

Preventing excess winter deaths and illness associated with cold homes

Quality standard

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Contents

Introduction	5
Why this quality standard is needed	5
How this quality standard supports delivery of outcome frameworks	7
Patient experience and safety issues	10
Coordinated services.....	11
List of quality statements.....	13
Quality statement 1: Year-round planning to identify vulnerable local populations.....	14
Quality statement.....	14
Rationale	14
Quality measures	14
What the quality statement means for service providers, health, public health and social care practitioners, and commissioners	15
What the quality statement means for patients, people using services and carers	15
Source guidance.....	15
Definitions of terms used in this quality statement	16
Quality statement 2: Identifying people vulnerable to health problems associated with a cold home.....	18
Quality statement.....	18
Rationale	18
Quality measures	18
What the quality statement means for service providers, health, public health and social care practitioners, and commissioners	18
What the quality statement means for patients, people using services and carers	19
Source guidance.....	19
Definitions of terms used in this quality statement	19
Quality statement 3: Single-point-of-contact health and housing referral service.....	21
Quality statement.....	21
Rationale	21

Quality measures	21
What the quality statement means for service providers, health, public health, social care and third sector practitioners, and commissioners	23
What the quality statement means for patients, people using services and carers	24
Source guidance.....	24
Definitions of terms used in this quality statement	24
Equality and diversity considerations.....	26
Quality statement 4: Asking people about keeping warm at home	27
Quality statement.....	27
Rationale	27
Quality measures	27
What the quality statement means for service providers, primary and community healthcare and home care practitioners, and commissioners.....	29
What the quality statement means for patients, people using services and carers	30
Source guidance.....	30
Definitions of terms used in this quality statement	30
Equality and diversity considerations.....	32
Quality statement 5: Identifying people vulnerable to health problems associated with cold homes on admission	33
Quality statement.....	33
Rationale	33
Quality measures	33
What the quality statement means for service providers, health and social care practitioners, and commissioners	33
What the quality statement means for patients, people using services and carers.....	34
Source guidance.....	34
Definitions of terms used in this quality statement	34
Equality and diversity considerations.....	35
Quality statement 6: Discharge plan.....	36
Quality statement.....	36

Rationale	36
Quality measures	36
What the quality statement means for service providers, health and social care practitioners, and commissioners	37
What the quality statement means for patients, people using services and carers.....	38
Source guidance.....	38
Definitions of terms used in this quality statement	38
Equality and diversity considerations.....	39
Using the quality standard.....	40
Quality measures	40
Levels of achievement	40
Using other national guidance and policy documents.....	40
Diversity, equality and language	41
Development sources.....	42
Evidence sources.....	42
Policy context	42
Related NICE quality standards	44
Published	44
Future quality standards.....	44
Quality Standards Advisory Committee and NICE project team	45
Quality Standards Advisory Committee.....	45
NICE project team	47
About this quality standard.....	48

This standard is based on NG6.

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

Introduction

This quality standard covers preventing excess winter deaths and health problems associated with cold homes. It includes people of all ages, and takes into account that some people are particularly vulnerable to the effects of the cold, such as people with cardiovascular or mental health conditions, young children and older people. For more information see the [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. It also has indirect effects on 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' ([Cold weather plan for England](#) Public Health England).

The average annual number of excess winter deaths in England and Wales from 2010/11 to 2014/15 was 28,584 ([Statistical bulletin: excess winter mortality in England and Wales, 2014/15](#) Office for National Statistics).

Most excess winter deaths and illnesses are caused by respiratory and cardiovascular problems during moderate outdoor winter temperatures of 4–8°C depending on the region ([Cold weather plan for England](#) Public Health England). 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 ([Standard Assessment Procedure](#) Department of Energy and Climate Change). Housing is rated on a scale of 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 in households with an income of less than 60% of the national average income had difficulty paying their fuel bills. During the previous winter, 62% of low-income households had cut back on heating and 47% had lived in homes that were colder than they wanted them to be. In low-income households, 47% of people with cold homes said the cold had made them feel anxious or depressed, and 30% said an existing health problem had worsened.

Fuel poverty in England is measured using the Low Income High Costs indicator ([Annual Fuel Poverty Statistics Report 2015](#) Department of Energy and Climate Change), which considers a household to be fuel poor if:

- they have required fuel costs that are above average (the national median level)
- they would be left with a residual income below the official poverty line if they met their required fuel costs.

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 ([Cold comfort](#) Joseph Rowntree Foundation). Public Health England's advice is that the minimum temperature for homes in winter is 18°C (65°F) ([Cold weather plan for England](#) Public Health England).

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, 2014/15](#) reported:

- 56% of cold-related deaths were in people aged 85 and older
- 27% were in people aged between 75 and 84.

In many cases simple preventive action could avoid many of the deaths and illnesses associated with the cold. Many of these measures need to be planned and undertaken before cold weather starts. Public Health England's [Cold weather plan for England](#) provides guidance on how to prepare for and respond to cold weather, which can affect everybody's health. It outlines actions for 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.

Fire and rescue services undertake [safe and well visits](#) to help reduce winter-related illnesses, with particular emphasis on identifying risks of falls, cold homes, flu and social isolation.

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

- excess winter deaths
- morbidity
- fuel poverty
- exacerbations of current health problems
- timely discharge
- rates of hospital admissions and readmissions.

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 2013/16](#)
- [NHS Outcomes Framework 2015/16](#)
- [Adult Social Care Outcomes Framework 2015/16](#).

Tables 1–3 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, 2013/16](#)

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

Table 2 NHS Outcomes Framework 2015/16

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

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	<p><i>Overarching measure</i></p> <p>2A. Permanent admissions to residential and nursing care homes, per 100,000 population.</p> <p><i>Outcome measures</i></p> <p>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</p> <p>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services</p> <p>2D The outcomes of short-term services: sequel to service.</p>

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to preventing excess winter deaths and illness associated with cold homes.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for preventing excess winter deaths and illness associated with cold homes 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 vulnerable to the health problems associated with a cold home.

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. There is a strong relationship between excess mortality and illness due to cold homes and factors such as age, disability and deprivation. Therefore, reducing inequality is an important consideration in providing services to prevent mortality and health problems associated with a cold home.

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 vulnerable to the 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 sources 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 vulnerable to the 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 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.

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 [Cold weather plan for England](#) (Public Health 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

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.

b) Evidence of a local winter plan.

Data source: Local data collection.

c) Evidence of local action to support Public Health England'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 service providers, health, public health and social care practitioners, and commissioners

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.

What the quality statement means for patients, people using services and carers

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.

Source guidance

- [Excess winter deaths and illness and the health risks associated with cold homes \(2015\) NICE guideline NG6, 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6) 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 [Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems](#) (2014) Public Health England]

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 [Cold weather plan for England](#) (2015) Public Health England]

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

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 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 service providers, health, public health

and social care practitioners, and commissioners

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.

What the quality statement means for patients, people using services and carers

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 \(2015\) NICE guideline NG6, 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6) 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 [Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems](#) (2014) Public Health England]

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

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.

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.

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 service providers, health, public health, social care and third sector practitioners, and commissioners

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 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.

What the quality statement means for patients, people using services and carers

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 \(2015\) NICE guideline NG6](#), 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
- 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6) 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 [Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems](#) (2014) Public Health England]

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 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 [Excess winter deaths and illness 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 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 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 illness 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 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.

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

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.

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.

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 service providers, primary and community healthcare and home care practitioners, and commissioners

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 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.

What the quality statement means for patients, people using services and carers

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 \(2015\) NICE guideline NG6](#), 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)
- 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6) 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 [Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems](#) (2014) Public Health England]

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 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6), 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.

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

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.

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 service providers, health and social care practitioners, and commissioners

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.

What the quality statement means for patients, people using services and carers

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 \(2015\) NICE guideline NG6](#), recommendations 7 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)
- 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6) 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 [Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems](#) (2014) Public Health England]

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.

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

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.

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 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 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.

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.

What the quality statement means for patients, people using services and carers

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) 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)
- 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (NICE guideline NG6) 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 [Excess winter deaths and illness and the health risks associated with cold homes](#) (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 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 [Local action on health inequalities evidence review 7: fuel poverty and cold home-related health problems](#) (2014) Public Health England]

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.

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.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

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 vulnerable to the 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 vulnerable to the health problems associated with 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 illness 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](#)
- Public Health England (2015) [Cold weather plan 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) [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, updated 2016) 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

Mrs Moyra Amess

Associate Director, Assurance and Accreditation, CASPE Health Knowledge Systems

Mrs Jane Bradshaw

Neurology Nurse Consultant, Nationwide

Dr Allison Duggal

Consultant in Public Health, Public Health England

Dr Nadim Fazlani

Chair, Liverpool Clinical Commissioning Group

Mr Tim Fielding

Consultant in Public Health, North Lincolnshire Council

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Chief Executive Officer, Blenheim Community Drug Project, London

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Dr Rubin Minhas

GP Principal, Oakfield Health Centre, Kent

Mr Alaster Rutherford

Primary Care Pharmacist, NHS Bath and North East Somerset

Mr Michael Varrow

Information and Intelligence Business Partner, Essex County Council

Mr David Weaver

Head of Quality and Safety, North Kent Clinical Commissioning Group

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

Ms Teresa Cook

Advanced Occupational Therapist, University Hospital of the North Midlands

Mr John Kolm-Murray

Seasonal Health & Affordable Warmth Coordinator, London Borough of Islington

Dr Nada Lemic

Director of Public Health, London Borough of Bromley

Mr Andrew Probert

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Mr Simon Roberts

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Mr Neil Walker

Energy and Renewal Surveyor, Watford Borough Council

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Technical Adviser

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Coordinator

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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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](#)
- [Public Health England](#)
- [Royal College of Physicians \(RCP\)](#)