, equality and language 36

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This standard is based on NG6.

This standard should be read in conjunction with QS122, QS123, QS132 and QS136.

Quality statements

Statement 1 Local populations who are vulnerable to the health problems associated with a cold home are identified through year-round planning by local health and social care commissioners and providers.

Statement 2 Local health and social care commissioners and providers share data to identify people who are vulnerable to the health problems associated with a cold home.

Statement 3 People who are vulnerable to the 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 4 People who are vulnerable to the health problems associated with a cold home are asked at least once a year whether they have difficulty keeping warm at home by their primary or community healthcare or home care practitioners.

Statement 5 Hospitals, mental health services and social care services identify people who are vulnerable to health problems associated with a cold home as part of the admission process.

Statement 6 People who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough.

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Quality statement 1: Year-round planning to identify vulnerable local populations

Quality statement

Local populations who are vulnerable to the health problems associated with a cold home are identified through year-round planning by local health and social care commissioners and providers.

Rationale

Local coordination helps to ensure that populations who are vulnerable to the health problems associated with cold homes can be identified. Planning for this should happen all year, for example through local joint strategic needs assessments, joint health and wellbeing strategies, and developing local versions of the government's Cold weather plan for England. The local plan should set out how statutory and non-statutory local organisations can work together to identify populations vulnerable to the health problems associated with cold homes. This should include close partnership working with the housing, voluntary and community sectors to help reduce population vulnerability and support the planning and response to cold weather.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements for multi-stakeholder winter planning meetings for collaboration on year-round planning to identify local populations who are vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

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b) Evidence of a local winter plan.

Data source: Local data collection.

c) Evidence of local action to support the government's Cold weather plan for England.

Data source: Local data collection.

Outcome

Identification of local populations vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as local authority departments, local NHS providers, housing organisations and voluntary organisations) collaborate in year-round planning with commissioners to identify local populations who are vulnerable to the health problems associated with a cold home. Long-term, year-round planning and commissioning to prevent cold home-related harm should be considered core business.

Health, public health and social care practitioners (such as GPs, community nurses, health visitors and home care practitioners) ensure that they are aware of the populations who are vulnerable to the health problems associated with a cold home in their local area so that people receive the tailored support they need.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) collaborate in year-round planning with providers to identify local populations who are vulnerable to the health problems associated with a cold home.

People who may be vulnerable to the health problems caused by living in a cold home are supported by local services working together all year round to understand and identify which groups of people are vulnerable.

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Source guidance

Excess winter deaths and illness and the health risks associated with cold homes. NICE guideline NG6 (2015), recommendation 1

Definitions of terms used in this quality statement

Populations who are vulnerable to the health problems associated with a cold home

Some groups of people living in cold homes are more vulnerable to the associated health problems, 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 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes and expert opinion]

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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 and hospital admission. They also lower strength and dexterity, leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health because cold is linked with increased risk of depression and anxiety. [Adapted from Public Health England's Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (2014)]

Year-round planning

Year-round planning for commissioners and providers of health and social care, and local authorities includes, but is not limited to:

- working with partner agencies to ensure that cold weather planning features in wider winter resilience planning and to identify those most at risk from seasonal variations
- considering how their winter plans can help to reduce health inequalities, target high-risk groups and address the wider determinants of health
- ensuring engagement with local emergency preparedness, resilience and response, and other strategic arrangements
- ensuring the organisation can identify those most vulnerable to cold weather and draw up plans for joined-up support with partner organisations.

[Adapted from the government's Cold weather plan for England]

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Quality statement 2: Identifying people vulnerable to health problems associated with a cold home

Quality statement

Local health and social care commissioners and providers share data to identify people who are vulnerable to the health problems associated with a cold home.

Rationale

Local coordination is needed to ensure that individual people who are vulnerable to the health problems associated with cold homes can be identified. Data sharing, for example using health and social care records, professional contacts and knowledge of people who use services, can help to identify people who are vulnerable to the health problems associated with cold homes. This will enable referral to the local single-point-of-contact health and housing referral service to address people's needs.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements for multi-stakeholder winter planning meetings for data sharing to identify people who are vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

b) Evidence of local data-sharing arrangements and analysis to enable identification of

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people who are vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

Outcome

Identification of people who are vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as local authority departments, local NHS providers, housing organisations and voluntary organisations) ensure that data-sharing arrangements are in place to identify people who are vulnerable to the health problems associated with a cold home. They should ensure that records can be appropriately shared and that there are local pathways in place to safely and appropriately share knowledge to identify people who are vulnerable.

Health, public health and social care practitioners (such as GPs, community nurses, health visitors and home care practitioners) ensure that they use existing information to identify people who may be vulnerable to the health problems associated with a cold home.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) should commission services that share data to identify people who may be vulnerable to the health problems associated with a cold home.

People who may be vulnerable to the health problems caused by living in a cold home are supported by local services working together and sharing information to identify people who may be vulnerable.

Source guidance

Excess winter deaths and illness and the health risks associated with cold homes. NICE

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guideline NG6 (2015), recommendation 4

Definitions of terms used in this quality statement

People who are vulnerable to the health problems associated with a cold home

People living in cold homes who are vulnerable to the associated health problems include:

- 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 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes and expert opinion]

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

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older people, cold temperatures increase the risk of heart attack, stroke and circulatory problems, respiratory disease, flu and hospital admission. They also lower strength and dexterity, leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health because cold is linked with increased risk of depression and anxiety. [Adapted from Public Health England's Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (2014)]

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Quality statement 3: Single-point-of-contact health and housing referral service

Quality statement

People who are vulnerable to the 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

Many socioeconomic factors can cause people to be vulnerable to health problems associated with cold homes, and there may be a range of potential solutions depending on personal circumstances. A single-point-of-contact health and housing referral service can ensure people receive the help that they need effectively, with knowledge of services available and links with relevant national and local agencies, including health and social care providers, local housing providers, advice agencies (such as Citizens Advice and money advice organisations), health and social care charities, voluntary organisations and home improvement agencies.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

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Data source: Local data collection.

Process

a) Proportion of people identified as being vulnerable to the health problems associated with a cold home who are referred to the local single-point-of-contact health and housing referral service.

Numerator – the number in the denominator who are referred to the single-point-of-contact health and housing referral service.

Denominator – the number of people identified as being vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

b) Proportion of people identified as being vulnerable to the health problems associated with a cold home and referred to the single-point-of-contact health and housing referral service whose tailored support needs are agreed.

Numerator – the number in the denominator whose tailored support needs are agreed.

Denominator – the number of people identified as being vulnerable to the health problems associated with a cold home and referred to the single-point-of-contact health and housing referral service.

Data source: Local data collection.

c) Proportion of people identified as being vulnerable to the health problems associated with a cold home with tailored support needs agreed with the single-point-of-contact health and housing referral service whose needs were met.

Numerator – the number in the denominator whose needs were met.

Denominator – the number of people identified as being vulnerable to the health problems associated with a cold home whose tailored support needs were agreed with the single-point-of-contact health and housing referral service.

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Data source: Local data collection, which could include a breakdown of achievement by type of support needed.

d) Proportion of people identified as being vulnerable to the health problems associated with a cold home and referred to the single-point-of-contact health and housing referral service who are no longer vulnerable to the health problems associated with a cold home.

Numerator – the number in the denominator no longer considered vulnerable to the health problems associated with a cold home.

Denominator – the number of people identified as being vulnerable to the health problems associated with a cold home and referred to the single-point-of-contact health and housing referral service.

Data source: Local data collection.

Outcome

a) People who used the local single-point-of-contact health and housing referral service who feel able to manage their home heating needs.

Data source: Local data collection.

b) The number of people living in fuel poverty.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as local authority departments, local NHS organisations, fire and rescue services, housing providers, energy companies and voluntary organisations) ensure that processes are in place to enable referral or self-referral to the local single-point-of-contact health and housing referral service for people who are identified as being vulnerable to the health problems associated with a cold home. 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

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identified partners (local organisations providing relevant interventions and services) to help them.

Health, public health, social care and third sector practitioners (such as GPs, community nurses, health visitors, home care practitioners and housing association officers) ensure they are aware of the local single-point-of-contact health and housing referral service and refer people who are identified as being vulnerable to the health problems associated with a cold home to the service. Anyone, such as gas and electricity engineers and fire and rescue officers, whose employment requires them to visit people vulnerable to the health problems associated with a cold home at their home should consider their heating needs and refer them to the single-point-of-contact health and housing referral service if needed.

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 identified as being vulnerable to the health problems associated with a cold home to receive tailored support.

People who are vulnerable to the health problems associated with a cold home are referred (usually by health or social care professionals, or people from voluntary organisations, but sometimes by referring themselves) to a local health and housing referral service. Staff at the service can discuss the person's needs and organise help so that they can keep their home warm.

Source guidance

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

Definitions of terms used in this quality statement

People who are vulnerable to the health problems associated with a cold home

People living in cold homes who are vulnerable to the associated health problems include:

- people with cardiovascular conditions

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- 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 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes and expert opinion]

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 and hospital admission. They also lower strength and dexterity, leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health because cold is linked with increased risk of depression and anxiety. [Adapted from Public Health England's Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (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. When setting up and

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monitoring the service, 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 and encourage their integration to create a single-point-of-contact for access to available assistance. 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 NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes, recommendations 2 and 3 and expert opinion]

Tailored support

Tailored support is the delivery of interventions and services designed for vulnerable people living in cold homes to address their specific 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 the government'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.

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- 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 NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes, recommendation 3]

Equality and diversity considerations

Good communication between the referral service and people who may be vulnerable to the health problems associated with a cold home is essential. Those at risk are likely to include people with communication needs, 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.

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Quality statement 4: Asking people about keeping warm at home

Quality statement

People who are vulnerable to the health problems associated with a cold home are asked at least once a year whether they have difficulty keeping warm at home by their primary or community healthcare or home care practitioners.

Rationale

Primary or community healthcare and home care practitioners can make every contact count, by asking the person whether they or someone in their household is experiencing difficulties keeping warm at home. If keeping warm is a problem, the person can be referred for help to reduce any risks that are identified (for example through a single-point-of-contact health and housing referral service). People should be asked whenever appropriate, and at least annually. People who spend a lot of time at home may be particularly affected by living in a cold home. This may include some people with chronic conditions or disabilities who are likely to be in regular contact with primary healthcare and home care services.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local protocols to define people who are vulnerable to the health problems associated with a cold home.

Data source: Local data collection.

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b) Evidence of local protocols for primary healthcare professionals to ask people who are vulnerable to the health problems associated with a cold home at least once a year whether they have difficulty keeping warm at home.

Data source: Local data collection.

c) Evidence of local protocols for community healthcare practitioners to ask people who are vulnerable to the health problems associated with a cold home at least once a year whether they have difficulty keeping warm at home.

Data source: Local data collection.

d) Evidence of local protocols for home care practitioners to ask the people they visit at home who are vulnerable to the health problems associated with a cold home at least once a year whether they have difficulty keeping warm at home.

Data source: Local data collection.

Process

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

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

Data source: Local data collection.

b) Proportion of people who are identified as being vulnerable to the health problems associated with a cold home who are asked at least once a year whether they have difficulty keeping warm at home by community healthcare practitioners.

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

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

Data source: Local data collection.

c) Proportion of people who are identified as being vulnerable to the health problems associated with a cold home who receive home care who are asked at least once a year whether 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 whether they have difficulty keeping warm at home by home care practitioners.

Denominator – the number of people who are identified as being vulnerable to the health problems associated with a cold home 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 different audiences

Service providers (such as local authority departments, healthcare organisations and home care providers) ensure that local protocols are in place that define people vulnerable to the health problems associated with a cold home. The protocols should require primary and community healthcare and home care practitioners to ask vulnerable people, at least once a year, whether they have difficulty keeping warm at home. The protocols should ensure that primary and community healthcare and home care practitioners also take into account room temperature when they are making home visits and ensure good communication between agencies to ensure that any needs identified are addressed and avoid duplication.

Primary and community healthcare and home care practitioners (such as GPs, district

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nurses, health visitors, allied health professionals, outreach workers and social care practitioners) ask people who are vulnerable to the health problems associated with a cold home according to local protocols whether they have difficulty keeping warm at home. This can be done at least once a year 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 and avoid duplication.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission primary and community healthcare and home care services that have protocols in place that provide a local definition of people who are vulnerable to the health problems associated with a cold home. The protocols should require primary and community healthcare and home care practitioners to ask such people at least once a year whether they have difficulty keeping warm at home.

People who are vulnerable to the health problems associated with a cold home are asked whether they have difficulty keeping warm at home. This can be done by healthcare or home care workers who visit their home, or when they visit their GP, and should happen at least once a year.

Source guidance

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

Definitions of terms used in this quality statement

People who are vulnerable to the health problems associated with a cold home

People living in cold homes who are vulnerable to the associated health problems include:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)

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- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes and expert opinion]

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 and hospital admission. They also lower strength and dexterity, leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health because cold is linked with increased risk of depression and anxiety. [Adapted from Public Health England's Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (2014)]

Difficulty keeping warm at home

Practitioners should take into account the needs of people who are vulnerable to the health problems associated with a cold home by asking whether they have, or are likely to have, 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

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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.
- Any illnesses or temporary or long-term physical or mental health conditions they have, how their condition might be affected by being cold at home and how it might prevent the person from operating their heating system effectively.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes, recommendation 5 and expert consensus]

Primary and community healthcare and home care practitioners

These are practitioners who are likely to have regular contact with people who may be vulnerable to the health problems associated with a cold home and will, in many cases, visit these people at home. They include, but are not limited to, GPs, district nurses, health visitors, allied health professionals, outreach workers, dementia support workers, family support workers and other social care practitioners. [Expert consensus]

Equality and diversity considerations

Good communication between primary and community care and home care practitioners and people who may be vulnerable to the health problems associated with a cold home is essential. Those at risk are likely to include people with communication needs, people who are frail or confused, and people who have difficulty understanding when asked about their home heating needs.

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Quality statement 5: Identifying people vulnerable to health problems associated with cold homes on admission

Quality statement

Hospitals, mental health services and social care services identify people who are vulnerable to health problems associated with a cold home as part of the admission process.

Rationale

Identifying people vulnerable to health problems associated with cold homes at the earliest opportunity (for example soon after admission or when planning a booked admission) based on their socioeconomic, demographic or clinical circumstances, allows care providers the opportunity to then carry out a more detailed assessment of needs that will inform discharge planning. This will help people in care settings who are vulnerable to health problems associated with cold homes to avoid the risks of discharge to a cold home.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that care settings (hospitals, mental health services and social care services) have arrangements to identify people who are vulnerable to the health problems associated with a cold home as part of the admission process.

Data source: Local data collection.

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Outcome

The number of people vulnerable to the health problems associated with a cold home who are identified on admission.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as hospitals, mental health inpatient services and social care residential services) ensure that they have systems in place to identify people who are vulnerable to the health problems associated with a cold home at the earliest opportunity (for example soon after admission or when planning a booked admission) as part of the admission process. Subsequent discharge planning should take account of any issues identified.

Health and social care practitioners (such as occupational therapists, nurses and residential care managers) identify people who are vulnerable to the health problems associated with a cold home at the earliest opportunity (for example soon after admission or when planning a booked admission) as part of the admission process to hospital, a mental health service or social care service. Subsequent discharge planning should take account of any issues identified.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission hospital, mental health inpatient and residential social care services that identify people who are vulnerable to the health problems associated with a cold home as part of the admission process.

People admitted to hospital, a mental health service or a social care service(for example a residential care home) are checked when they are being admitted to identify if they are vulnerable to health problems associated with a cold home.

Source guidance

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

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Definitions of terms used in this quality statement

People who are vulnerable to the health problems associated with a cold home

People living in cold homes who are vulnerable to the associated health problems include:

- 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 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes and expert opinion]

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 and hospital admission. They also lower strength and

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dexterity, leading to an increase in the likelihood of falls and accidental injuries. Home temperatures also have implications for mental health because cold is linked with increased risk of depression and anxiety. [Adapted from Public Health England's Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems (2014)]

Equality and diversity considerations

Good communication between health and social care practitioners and people who may be vulnerable to the health problems associated with a cold home is essential. Those at risk are likely to include people with communication needs, people who are frail or confused, and people who have difficulty understanding when asked about their home heating needs.

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Quality statement 6: Discharge plan

Quality statement

People who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from hospital, or a mental health or social care setting have a discharge plan that includes ensuring that their home is warm enough.

Rationale

If people who are vulnerable to the health problems associated with a cold home are discharged to a cold home it can lead to new illnesses or worsening of their existing condition and readmission. When a person is identified as being vulnerable to the health problems associated with a cold home, their needs can be addressed through a discharge plan (at any time of the year), which can be started at a pre-operative planning appointment or as soon as possible after admission. This may involve 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of arrangements for people who are vulnerable to the health problems associated with a cold home who will be discharged to their own home from a care setting to have a discharge plan that includes actions to ensure their home is warm enough.

Data source: Local data collection.

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Process

Proportion of people identified as being vulnerable to the health problems associated with a cold home being discharged to their own home from a care setting who have a discharge plan that includes actions to ensure their home is warm enough.

Numerator – the number in the denominator who have a discharge plan that includes actions to ensure their home is warm enough.

Denominator – the number of people identified as being vulnerable to the health problems associated with a cold home being discharged to their own home from a care setting.

Data source: Local data collection.

Outcome

a) People who are discharged from a care setting who feel able to manage their home heating needs.

Data source: Local data collection.

b) Delayed transfers of care.

Data source: Local data collection.

c) Readmission rates.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as hospitals, mental health inpatient settings and social care residential settings) ensure that discharge plans, at any time of year, include actions to ensure homes are warm enough for people who are vulnerable to the health problems of cold homes. The discharge plan may include referral to services that provide help to reduce any risks identified.

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Health and social care practitioners (such as occupational therapists, nurses and residential care managers) ensure that discharge plans include actions to ensure homes are warm enough for people who are identified as being vulnerable to the health problems associated with a cold home. This discharge plan may 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 the hospital, mental health inpatient and residential social care services they commission provide discharge plans at any time of year that include actions to ensure that homes are warm enough for people who are identified as being vulnerable to the health problems associated with a cold home. The discharge plan may include referral to services that provide help to reduce any risks identified.

People who are vulnerable to the health problems associated with living in a cold home who are going home after a stay in hospital or a mental health service or a social care service (for example a residential care home) have a 'discharge plan' that includes help to keep their home warm. This should be provided whatever the time of year. They are also given help before they go home, if they need it, for example arranging for someone to switch their heating on so that their home is warm when they arrive.

Source guidance

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

Definitions of terms used in this quality statement

People who are vulnerable to the health problems associated with a cold home

People living in cold homes who are vulnerable to the associated health problems include:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)

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- people with mental health conditions
- people with disabilities
- older people (65 and older)
- young children (under 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers.

[Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes and expert opinion]

Discharge plan that includes ensuring that the home is warm enough

To ensure a person's home is warm enough, the discharge plan may include simple, immediate tasks, for example switching on the heating before the person arrives home so that it is not cold. They may also be more complex interventions, such as home improvements or assistance with heating tariffs, for which referral to the single-point-of-contact service is needed. Some people will need both immediate help and referral to the single-point-of-contact service. [Adapted from NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes, 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 and hospital admission. They also lower strength and

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Equality and diversity considerations

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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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource

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impact work for the source guidance.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Chartered Society of Physiotherapy
- British Thoracic Society (BTS)
- Public Health England
- Royal College of Physicians (RCP)

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