Section A: CPHE to complete	
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Guidance title:	Commissioning to Prevent Excess Winter Deaths through Cold
Committee:	Excess winter mortality and morbidity
Subject of expert testimony:	Excess winter mortality and morbidity
Evidence gaps or uncertainties:	[Please list the research questions or evidence uncertainties that the testimony should address]
The role of clinical commissioning groups in addressing the impact of cold homes on excess winter mortality and morbidity	
Section B: Expert to complete	
Summary testimony:	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary]

There is no one size fits all with the solution being complex, requiring a multitudinal approach. Increasing the successful outcomes is largely linked to the effective co-ordination and partnership working of the partners and stakeholders. This was achieved through;

- a central single point of contact – HertsHelp
- a single CCG plan delivered through four distinct localities
- strong joint working with LA and districts

The problem is a complex whole system issue

- Prevention (vulnerability to cold of older people, stroke, cardiovascular, COPD)
- Issues around admission to hospital (and readmission if discharged into cold homes)
- Fuel Poverty and nutritional poverty
- Cultural issues (i.e. healthy to have window open)
- Complex range of support – hard to access
- Private home ownership growing

- New responsibilities for wellbeing of LA

There are approximately 456,000 households in Hertfordshire with around 9% (42,400) considered to be fuel poor; under the new definition. (The old definition is 12% with 53,000 households). The estimated cost to the NHS of NOT improving cold dwellings in the east of England is £15m.

The project performed well and although, in considering the figures above, only hit a small percentage of the target. However there was also a multiplier effect in benefit to each recipient through onward referrals (examples below):

- 939 Groundwork visits with 4,937 interventions as a result, including:
- 9,249 extra clients received energy saving and benefits and debt advice from CABx, helping them access about £465k of extra income
- Over £1.5 million cost saving to residents helped following Groundwork visits (and not including other beneficiaries of CABx advice funded)
- Over 2.8 million KG CO2 within the lifetime of the measures installed providing savings to society too
- Frontline staff awareness training + engagement of GPs and other professionals over the impact of cold and about this project
- 44 loft and 24 cavity wall insulation referrals.
- 129 Emergency heaters were fitted to those without heating
- 524 draught proofing measures and 568 radiator reflector panels
- 484 WC water savers and 275 water shower savers fitted – helping to reduce utility bills as well as saving water
- 310 Warm Home rebates were claimed
- 389 community foundation grants claimed
- 23 Npower or British Gas grants
- 11 Warmfront scheme referrals
- 107 Referred for British Legion Grant
- 37 Referred for Herts Community Meals
- 276 Fire Prevention advice (smoke detectors also fitted)
- 34 Support to Quit Smoking
- 223 Crime Protection &/or Home Security
- 157 Falls Prevention Advice
- 171 CAB Benefit/Debt Advice
- 123 Carers Support
- 54 Groundwork Greenaiders help

There is a noticeable difference in referral rates reflected in the weather – i.e. when it snows there is an increase (even though we know *'it's not about the snow',* that negative health effects occur at relatively moderate temperatures. From previous years experience and DoH advice we simplified the message;

- "We recommend that all vulnerable people **heat their living room to 21ºC during the day and their bedroom to 18ºC at night."** Anyone that needs help or assistance to heat their home is advised to call HertsHelp.

We have also found other key learning that:

- Media focus on fuel price rises doesn't help
- Public perception that it is extreme cold that kills

- Signposting by busy primary care to local community groups needs further development
- A targeted approach – i.e. 'the use of the Mosaic Software' was found to be an effective means of targeting promotion of the scheme to the groups most likely to benefit from it
- The promotional leaflets and temperature cards were popular and seen as cost effective way of publicising the scheme and getting the message across
- The central 'Hotline' through HertsHelp was very useful and worked effectively
- It appears that bringing in partner organisations to help disseminate information in a range of ways is useful
- Involving as many council departments as possible in the distribution of information/flyers, etc. was seen as useful, particularly the Housing Benefit and Council Tax Benefit section(s).
- People in fuel poverty have complex lives – saving money in other ways can help, not just heating bills
- Single point of access crucial – but works best if linked to other schemes too (HertsHelp, Herts Welfare Support Scheme) since people come for other reasons – and can get help
- Value of an informed and structured triage process – offer too complex otherwise for professionals, let alone public
- Predictability of funding helps hard pressed partners work together sustainably
- Integration behind the scenes is critical if people are going to be able to get what they need in a tailored way
- Need to do more on needs and outcomes (NEA survey work in Herts being designed)
- Need to show impact on admissions to hospital going forward
- Better feedback on progress throughout the project would help – with better sharing of strategies that work between districts
- Clients did not always remember/keep to appointments which created some waste – reminder calls?
- Last year (unlike previous year) there wasn't a multi-agency debrief – this is always helpful
- Develop a seasonal health strategy? (Same partners need to engage in Heat Wave and floods)

References (if applicable):

- www.hertsdirect.org/hertshelp