

Preventing Illness by Tackling Cold Homes

Summary of work carried out in 2015

Context

‘Over its lifetime, the NHS has become an effective service for the treatment of illness. If it is to remain successful for another 60 years, it will need a cultural change towards the prevention of poor health’.¹

Most people within the NHS would probably accept this statement. Yet despite this it would be fair to say that we still have a health service focused, through necessity as well as ideology, on getting people better once they are ill with relatively little emphasis on keeping people well in the first place.

However, the tide is beginning to turn. In part because of a growing appreciation of the the potential to make savings through preventative healthcare.

A well-documented example of this is diabetes. Around 10% of the NHS budget is spent on treating diabetes and the complications that arise from it, yet the risk of developing type 2 diabetes could be reduced by up to 80% by adopting a healthier lifestyle. A less well-documented example is cold homes. The impact of cold homes on people’s health - through asthma, colds, mental illnesses etc - has been calculated to cost the NHS in England between £850m and £1.36bn every year. Overall poor housing represents a similar risk to the NHS as physical inactivity and smoking and not much less than alcohol. But whilst these are the subject of well-funded and long-running public campaigns, cold-homes is, in relative terms, rather ignored.

This is where PITCH comes in.

The Preventing Illness by Tackling Cold Homes (PITCH) project was funded by Bristol Green Capital (as part of the city’s year as European Green Capital). The aim was to engage the health service in Bristol at all levels (and within all organisations that make up the Bristol health service) so that preventing the detrimental health impacts linked to cold homes became a recognised component of the local approach to healthcare.

This was all linked to the introduction of National Institute of Health and Care Excellence (NICE) guidance on Excess winter deaths and illness and the health risks associated with cold homes, published in March 2015. This guidance, which CSE was involved in developing, sets out recommendations on why and how the health service should engage with efforts to make our homes less cold and less damp.

The NICE guidance includes 12 detailed recommendations but these can be boiled down to the following key points:

1. Cold homes are a health issue. Substantial evidence shows living in an under-heated home is bad for people’s health. Making homes easier to keep warm can improve the health and wellbeing of vulnerable people and reduce the pressure on health and social care services.
2. Health and wellbeing boards (HWBs) must act. HWBs should: develop a strategy to address the health consequences of cold homes. Planning should include identifying relevant providers of support from all relevant sectors.

1. From ‘The NHS’s role in the public’s health’ an NHS Future Forum report, 2012 www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_132114.pdf

2. See www.nice.org.uk/guidance/qs117

3. Every contact must count. Identifying and supporting people at risk is the responsibility of all those services that come in contact with vulnerable people, particularly the health service.
4. A single point of contact. All relevant organisations, sectors and interest groups should be included in this, but to reduce complexity and costs, there needs to be a single point of contact so that anyone who comes into contact with vulnerable people can easily refer people for support. The single point of contact should provide access to a variety of services to improve housing energy performance, help households reduce their fuel costs and improve their ability to manage their heating.

At project launch CSE had already been working in partnership with the health service in Bristol for five years. However, while we had successfully trained many frontline workers in the city on how to identify cold homes, we had lacked the resources to build the high level strategic relationships with senior health service staff to ensure that the necessary changes in operational practice were made and that this learning could be acted upon. The funding from Bristol Green Capital and the timely launch of the NICE guidance provided CSE with the necessary tools to seek two outcomes:

1. Ensuring that staff at all levels of the health service in Bristol were aware of the issues of cold homes and the detrimental impact on health outcomes.
2. Supporting the health service in implementing changes in the way they worked with people who suffer from cold related illness, so that a referral for support in accessing affordable warmth became an integral part of the healthcare Bristol residents receive.

What we set out to do

In order to meet the project's aims we set out four key areas of work:

1. Securing strategic level buy-in to implementing the NICE

recommendations: with a particular focus on involving the health sector, backed up by national promotion of the NICE guidance in Bristol.

2. Building the Action on Cold Homes

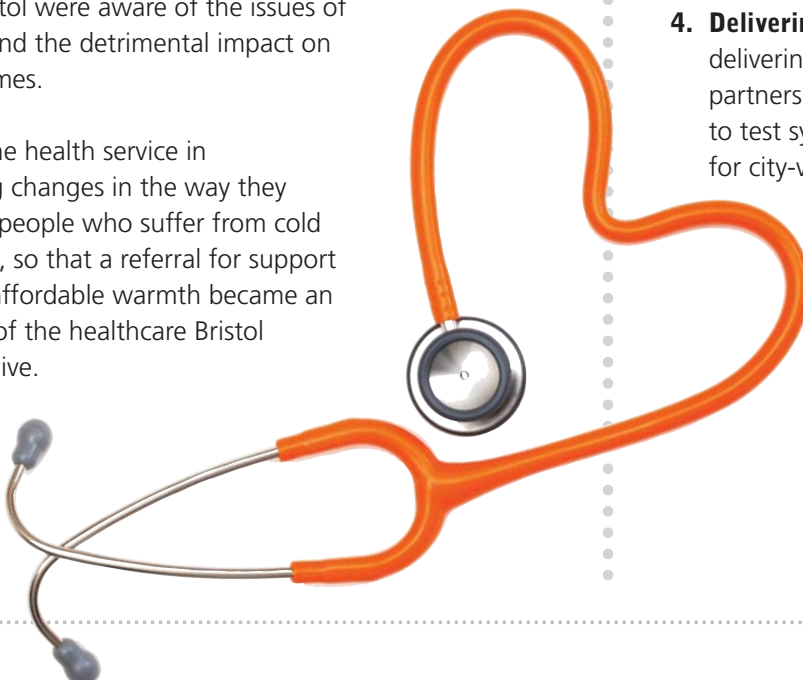
referral service: Creating the operational partnerships between relevant agencies across the city which deliver services to tackle cold homes (energy advice, insulation and heating improvements, tariff management, fuel debt advice, income maximisation support) to create effective systems, data sharing protocols and mutual understanding required for a single-point-of-contact referral service.

3. Promotion of the Action on Cold Homes

referral service: Developing an awareness of the service amongst those who routinely encounter people from vulnerable groups (e.g. staff from the health service, housing services and support organisations like Bristol Ageing Better partners, Care Forum, Red Cross etc.), and also to help them spot the signs that someone they're in contact with may be at risk from living in a cold home.

4. Delivering GP pilots:

Designing and delivering best practice pilot schemes in partnership with a number of GP surgeries to test systems and demonstrate the case for city-wide take-up.



1. Securing strategic level buy-in to implementing the NICE recommendations

CSE's starting point was to talk the most senior person in each part of the health service that is responsible for commissioning the work that happens locally – the Director of Public Health (Bristol) & the Chair of the Clinical Commissioning Group (CCG). But ...

- How do you get a meeting with these incredibly busy people when the subject you want to talk to them about is one they're not focussed on or even aware of?
- What do you talk to them about? The NICE guidance has put the health impacts of cold homes firmly on the health sector agenda, but this doesn't mean its high on *their* list of organisational priorities and pressures.
- Are they the people who can enable the change you want? They may have overall ownership of the strategic direction for their organisation, but are they actually involved in making the practical changes required to make your aims a reality? Probably not, which means any senior level discussion will need to be followed up with engagement with more operationally focused staff with a narrower and more directly relevant remit.

CSE's approach to this challenge was to start with those connections we had already, to ask them what approach they would recommend, who we should speak to, and then work from there. This approach brought us much of the success that is detailed in this report. However, it did not get us everything we hoped to achieve, and is therefore only part of the solution. It is also not for the faint hearted. In total CSE met with 21 different health professionals who we identified as someone who could help move the cold homes agenda forward in the local health service.

The following is a list of some of their job titles:

Director of Public Health (Bristol) • Commissioning Director • Operations Manager CCG • Social Prescribing lead CCG • Chief Executive Bristol Community Health • Better Care Programme Director • Social Prescribing Commissioner • Delivery Director for Bristol CCG • Sustainable Development Manager, North Bristol Health Trust • Bristol Healthy Living Pharmacy Project Manager • Health Improvement Manager (North) • Clinical Services Manager - Specialist Services (Long Term Conditions) • Health Improvement Manager • Professor in Medical Statistics, University of Bristol • Head of Industry Liaison, Health and Social Care Information Centre (HSCIC) • Healthwatch General Manager • Health Improvement Projects Manager • Researcher in Residence Fellow and Coordinator for ITHAcA and IMPROVE, School of Social and Community Medicine • Director of Bristol Health Partners • Injury Prevention Manager, Public Health (Bristol) • Energy and Sustainability Manager, University Hospitals Bristol NHS Foundation Trust

One of the key decisions we made early in the project was to be upfront about what we wanted. In order to provide clarity on this we created a wish list of what we would like to achieve. In our evaluation work (details of which can be found later in this document) we found that having this clarity on what we wanted to achieve from the earliest stages of the project was one of the keys to the success that we had.

The cold homes and health conference

As part of the project, CSE ran a 'cold homes and ill-health' event in Bristol to promote the new NICE guidance and draw Public Health England – which is responsible for the Cold Weather Plan – into this work. The event was to be dual purpose, providing an opportunity for local health service staff to find out more from Public Health England and NICE on the opportunities and importance of implementing the NICE guidance, and also for representatives from the key organisations that make up the Bristol health service to make public commitments to implementing the NICE guidance and to raise any issues with achieving this which they could identify.

The event programme was therefore designed so that the morning session gave the national picture with speakers from Public Health England, NICE and the NHS sustainability unit and the afternoon session gave more of a Bristol context.

The afternoon was kicked off by Bristol's elected mayor talking about the importance of tackling cold homes and then the audience heard for senior staff representing GPs, the CCG Board, Bristol Community Health and Public Health (Bristol), all making a public commitment to the importance of tackling the health impacts of cold homes.

Close to 100 people attended the conference. This included representatives from local authority housing teams, the public health sector, the Department for Energy and Climate Change, third sector organisations, universities, NHS trusts, energy companies and representatives of local authorities from all over England.

Speakers:

Dr David Pencheon,
Director, Sustainable
Development Unit, NHS
England

Dr Angie Bone, Head of
Extreme Events and
Health Protection,
Public Health England

Dr David Sloan, Chair of
NICE Public Health
Advisory Committee

George Ferguson CBE,
elected Mayor of Bristol

Becky Pollard, Director
of Public Health, Bristol
City Council

Julia Clarke, Chief
Executive, Bristol
Community Health CIC

Ian Donald, Secondary
Care Clinician and
Bristol CCG Governing
Body Member

Steve Davies BEM,
Practice Manager at
Malago & Southville
Surgeries



Top: Dr David Pencheon, Dr Angie Bone, and members of the audience. Below, L to R; Steve Davies, Becky Pollard, Julia Clarke, Ian Donald and Phillip Morris PITCH Project Director at CSE.

Community healthcare – another route to referrals

One part of the health service more commonly targeted to establish referral routes for cold homes support is GPs. Section 5 of this report details the opportunities and challenges of working with GPs, but this focus tends to overlook other key health service providers who may be both easier to engage and more likely and able to make cold homes referrals, such as the provider of community healthcare (e.g. community nursing, dementia Support, podiatry).

The type of organisation that delivers community healthcare varies according to local authority area, but what they all have in common is that they among the largest providers of care within people's homes. They also have a vested interest in providing the best possible service they can as they are commissioned on the basis of their performance and the added value they offer.

In Bristol, community healthcare is delivered by a community interest company called Bristol Community Health (BCH). (Note that not all providers of community healthcare across the country are community interest companies; many are in fact commercial entities and as such may be less focussed on achieving social objectives which they have not been directly commissioned to deliver.)

We met with the Chief Executive of BCH early in the project. From our initial meeting we learnt that they have contact with around 30,000 people every month, approximately a third of these during the course of a home visit. We also learnt that, at any one time, a third of the 30,000 people in Bristol aged over 75 are on BCH's case load. This led us to two conclusions:

1. There was a huge opportunity for us to work with BCH to reach people likely to be in need of cold homes support to improve their health.
2. We would need to change the systems from the top down in order to successfully engage with the large number of staff carrying out this work so that they were systematically making cold homes referrals.

Due to the proactive approach of their Chief Executive, BCH were happy for their outreach teams start identifying and referring people who would benefit from cold homes support through. The plan was to start small, to pilot the service with a few teams and then roll the service out across the organisation. There was also a very interesting opportunity to make referrals easier and more integrated by incorporating a cold home referral functionality within TotalMobile, the software used by BCH staff to provide support, usually on a tablet in the home.

While we made good progress in a number of areas and were very grateful for the support provided by the Chief Executive of Bristol Community Health and the manager that became our day-to-day contact, we were unable to progress as far as we had all hoped over the course of the year.

A success of the project was providing a number of the teams on the ground with leaflets to pass on to service users, which is the next best thing to receive direct referrals from the frontline health worker.

It is worth noting that while things have moved more slowly than we would all have liked, a great success of Green Capital year has been the relationships we have built with Bristol Community Health that will hopefully support moving this agenda forward in due course.

During the year of project delivery, one of the relevant developments in the local health service was an increased awareness of the social prescribing agenda. This is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector e.g. 'green gyms' delivered by Conservation Volunteers. Through the work of local academic Richard Kimberlee who looked in to the benefits of social prescribing in for mental health patients, social prescribing has gained momentum as part of Bristol's delivery of the Better Care Fund.

Working with ‘health champions’

The Public Health (Bristol) team has spent eight years creating a dynamic network of health champions supported by health trainers and able to actively promote public health campaigns within their communities. We estimate the number of health champions to be in the region of 150-200 volunteers, and they provided a great opportunity for us to promote the cold homes and health agenda.

The fact that the health champions have run relevant campaigns in the past (e.g. on childhood asthma) means that cold homes advice is a simple and obvious add on. For CSE to have recreated a similar network would have taken several years and a considerable amount of funding. Instead, we were able to work with this terrific network of volunteers and offer value in return by providing energy efficiency training.

CSE met with all three area managers of the health champions’ network, all of whom were very supportive. We should particularly mention the Health Improvement Manager for the south of Bristol who helped us negotiate the the public health landscape as well as connect us with relevant contacts she had built up over the course of her work. We provided training to the team in the north of Bristol who promoted the project through their community social media channels.

There are still significant opportunities for progressing this area of work in Bristol and beyond. However, public health teams across the UK are facing funding cuts. Ironically, at a time when the health service is beginning to accept that keeping people well as a core component of a sustainable NHS, the funding for the very teams that deliver these services is decreasing. This leaves those wishing to promote the cold-homes agenda with a receptive public health audience, but one with little resource of its own to make the changes required to meet the recommendations of the NICE guidance.



Working with the hospital trusts

CSE worked closely with the North Bristol NHS Trust throughout the project. While we grew a very positive relationship with the trust and had a number of successful initiatives this was principally down to working with an enthusiastic and committed Sustainability Development Manager who took on pursuing the projects aims within the trust. CSE achieved the following in partnership with the Sustainable Development Manager:

- Met with the Head of Transformation - Patient Flow & Discharge L&R Southmead and agreed to include cold homes assessment questions as part of the discharge process and add these questions to the social care form.
- Designed and printed 800 thermometer cards promoting the cold homes support paid for and distributed by the Sustainable Development Manager. This included making thermometer cards available at the Dementia café.
- Spoke to the staff of Southmead hospital on 15 March as part of part of a lunch time talk series.
- Presentation (developed with CSE) made by the Sustainable Development Manager to Discharge Managers about the benefits of referring patients for cold homes support and how to do so.
- Information about the cold homes support service made available on the leaving hospital home page.
- Presentation by the Sustainable Development Manager to the Bristol Sustainability and Health Group.

Again we made excellent progress over the year (in no small part down to the Sustainable Development Manager) but there are still more opportunities to make progress, not least for assessment of cold homes risk to be built into the Discharge to Assess process in a more systematic way and to further raise awareness amongst staff of the cold homes support available and the health benefits that the support brings.

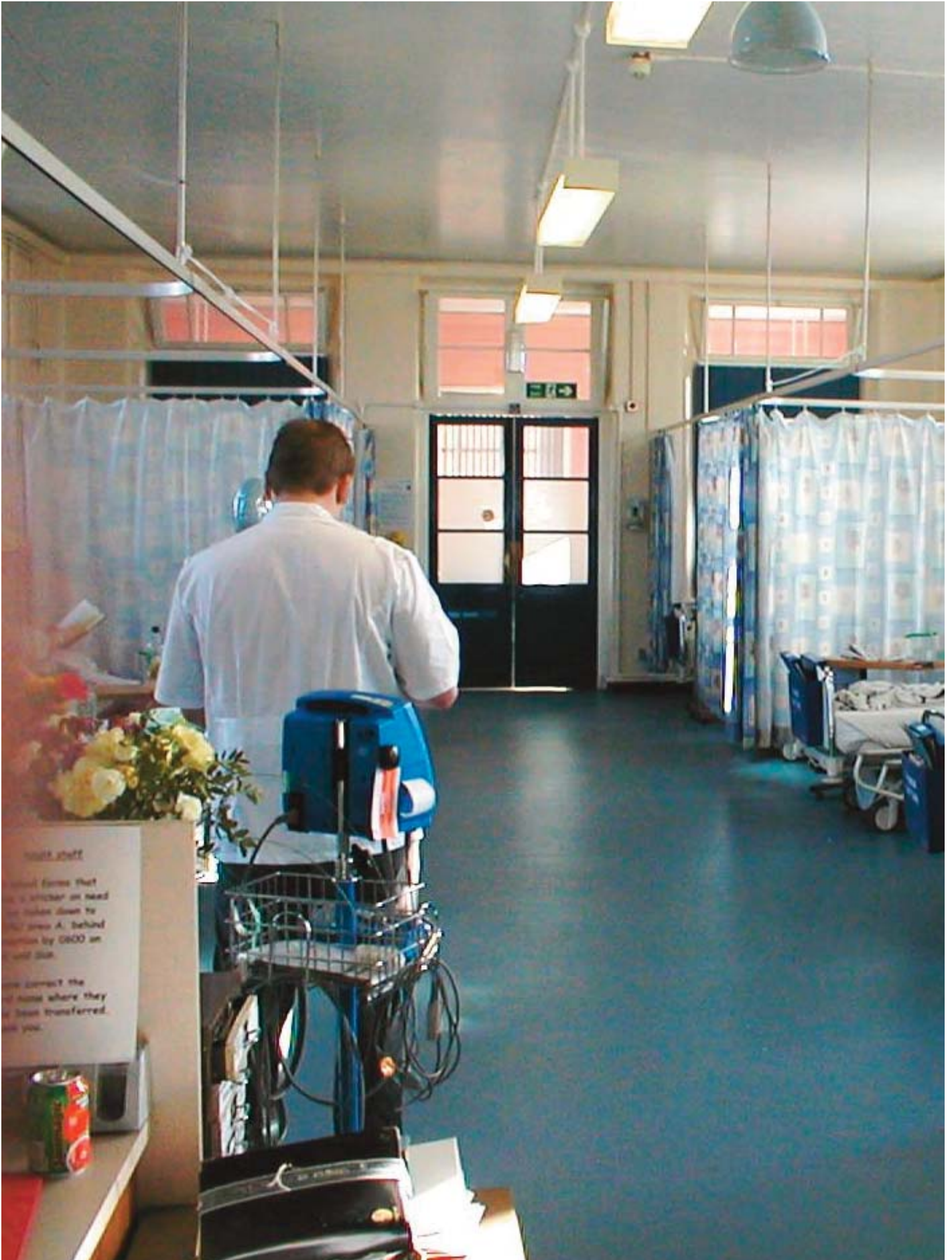
Presenting to the Health and Wellbeing Board

In October 2015, we had the opportunity to present to Bristol's Health and Wellbeing Board on the subject of cold homes and health.

What was particularly revealing was that while the Board members were broadly supportive of the idea of implementing the recommendations of the NICE guidance, they appeared to regard the guidance as a 'nice to have' set of recommendations and there was no plan to turn this into meaningful changes in delivery on the ground.

Disappointing as this was, we believe that in the past six months (beyond the end of this specific project and funding) the successes that the project can point to have helped make the Health and Wellbeing Board more open to engaging with the cold homes agenda. For example, the interim update of the Joint Strategic Needs Assessment for Bristol (which helps inform the direction of the Health and Wellbeing Board's Strategy) will include more information on the health impact to cold homes and how this relates to public health targets around excess winter deaths.

One more step in the right direction.



2) Building the Action on Cold Homes referral service

While we were confident that we provide excellent impartial energy advice service we faced two key challenges:

1. Lack of funding for energy advice

While an energy advice service had been funded in Bristol in the past (by central government via the Energy Saving Trust and then most recently by the local authority) at project launch the energy advice service in Bristol was funded solely from CSE's own cash reserves.

2. Offering a complete single point of contact cold homes referral service

As an organisation, our practical approach to the problem of cold homes at a local level has been to provide impartial advice and support for customers around saving energy in their home, getting the most from their heating, getting the best from their supplier and supporting customers who struggle to pay their energy bills. However, this does not cover the full range of services we believe make a coherent and complete single point of contact cold homes referral service.

While we could have explored the possibility of expanding our service to meet all of these service needs, we would then have run the risk of straying in to another area of support that doesn't directly fit within our charitable objectives and in doing so, create duplication with an organisation who is better placed and more experienced and skilled in doing this work than CSE.

On this basis, the next logical option was to form a combined service offer with all the organisations providing relevant services in Bristol. Encouragingly, there was already a very active and established group of third-sector organisations that provided services relevant to cold homes support in Bristol.



However, there is competition between third sector organisations for the same funding pots. This has historically sometimes been a barrier to collaboration. This issue has increased in recent years where the number of organisations providing energy advice has increased but the funding opportunities have diminished. By working more closely in partnership, there was an opportunity to reduce the duplication of service delivery across the city and in doing so improve efficiency and create a far simpler message on where to go for cold homes support. This is a very timely consideration as the health service moves towards a House of Care model where it is not services that are commissioned but outcomes. In fact, at this time there is already a proposed change in the way third-sector services are procured in Bristol to encourage collaboration and joint proposals between organisations where they offer the most efficient way of collectively meeting a given outcome.

Our proposed solution

After looking at all the options and exploring the challenges that were faced by similar projects in the past, it was agreed within the project team that the best chance of delivering the desired model was to create a core partnership with the main organisations providing relevant support in Bristol, who in turn could refer into their existing networks that provided wider support relevant to cold homes. We agreed to call the service the 'Action on Cold Homes Referral Network' (ACRN).

A great success of the PITCH project was that through a number of meetings, all three organisations agreed to work in an unprecedented partnership to provide a single point of contact cold homes referral service. Key to our success in achieving this was:

- We all understood that we could deliver the best health outcomes in the most efficient way by working together
- We recognised that we were currently creating a confusing message to the health service by all approaching them individually to provide services relating to cold homes

This issue will not be unique to Bristol – areas across the country will face the challenge of multiple organisations believing they should (and can) provide a single point of contact referral service. This will be heightened by organisations like Citizens Advice increasingly moving into the energy efficiency advice space. Moving beyond this fragmented approach to energy advice in order to provide a real and efficient single-point-of-contact cold-homes referral service will require an underlying shift in approach for many organisations. Instead of a project-led approach, we will all need to think harder about how best to achieve health outcomes in the most holistic and efficient way, and then ensure we build the partnerships that make that possible.

Once we had agreed the structure of the partnership our next step was to map out what support we could collectively offer and identify any gaps in what we considered to be a comprehensive cold homes referral service. All three organisations worked together to do this, and in doing so, put in a bid to British Gas Energy Trust to establish a fully functioning Action on Cold Homes Referral. While that bid was unfortunately unsuccessful, it is testament to the strength of the ACRN that we already have another funding proposal submitted that will help move us further towards funding the ACRN.

As always, this highlights the importance of working in partnership with those others providing related services and avoided issues further down the line by addressing issues of duplication head on so the health service and its patients don't have to.

3) Promotion of the Action on Cold Homes referral service

Online referrals

One of the barriers to getting the health service systematically referring patients for support that we identified early on in the project was that we were trying to get very busy people with lots of other priorities to make the time to identify someone who could benefit from help and then make a referral. Through Bristol Community Health we explored the option of updating the software platform, TotalMobile that they used when going into people's homes, but we also created a referral app to ensure that making referrals was as easy as possible for everyone else.

CSE commissioned its in-house team of software developers to create the app. This gave us the flexibility of design to create an app that could be used by other organisations in Bristol and across the country. With a relatively small amount of developer time we can change where the app sends referrals (as well as the artwork and text) to make it suitable for other organisations to use. The development of this app was funded by CSE internal reserves in order to meet our charitable objectives and help other organisations like CSE remove barriers to receiving health service referrals.

CSE also created an online referral page to make referrals easier. This page was requested by a number of frontline teams but was of particular use to GPs where it allowed administrative staff to make referrals on the GPs behalf.

Running a pharmacy campaign

CSE worked with the Public Health (Bristol) team to run a cold homes pharmacy campaign. This was suggested by a member of the Public Health (Bristol) team in early discussions. Pharmacies represent a good opportunity for reaching a new group of people to promote cold homes support - in England alone, 1.6 million people visit a pharmacy every day. Pharmacies also work directly with the local public health team. In Bristol there are six public health campaigns a year across all Bristol pharmacies. All 95 pharmacies in Bristol agreed to put up PITCH posters and distribute PITCH leaflets that were specifically created for the campaign.

There are also 11 Healthy Living Pharmacies (HLPs) in Bristol. These pharmacies are more proactive in giving advice – trying to make every customer interaction a relevant patient health interaction. The HLPs agreed to take a more active involvement in the project. CSE attended one of the HLP's regular meetings to talk about the PITCH project and the benefits of making referrals for cold homes support.

We received a healthy number referrals, a great success of the campaign is that many of those who were referred were in dire need of support and CSE were able to make a positive difference to their lives.

Frontline worker training

In order to make frontline health staff aware of the ACRN, CSE delivered short training sessions for frontline health workers. The opportunity to carry out this training was generated from conversations with senior health staff and in particular CSE's main public health contact (the Bristol Public Health Injury Prevention Manager). We found that this top down approach was more successful than attempting to contact all of the teams individually to offer training (though obviously this requires the 'top' to believe in the need for and value of such training).

The training that was delivered was generally received with enthusiasm. Notably, most people trained were not aware that there was any support in around energy and cold homes despite CSE having provided an impartial energy advice line in the city for 30 years, often with funding from the city council (their employer). In total, more than 190 frontline health staff were trained through the PITCH project including social care teams, financial assessment staff and health trainers.



4) Delivering GP pilots

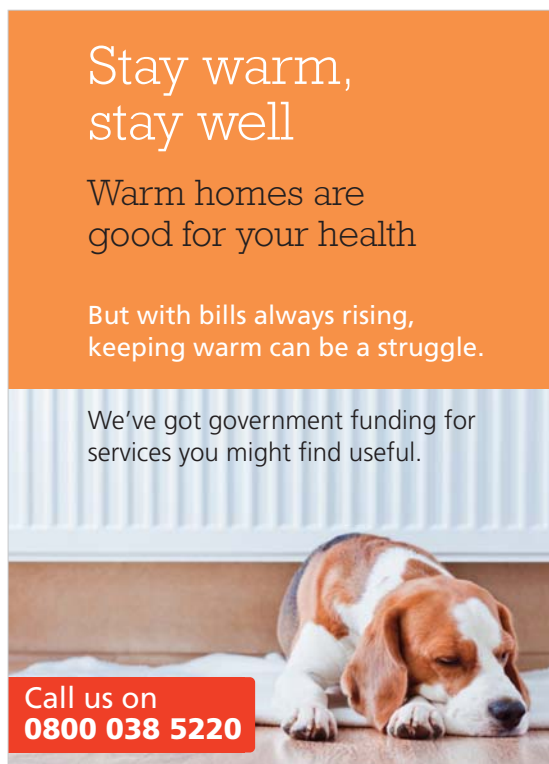
One of the big hopes for the project was to set up and pilot cold homes support referrals with GPs. While the NICE guidance makes a case for intervention across the health sector, GPs are one of the key likely beneficiaries of implementing the guidance since it would reduce demands on their time and budgets. 19% of GPs' time (Caper and Plunkett, 2015) is spent on non-medical issues, with 77% of these problems being related to housing.

CSE managed to work with seven GP practices on the project. In theory, GPs are a good starting point to build relationships in order to receive cold homes referrals – they are paid a fixed amount per patient irrespective of their number of visits and they are incentivised to reduce the number of hospital admissions. In both cases cold homes interventions look likely to help with these challenges. In practice, GPs run busy businesses with high staff turnover, limited room for extra work and lots of other competing priorities for their time. A fundamental shift in approach is likely to be

required before this particular part of the health service start making cold homes referrals at scale.

The two practices that were most engaged – Bradford-on-Avon Practice and Southmead & Henbury Family Practice – both received CSE training. The latter was particularly supportive and organised and mailed 134 of its most at-risk patients to promote cold homes support. The practice also put visual promotions of the ACRN on the monitors in their waiting rooms and invited CSE along to their flu jab clinics. In the case of Southmead and Bradford-on-Avon, CSE's involvement was driven by one GP within the practice who believed in the value of cold homes support.

CSE created a range of promotional material for GPs to use which can be seen below



**Stay warm,
stay well**

Warm homes are good for your health

But with bills always rising, keeping warm can be a struggle.

We've got government funding for services you might find useful.

**Call us on
0800 038 5220**



If you're worried about keeping your home warm this winter, get in touch

Warm enough at home?

It's time for a cold-home health check ...

Q1 How often do you feel cold at home?

Almost never ▼	Sometimes ▼	Most of the time ▼
Great! Stay warm this winter	It sounds like your home could be warmer. We can help.	A cold home could affect your health. Call us today.

Q2 Do you struggle to pay your energy bills?

No ▼	Sometimes ▼	Most of the time ▼
Great! Stay warm this winter	You might be getting into debt. We can help you avoid this.	If you're not heating your home, your health may suffer. Call us today.

Q3 Do you ever have damp or mould in your home?

No ▼	Sometimes ▼	Most of the time ▼
Great! Stay warm this winter	Maybe your home isn't warm enough. Get in touch and we can help	Damp and mould can affect your health. Call us today.

Freephone **0800 038 5220**

Leaflet ← Scratch-card ↗
Thermometer card →



In April 2015 CSE also provided a cold homes training session to 50 F2 doctors (a doctor in the second year of their postgraduate medical training). There was a huge amount of interest for the trainee doctors and a number followed up with suggestions of how they could integrate cold homes work into what they do. However, the anecdotal feedback we received is that all then hit blockages when they tried to progress the issue with senior doctors.

Next Steps

CSE is working with Bristol Health Partners to progress the project. The support from Bristol Health Partners should continue to keep cold homes support on the preventative healthcare agenda in Bristol. In particular, Bristol Health Partners have agreed to continue the work of PITCH as a strategic project under the sustainability work stream.

We are also continuing to provide training to frontline staff so that we do not lose momentum. This work is currently being funded by other CSE projects, with various sources of funding.

CSE is part of a pilot in Bedminster to provide and outcomes-focused holistic support service for vulnerable people in Bedminster. Working with a range of partners, the service aims to provide an approach similar to a holistic social prescribing service that is centralised around a shared database between organisations allowing patients to tell their story once. Should this be successful, this model could be delivered across the city and would provide a framework for multiple organisations to provide a common solution to preventative healthcare.

Using the learning from PITCH, CSE has worked with the public health team in Wiltshire to create an ACRN for the county. Due to more proactive support from across the public health team (and, to a lesser extent, the CCG) this project has progressed far more quickly than in Bristol. This has included integrating cold homes support with the public health team and creating a cold homes section in the Adult Social Care Database.

Evaluation of support provided to Bristol residents

Over the year of delivery there were 49 *direct* referrals received from health service employees. (This doesn't include people who got in touch with CSE independently, e.g. after being given a leaflet or told to call by a health service employee.)

Of those 49:

- 15 went on to receive casework help from a CSE advisor.
- 5 were referred to another organisation for casework support.
- 36% of referrals made are still active cases for our caseworkers (majority of referrals were made in November) this reflects the complexity of some of the issues.
- 52% of referrals received advice that would help them live in a warmer home.
- 61% received advice that helped them lower their fuel bills.
- 11% were referred to the priority services register.
- 39% received practical advice and help with damp.
- 8 received a physical improvement to their housing situation (fixed leaks, fixed meter, new kitchen etc.) as a result of our intervention.

Due to the complex nature of the support required, many cases are ongoing.

Case studies

The impact of cold homes interventions
We believe that these studies illustrate the significant difference cold homes interventions can have on people's lives. We also believe these interventions help to improve clinical outcomes and save the health service money. CSE are continuing to work with Bristol Health Partners to make this case more strongly in Bristol so that we can build on the success of the PITCH project and ensure that identifying and supporting patients suffering from the health impacts of cold homes becomes an integral part of health service delivery.

Mrs M was referred to CSE from her pharmacist because of her health condition. Her property was very damp and she had been advised to not sleep in bedroom. She owed £350 on her gas meter so had not used her gas central heating for years.

CSE carried out a home visit and then arranged with the energy supplier to clear Mrs M's debts, reconnect the gas and put in place a payment plan in place to help manage future bills. We CSE also organised for Mrs M to receive Warm Home Discount of £140 every year and contacted the housing provider about the condition of the property and its heating. A surveyor from housing provider will visit with a view to replacing the boiler and tackle the dampness of the property.

Mr C was referred to CSE from Pharmacist as a result of his ill health. He had recently moved to privately rented house with oil central heating. He could not afford to pay £500 for tank of fuel so was using electric room heaters on a prepayment meter which is an incredibly expensive way to heat his home. His home also had some damp and was cold as it had not been insulated.

CSE were able to support the client in identifying schemes to help with costs of oil including buying clubs, grants and 0% interest loans. As a result the client was able to purchase oil and now uses oil heating. The client was also referred on to receive cavity and loft insulation for free in order to keep his home warmer and reduce his heating costs. Switching to heating with oil and insulating house should make the house up to £2734 cheaper to heat to satisfactory level – in practice it is likely that the financial saving will be less but his home will be much warmer and less damp.

Mrs T was referred to us due to a serious respiratory condition and arthritis. She and her son, who has COPD, live in a 3-bedroom Bristol City Council property which, she told us, had been having a few issues for around 20 years, mainly green furry mould in her kitchen cupboards. Over the years surveyors from the council have visited on around 10 occasions, each time concluding that the damp was due to behavioural reasons and condensation. Mrs T had been advised by her doctor that her housing situation could be having an adverse impact on her and her son's health.

CSE arranged for an independent surveyor to visit the property who concluded that there was some rising damp which would require the entire kitchen to be refitted and the fabric of the building treated. Since the visit BCC have agreed to complete this work along with a complete rewiring of the property.

Mrs T is delighted with the results of our support and now feels empowered and confident to get rid of her damp and mould and now knows where she can turn to for support with this and other energy issues. She has been referred to Talking Money for financial support with fuel and water debts. She feels the advice provided around heating controls, switching suppliers and energy efficiency means she understands how to manage her bills a bit better.

Mr N was referred to CSE by a pharmacist as his flat was cold, damp and mouldy, and his son has asthma. He was heating his home with night storage heaters and paying £270 per month for electricity.

A CSE advisor talked through efficient use of night storage heaters as a result Mr N is now both warmer and estimated to be spending £75 less per year. We helped Mr N switch suppliers, which could save him a further £160 per year, and secure £140 per year in Warm Homes Discount payments. We were also able to provide advice on behavioural ways to reduce condensation and referred Mr N to his housing provider for a survey of what improvements can be made.

Conclusions & recommendations

The evaluation of the PITCH project has captured how interventions to tackle cold homes can make a big difference to people's lives. It has also revealed that senior health service staff recognise that such interventions are likely to have an impact on health outcomes, and, as a result, acknowledge that the health service has a role to play in finding ways to secure cold homes support for those patients that would benefit. However, despite this, and despite the publication of the NICE guidance and the momentum of the European Green Capital year in Bristol, we are not yet at a point where tackling cold homes is a health service priority (or even an objective to serve other priorities, such as reducing winter pressures) or features as a meaningful component of patient healthcare in Bristol.

We believe we have made good progress over the year in raising the profile across the health service of the association between ill health and cold homes and the opportunities for preventive interventions and how these could be realised in terms of changes in practice and/or systems. We have also established the partnerships required to create a true single point of contact cold homes referral service that meets health service standards for data handling and patient care.

We now need to turn this awareness into practical changes so that the health service commissions services that include a requirement to identify those suffering from the health impacts of cold homes and systematically refer them for support. We also need to make sure we can capture and articulate the value of the single point of contact referral service – including the cost reductions it can potentially achieve for the health service in terms of reduced demand – in order to secure long term sustainable funding.



In order to achieve all this, we make the following recommendations for continuing work in Bristol:

- Bristol Health Partners work to further document and analyse the link between cold homes and health outcomes in Bristol in order to create additional evidence of the value of interventions to tackle cold homes and, by association, referrals into a single point of contact cold homes referral service.
- The Health and Wellbeing Board look again at the recommendations of the NICE guidance and document actions on how they will achieve at least some (if not all) of those recommendations in Bristol.
- The social prescribing pilots (being delivered as part of Better Care Bristol) include referrals to a single point of contact cold homes referral service.
- The Clinical Commissioning Group (CCG) and Public Health (Bristol) work with CSE, Talking Money and WE Care and Repair to look to for long term sustainable funding options for the Action on Cold Homes Referral Network (as Bristol's single point of contact cold homes referral service).
- As part of the update of the Joint Strategic Needs Assessment, research is carried out to link housing and health data in order to identify which residents with health conditions that could be aggravated by living in a cold home are actually at risk of living in a cold home.
- As the new hospital discharge approach is developed ensure that cold homes risk remains part of the assessment (to enable steps to be taken to avoid discharging someone to a cold home).
- For the CCG or Public Health (Bristol) to commission a staff training film on how to identify someone at risk of the health impacts of a cold home and how to make referrals and to circulate this to staff for viewing at the beginning of every winter season.
- For Public Health (Bristol) to run an annual cold homes campaign raising awareness of the health risks of cold homes and the benefits of the single point of contact cold homes referral service. As part of the assessment of the success of that campaign, Public Health (Bristol) should review annually the number of referrals made to the single point of contact cold homes referral service.

In practice, these are only some of the changes we will need to see for cold homes interventions to become an integral part of preventative healthcare in Bristol. For our part, CSE intend to continue to build on the momentum created by the PITCH project and support the health service in Bristol wherever we can to progress this important agenda.



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We are an independent national charity that shares our knowledge and experience to help people change the way they think and act on energy



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