

**Warm and Healthy Homes Project Annual
Report 2015/16**

Joint report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council and Ian Thompson, Corporate Director of Regeneration and Economic Development, Durham County Council

Purpose of the Report

- 1 To update the Health and Wellbeing Board on the progress and developments outlined in the Warm and Healthy Homes Project Annual Report 2015/16 (Appendix 2).

Background

- 2 Cold weather has a direct effect on the incidence of heart attack, stroke, respiratory disease, flu, falls and injuries and hypothermia. Indirect effects include mental health problems such as depression and the risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or ventilated. Overall, the death rate in the UK is higher during winter months (from the start of December to the end of March in the UK) and is referred to as 'excess winter deaths'.
- 3 The average annual number of excess winter deaths in England and Wales in the period 2009/10 to 2013/14 was 25,114. Despite a slight increase in the latest reporting period, the Excess Winter Deaths Index (EWDI) in County Durham has fallen over time (21.8 in 2006-2009 to 19 in 2010-13: a reduction of 13%), however, numbers of excess deaths in County Durham remain unacceptably high. Latest figures show an average figure of 315 excess winter deaths a year occur in County Durham; having fallen from an average of 359 in 2006-2009. Approximately 25% of households in rural off gas grid communities are in fuel poverty compared to 11.5% in the rest of County Durham.
- 4 Most excess winter deaths and illnesses are caused by respiratory and cardiovascular problems during normal winter temperatures, when the average outdoor temperature drops below 5–8°C. The risk of death and illness increases as the temperature falls further.
- 5 Excess winter deaths are more common in, but are not confined to, older people.
- 6 The Office for National Statistics reported:
 - 51% of cold-related deaths were in people aged 85 years and older.
 - 27% were in people aged between 75 and 84 years.

- 7 In many cases preventive action could avoid many of the deaths and illnesses associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather hence Public Health England's Cold Weather Plan document, embedding of excess winter mortality and morbidity within the Public Health Outcomes Framework 2013–2016, NHS Outcomes Framework 2016–17 and Adult Social Care Outcomes Framework 2015–16.
- 8 The current commissioned programme is in line with National Institute for Health and Care Excellence (NICE) guidance and particularly focuses on 'ensuring ... a single point of contact health and housing referral service for people living in cold homes' (recommendation 2) and 'training health and social care practitioners to help people whose homes may be too cold' (recommendation 8).
- 9 The Warm and Healthy Homes programme is a joint programme between public health and the housing regeneration team part of economic development and housing in DCC.
- 10 The programme has become more embedded in health and social care this year. In particular working with both Clinical Commissioning Groups' (CCGs) who now have information on their websites. Information has also been disseminated to Durham Dales, Easington and Sedgefield CCG Patient Reference Groups (PRGs) and links with the Dales Federation have been made with a view to exploring how the scheme can be targeted utilising Care Connectors.
- 11 The programme has exceeded delivery on the majority of the performance indicators that were originally set.
- 12 The annual report documents a range of ways in which the project has brought additionality, this includes external funding of £100,000 awarded from the Department of Energy and Climate Change Health Booster Fund and a five day completion on energy interventions.
- 13 Both in terms of patient disease profile and age range, the intervention is reaching the priority groups identified in page two of the annual report. Further analysis is being undertaken of the referrals, age, area and deprivation to inform future work.

Warm and Health Homes 2015-16	Total	Increase Decrease
Referrals made by health practitioners, social care staff and partner organisations	193	+48%
Numbers of referrals who received energy advice	193	+50%
Number of households who received energy efficiency measures funded by DCC Public Health Service	98	+88%
Number of homes insulated funded by Warm Up North	3	No change
Numbers of benefit checks	43	+87%
Number of fire safety checks	37	+105%
Articles of media coverage generated	2	
User satisfaction surveys completed	118	-25%
SAP energy assessment	100%	No change

- 14 The project is embedded into the Cold Weather Plan, Joint Health and Wellbeing Strategy and the Affordable Warmth Strategy with performance managed through the respective systems.
- 15 **Finance**
- 16 The commission's current annual value is £100,000. This figure is utilised for physical measures to improve the property and is only accessed after alternative sources of finance have been explored. However, there is additional value because Housing provide staff support to oversee and develop the scheme.
- 17 The programme is due to end in March 2017. Current discussions between Public Health and Regeneration and Economic Development, Durham County Council are focused on identifying funding for a transition year prior to the introduction of the Department of Energy and Climate Change's new Energy Company Obligation (ECO) funding in April 2018.
- 18 In conclusion, the Warm and Healthy Homes Project has built on the foundations developed during the first year. The excess winter deaths and cold related ill health agenda is constantly evolving and the project will require an element of flexibility to respond to any emerging developments for example, engagement from the CCGs'.

Next Steps

- 19 The transition year provides an opportunity to explore alternative ways of addressing the agenda, for example a pilot programme focused on patients with chronic obstructive pulmonary diseases (COPD) and asthma is at its inception stage, further patient pathway work with County Durham and Darlington NHS Foundation Trust and building on the initial brief intervention work undertaken by County Durham and Darlington Fire and Rescue Service.

Recommendations

- 20 The Health and Wellbeing Board is requested to:
- Note the contents of this report
 - Note the additional year being planned for the programme and the work planned to transit to pathway based approach.

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Appendix 1: Implications

Finance

Public Health grant funded for three years to March 2017. Future funding options including the authority's revenue and capital programme, negotiation with our partners British Gas to amend the current specification, and future use of loan products through the Financial Assistance Policy require exploring. .

Staffing

No implications

Risk

The project is currently funded until the end of March 2017 so de-commissioning process will need to commence in autumn 2016 if no further funding is identified.

Equality and Diversity / Public Sector Equality Duty

The programme is targeted at those with a long term health condition(s). While there are differential rates of fuel poverty in the county with Dales and Sedgefield areas being highlighted as areas with higher levels, one of the issues for the project is to ensure the scale of delivery is adequate to respond to this challenge.

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications