JSNA Winter Warmth and Excess Winter Deaths

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Executive Summary

Introduction

England and Wales experienced approximately 31,100 more deaths in the winter months than 2012-2013, at a level that surpasses that experienced by other colder, Northern European countries.[i] This suggests that many of these deaths could be prevented. In Nottinghamshire in 2011/12 a figure of 340 excess winter deaths was recorded.

The majority of excess winter deaths occur in people aged 75 years or older, with women (18,000 deaths nationally) more affected than men (13,100). Reasons for this are multifactorial; including the increased amount of time spent indoors, a higher prevalence of fuel poverty, a reduction in fat to retain body heat and an increased likelihood of having underlying health conditions.[ii]

The majority of excess winter deaths are due to cardiovascular disease and respiratory illness (accounting for approximately 40% and 33% of excess winter deaths respectively).[iii] Flu is an important factor. Exposure to cold causes thickening of the blood which increases the risk of coronary thrombosis and stroke, and also produces an increase in blood pressure and causes the blood vessels around the heart to spasm. For every 1 degree Celsius decrease in average winter temperature there is a resultant 8,000 additional deaths in England.[ii]

This section considers the health and social care needs of winter warmth, with a particular focus on the issue of excess winter deaths among older people. Cold homes present a health risk to all, and exposure of young children can result in a life time of ill health with the contracting of respiratory related illness such as asthma. Other relevant links within the JSNA are to sections on housing and children's health.

Winter warmth is a local and national issue of concern. Two significant policy documents: the 2009 Annual Report of the Chief Medical Officer chapter 'winter kills' and the National Cold Weather Plan (2013) (please see the links below).

http://www.sthc.co.uk/Documents/CMO_Report_2009.pdf

https://www.gov.uk/government/publications/cold-weather-plan-for-england-2013

Unmet need and gaps

Overall across the County strategic multi-agency approaches are required to decrease the number of people in fuel poverty. This will require the on-going support for households to access home heating and insulation improvements, awareness raising of the key winter warmth messages and quality information on home energy efficiency savings and approaches for secure fuel at the lowest costs. A small emergency provision, also, has proven valuable in enabling the District council housing officers to offer support when vulnerable people are suddenly put at risk due to boiler and heating system failures. The winter flu clinics in GP surgeries provide a valuable venue to communicating the messages and support available.

Within these overall needs the following points are key :

- Identifying approaches for ensuring the most vulnerable of residents are able to access support and home heating insulation grants successfully.
- Promoting referral pathways to ensure the on-going identification of those people who are able to benefit from the home heating and insulation grants and finance schemes available.
- Establishing support for people wishing to 'make the move' in situations where their home is no longer a good match to their needs.
- Developing local knowledge of the relationships between excess winter deaths and ill-health and health inequalities.

Recommendations for consideration by commissioners

Winter warmth is a health and social care issue in Nottinghamshire. The causes are structural in terms of quality within the local building stock, economic in terms of personal household budgets, and educational due to the poor understanding of the winter warmth messages and the potential assistance available among many residents. The challenge, is also being able to identifying and have suitable support in place to assist the most vulnerable.

EWD measures used to present the local picture here represent the extreme, the 'tip of the iceberg'. Cold homes and fuel poverty impacts on many people's health in a wide variety of ways which is difficult to capture fully through the presentation of established statistics.

In Nottinghamshire the work established through the 'Warm Homes, Healthy People' initiative drawing on national funding developed a comprehensive framework and strategic approach for achieving winter warmth improvements in 2012. Over the two subsequent winters local initiatives have been scaled back to reflect budget availability rather than the health need. The opportunity presented with this detailed review on winter warmth here is the renewed developed of a local winter warmth strategy and the establishment of defined actions and funding allocations for its implementation.

Full JSNA report

What do we know?

1) Who is at risk and why?

1.1 Who is at risk?

England and Wales experienced approximately 31,100 excess winter deaths (EWDs) in 2012-2013, at a level that surpasses that experienced by other colder, Northern European countries.[iv] This suggests that many of these deaths could be prevented through implementation of appropriate measures. As in previous years, there were more excess winter deaths in females than in males.

The 2009 Annual Report of the Chief Medical Officer included a chapter entitled *Winter Kills*.[v] highlighted the fact that mortality in England rises 18% during the winter months, but that other colder European countries have smaller increases. The report also highlighted that illnesses occur during the winter in a predictable pattern and that this should enable local and national advance planning. In Nottinghamshire in 2011/12 a figure of 340 excess winter deaths was recorded.

The majority of excess winter deaths occur amongst those aged over 75 years. Reasons for this are multifactorial, including the increased amount of time spent indoors, a higher prevalence of fuel poverty, a reduction in fat to retain body heat and an increased likelihood of having underlying health conditions.[vi] Older women appear to be particularly at risk.[vii]

Other factors that increase the risk of vulnerability to cold weather include:

- housing – individuals living in poorly heated, badly insulated properties are at particularly high risk. Countries that have more energy efficient housing have lower excess winter deaths, and in the UK, excess winter deaths in the coldest quarter of housing are almost three times as high as in the warmest quarter[viii]. Damp housing also promotes mould growth, which increases the risk of respiratory infections and asthma[ix]
- economic – households at higher risk of living in fuel poverty include families with children on a low income, people over 60 on a low income and long-term sick and disabled individuals
- behavioural – there is evidence to suggest that people adapt to severe weather less effectively in England (where milder winters are more common) than in colder countries. Behaviour that increase vulnerability includes keeping bedroom windows open, not wearing sufficient clothing, heating just one room and frequent excursions outside in inadequate clothing
- health – individuals with pre-existing health conditions such as cardiovascular disease, asthma, COPD, depression, anxiety and arthritis are at increased risk. Research has suggested that pre-existing respiratory conditions are the strongest predictor of excess winter deaths.[x] [xi]

1.2 Health impacts of cold weather

The majority of excess winter deaths are due to cardiovascular disease (40%) and respiratory illness (30%).

Records show that for every 1 degree Celsius decrease in average winter temperature there is a resultant 8,000 additional deaths in England.[ii] Exposure to cold causes thickening of the blood which increases the risk of coronary thrombosis and stroke, and also produces an increase in blood pressure and causes the blood vessels around the heart to spasm. Maintaining a warm home is critical to remaining healthy with the evidence suggesting that once the indoor temperature drops below 16°C (61°F) people's vulnerability to suffering respiratory illness is heightened. Also, in cold weather, people increase the amount of time spent indoors in close proximity to one another, which, combined with the fact that the body's immune system is suppressed by exposure to cold air, helps respiratory infections to spread. Exposure of the airways to cold air also causes them to narrow and produce more phlegm which can worsen chronic lung disease and asthma.[xii] Table 1 shows fuller details of the effects of falling indoor temperatures.

The effects of cold weather are very predictable. Mortality during cold weather follows a predictable pattern, with deaths from heart disease reaching their peak 2 days after the coldest weather; stroke deaths peaking after 5 days and the peak in respiratory deaths after 12 days. It takes 40 days for the level of deaths to return to normal.[xiii] In addition, the colder the winter, the greater the risk that vulnerable individuals will die from a cold-related cause, resulting in fluctuations from one winter to the next.[xiv] For example, the excess winter deaths for 2012 – 13 were nearly a third (29%) higher than in the previous winter.

Table 1: The effect of indoor temperatures on health

Indoor temperature	Effect on health
21°C (70°F)	Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)	Minimum recommended night-time temperature. No health risks though occupants may feel cold
<16°C (<61°F)	May diminish resistance to respiratory diseases
9-12°C (48-54°F)	May increase blood pressure and risk of cardiovascular disease
5°C (41°F)	Poses a high risk of hypothermia

Source: Department of Health[xv]

2) Size of the issue locally

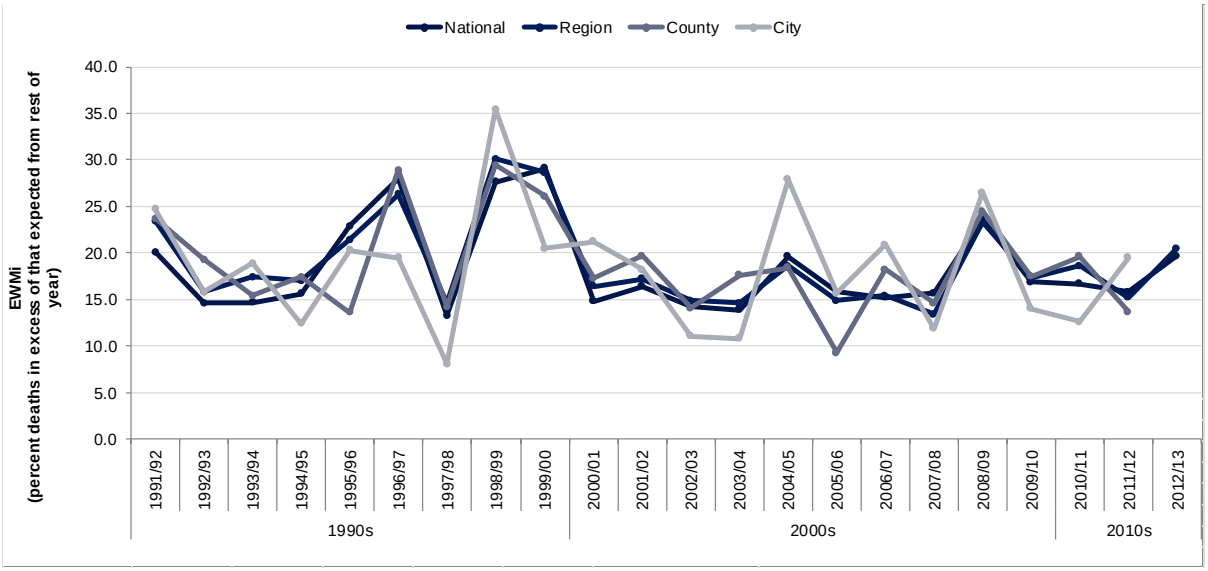
Prevalence

2.1 Nationally. Public Health England reported that the overall number of observed death registrations during 2012-2013 was higher than expected, with these increases spread throughout the December to March period. These deaths were predominately among the elderly who were 85 year and over. The main attributing cause of death recorded was respiratory [xvi]. Graph 1 shows the wide variation of EWD recorded over the previous twenty years at the national and regional level as well as for Nottinghamshire County and Nottingham City. It appears that the full range of the vulnerability factors discussed above is resulting in this breadth of fluctuations year on year. The graph does show a mirroring of impact, however, at the different geographic levels on a winter by winter basis. No correlation has been identified between mean winter temperatures and EWDs at a national level.

On looking at the County's individual district figures for 2011/12 graph 2 suggests that EWD is a phenomenon present in all seven districts. Despite some variations in the actual number these differences in 2012/13 are not statistically different; this may be due to the small numbers involved. On examining the six year pooled data at the District level, Rushcliffe can be identified, however, as having a rate of EWD which is significantly higher that the England 2012/13 rate (Graph 3).

Graph 1.

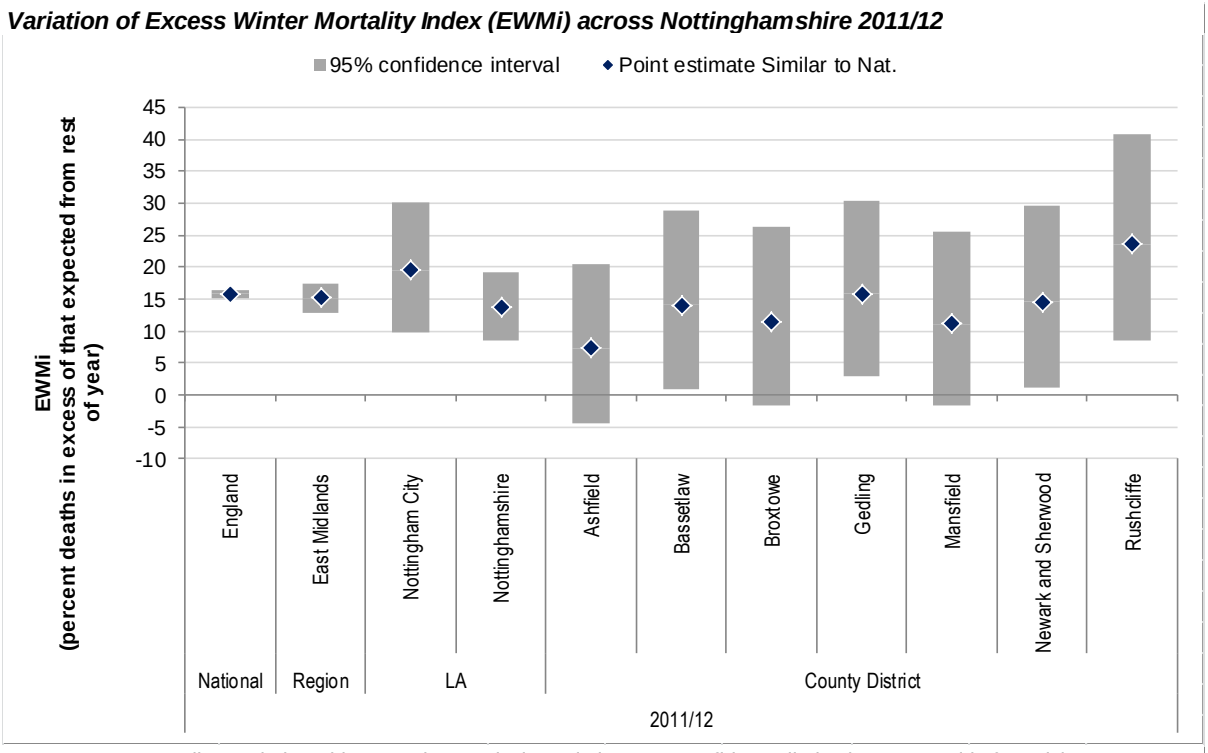
Variation in Excess Winter Mortality index (EMWi) over time across National, Regional and local geographies



Source: ONS Mortality statistics
Note: County, City and smaller geography single year data not available for 2012/13 (only available as part of pooled data)

Graph 2.

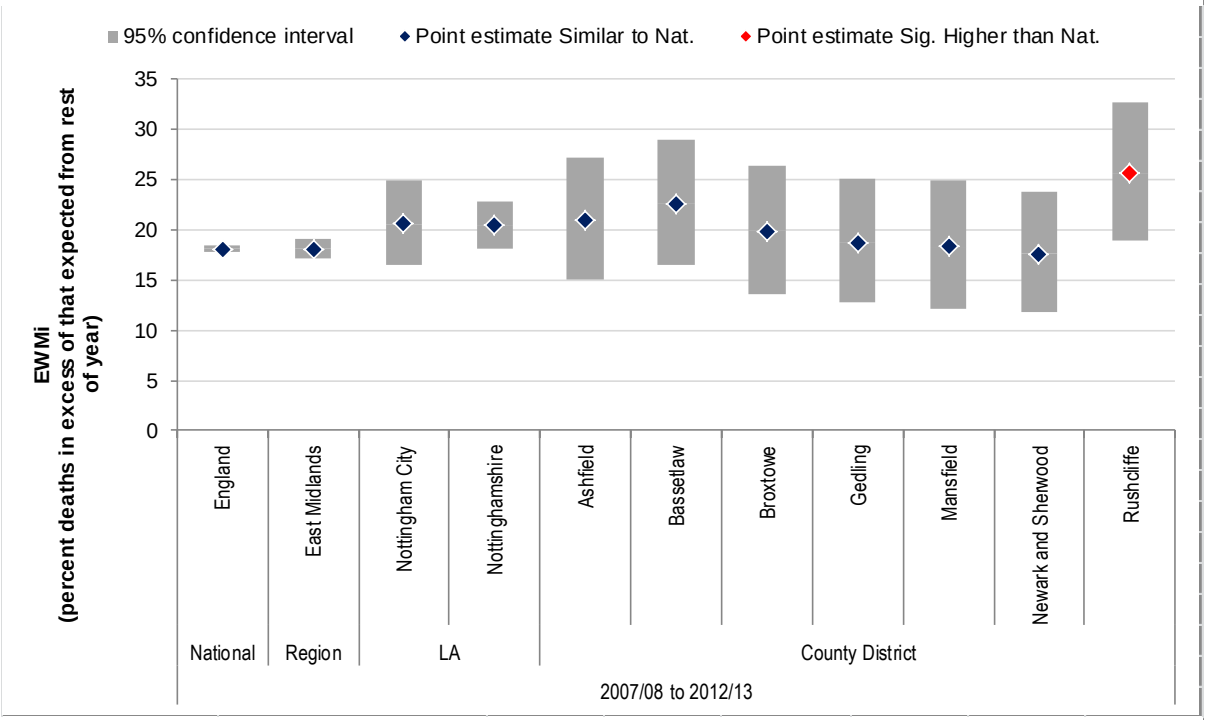
Variation of Excess Winter Mortality Index (EWMi) across Nottinghamshire 2011/12



Source: ONS Mortality statistics with secondary analysis to derive 95% confidence limits (WMPHO odds formula)
Note: County, City and smaller geography single year data not available for 2012/13 (only available as part of pooled data)

Graph 3.

Variation of Excess Winter Mortality Index (EWMi) across Nottinghamshire 6 years pooled 2007/08 to 2012/13



Source: ONS Mortality statistics with secondary analysis to derive 95% confidence limits (WMPHO odds formula)
Note: County, City and smaller geography single year data not available for 2012/13 (only available as part of pooled data)

2.2 The Nottinghamshire Picture

The latest statistical information available for the districts is through to the winter of 2011/12 on an individual year basis and through to 2012/13 within the combined six year data source. In Nottinghamshire in 2011/12 a figure of 340 excess winter deaths was recorded. Table 2 shows the percentage values and variations of excess winter deaths for a five year period for Nottinghamshire. As mentioned above if Nottinghamshire reflects the national picture the 2012/13 figure will be in the region of 20%. Excess winter death is a measure of the difference in the number of deaths recorded in the four months of December to March in comparison the numbers in the remainder of the year, and proportionally allocated compensating for the longer 'summer' months.

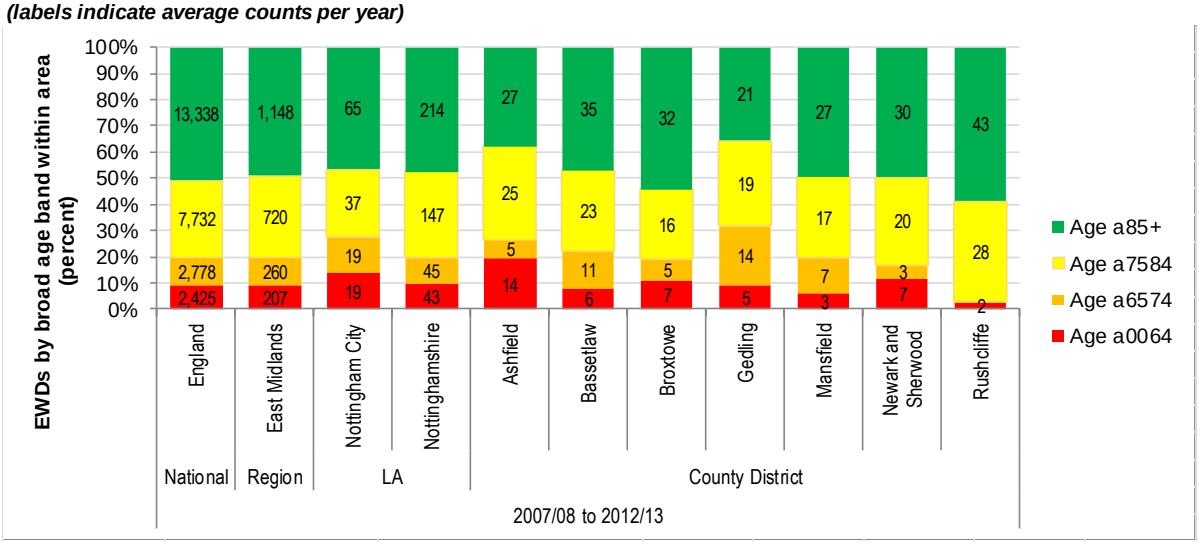
Table 2.Numbers of excess winter death in Nottinghamshire between 2007/08 to 2011/12 in percentage values.

Year	**Excess Winter Mortality index (Number of Excess Winter Deaths expressed as percentage increase of average rest-of-year deaths)**
2007/08	14.6
2008/09	24.5
2009/10	17.5
2010/11	19.6
2011/12	13.7

Winter deaths take their toll among the frail elderly. Graph 4 displays the high percentage of EWD among the 75 year olds and over; and particularly highlighting that for most areas nearly half of these deaths occur among those 85 years and older. At the district level there is more variation, and Graph * shows here the proportion of deaths at the younger age group can be greater than that being reported at the national level. Of particular note appears to the larger percentage of EWD in Ashfield among the under 65 year olds than elsewhere in the County and within the 65 to 74 year olds in Gedling and to a lesser extend in Bassetlaw. Both of these graphs are representing six years of data through to the winter of 2012/13 at the district level.

Table 4. The proportion of excess winter death by age bands

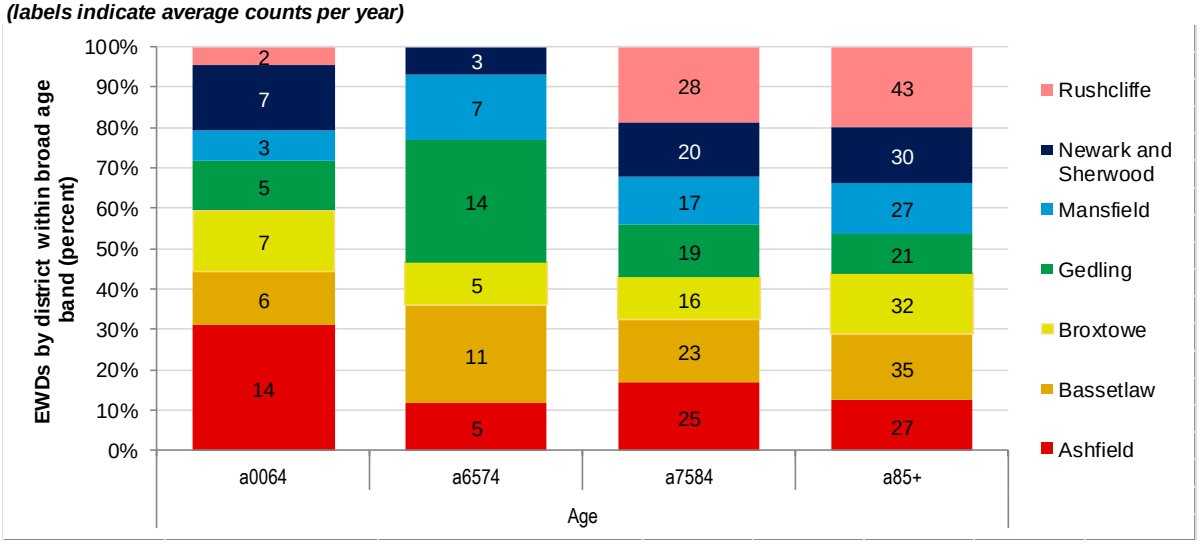
Distribution of Excess Winter Deaths (EWD) within area by broad age band 2007/08 to 2012/13 (6 winters)
(labels indicate average counts per year)



Source: ONS Mortality statistics

Graph 5

Distribution of Excess Winter Deaths (EWD) within broad age bands by area detail 2007/08 to 2012/13 (6 winters)
(labels indicate average counts per year)



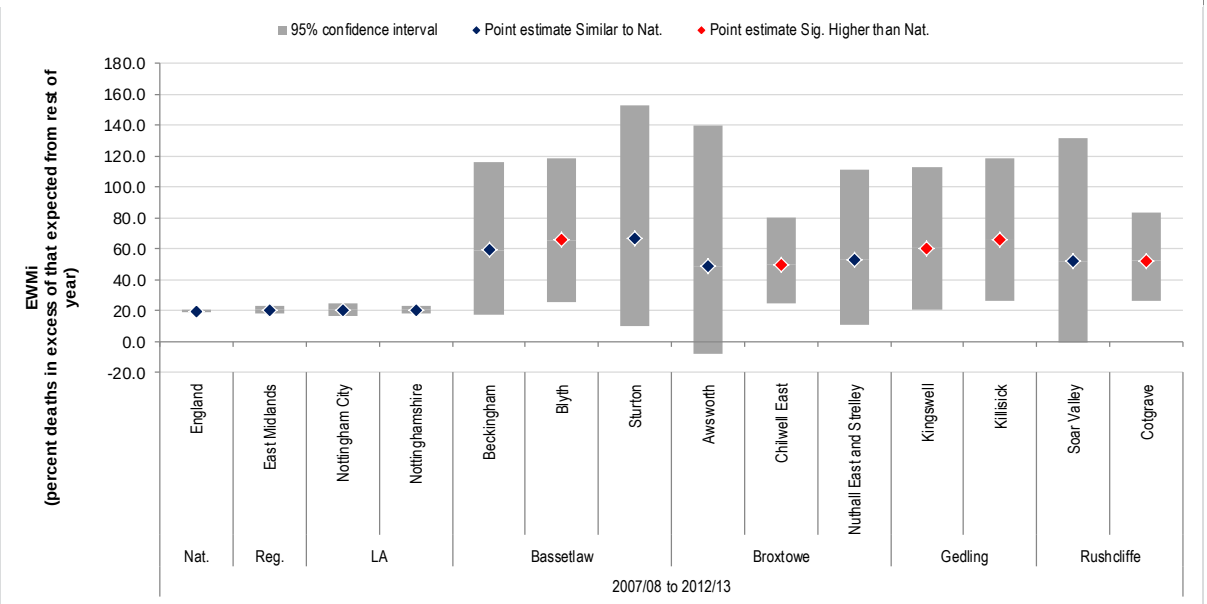
Source: ONS Mortality statistics

As highlighted already in Nottinghamshire, in 2011/12, 340 EWD were recorded. If these are attributed evenly across all Nottinghamshire's 156 wards (please see census area statistical

ward note below), over the 11/12 winter each ward would have recorded two EWD. Map 1 provides a visual display of this, highlighting those wards where the greatest numbers were recorded. On identifying the top ten County wards with the highest rates using the latest six years of data, six wards can be identified as experiencing levels of EWDs that are statistically significant in comparison to England's 2011/12 rate. These wards are distributed across the County and the details are shown in graph 6. This data has not been age standardised and so potentially it simply reflects higher residence rates of the frail elderly. On considering the ten wards within the County which have the lowest recorded rates of EWD over this same period only three ward results show as statistically significant in comparison to England, and only the ward of Cumberlands in Mansfield shows confidence rates suggesting no EWDs over this period.

Graph 6.

Variation of Excess Winter Mortality Index (EWMi) across Nottinghamshire Census wards 2007/08 to 2012/13 (6 winters)



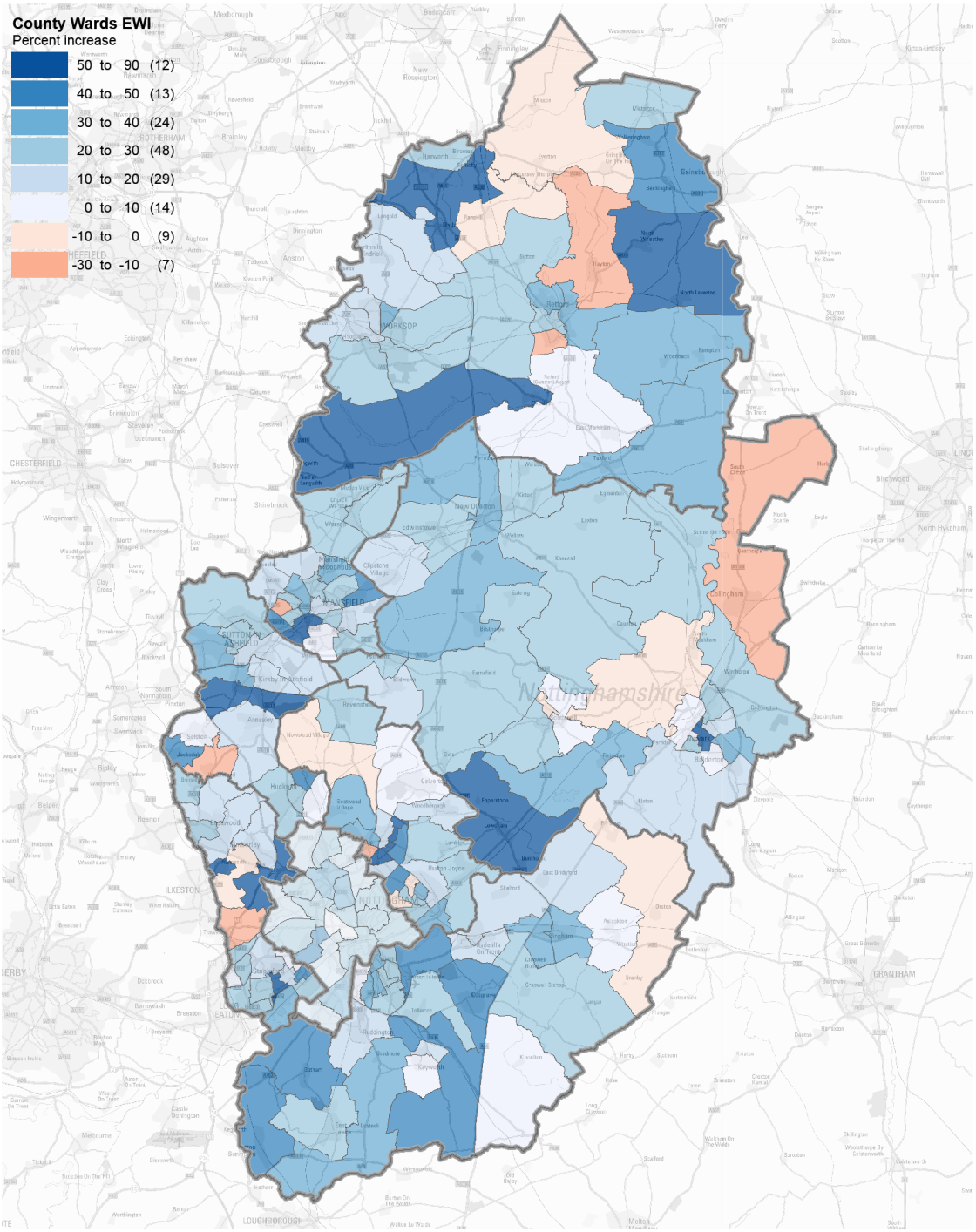
Source: ONS Mortality statistics with secondary analysis to derive 95% confidence limits (WMPHO odds formula)

Note: Census Area Statistical (CAS) Wards: These are NOT identical to electoral wards. Although CAS wards were based loosely on electoral wards around the time of the 2001 census they have not changed as electoral wards have over time to allow a stable statistical geography which Electoral Wards are not for statistical purposes.

Map 1

Excess winter deaths 2007/08 to 2012/13 (6 winters)

The Excess Winter deaths Index (EWI) is the number of excess winter deaths expressed as a proportion of the expected winter deaths



Produced by the Nottinghamshire County Council Public Health Intelligence Team (NCCPHIT/JS/IB)
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3) National and local strategies and targets and performance

Interventions addressing Excess Winter Deaths Nationally

3.1 The National Cold Weather Plan. The national Cold Weather Plan was published in 2013.[xvi] The purpose of the plan is *"to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately."* In contrast to the 2012 version, the updated publication focuses on long term planning, winter action and preparedness. As well as reducing deaths, implementation of the plan could assist in reducing pressures on health and social care services during the busy winter months.

3.2 National Policy for supporting Warm Homes. In January 2013 the 'Green Deal' was introduced. This initiative is to support householders receive reductions in their energy bills for improving their heating and home insulation. Included within this Green Deal is the Energy companies' obligation' (ECO) established to fund improvement in low income households. The ECO national value is in the region of £1.3bn a year.

3.3 Health. Health information and advice is available through the NHS Choices website, (please see the link below).

http://www.nhs.uk/livewell/winterhealth/Pages/Winterhealthhome.aspx

3.4 Targets and performance

Excess winter deaths and fuel poverty are included as indicators within the Public Health Outcomes Framework.[xvii] The definitions of the indicators are as follows:

- *Excess Winter Deaths Index: the ratio of extra deaths from all causes, that occur in the winter months compared to the expected number of deaths, based on the average number of non-winter deaths*[1]
- *Fuel poverty: a household is classified as fuel poor when they have required fuel costs that are above average (the national medium level), and where on spending that amount the household would be left with a residual income below the official poverty line. This new definition was introduced in August 2013 replacing the previous definition. The earlier definition was based on where a household would need to spend more than 10% of its income on energy in order to maintain an adequate level of warmth, and statistics are available for this definition as well.*

4) Current activity, service provision and assets

Interventions addressing Excess Winter Deaths in Nottinghamshire

4.1 Warm Homes Healthy People Fund

In November 2011, local authorities were invited by the Department of Health to apply for funding from the Warm Homes Healthy People fund. The aim of the fund was to support local authorities to reduce the levels of deaths and morbidity in their area that were due to vulnerable people living in cold housing. Nottinghamshire County Council in partnership with other local key players submitted a proposal and received a grant for £243,613, with delivery between January to March 2011.

[1] The excess winter deaths index is calculated by subtracting the average number of deaths between August and November and April and July from the number of deaths in the winter months (December to March), expressed as percentage of the average number of deaths between August and November and April and July

There were 3 main strands to this initiative were:

- a local winter wellbeing media campaign, comprising information leaflets and room thermometers
- information and training for frontline staff
- targeted services for vulnerable people, including
    - energy advisers to offer advice on heating, energy switching and home insulation
    - Handy Person services to undertake basic insulation measures and heating system checks
    - provision of a fire-lighting service to vulnerable households with coal fires or heating systems
    - emergency heating system repair scheme
    - good neighbour, befriending and outreach services

The main outputs from the delivery of Warm Homes Fund included the following:

- 94 calls to the County Council customer hotline between Jan and June 2012. Nearly three-quarters of these calls related to the provision of information. The majority of calls were received in the first two months.
- 5,000 visits to the Winter Warmth website placed on the Council's site. Again the majority of visits were in January and February.
- Energy advisors employed in each districts, generating 512 contacts overall. 56% of these contacts where among the under 65 year olds and so a smaller number in the older age groups. In Gedling and Newark and Sherwood the outcome of the contact were provided showing that over 90% of contacts were provided with insulation advice, and 85% with general advice.
- 10,000 leaflets with room thermometers were printed and distributed.

4.2 Excess Winter Death's Initiatives in 2012/13 and 2013/14
Subsequent to the implementation of the Warm Homes, Healthy People project, the following initiative has continued to be provided through partnership approaches throughout the County. Steering and oversight has been provided through a winter warmth partnership group, with district housing leads and the voluntary sector. The group has been chaired by Nottinghamshire County Council, Adult Social Care and Health. Funding has been sourced through the remaining underspend of the Warm Homes Healthy People Nottinghamshire initiative.

The range of initiatives that have continued to be sustained have included the following:

- Emergency boiler and heating repairs
- District level energy advisors and County customer hotline support
- Information including the provision of leaflets to health workers and the public, and room thermometers
- Oil filled radiations
- Rural bulk oil purchase schemes
- Handy Persons winter warmth checks
- E-learning packages

4.3 The Healthy Housing Service The Healthy Housing Service provision is in the three Boroughs of Gedling, Rushcliffe and Broxtowe. The Health Housing Service (HHS) aim is to reduce fuel poverty by maximising the take-up of grants by private households for insulation and heating measures, through cooperation between health, social services, the Voluntary

Sector and Housing Professionals. The service targets the most deprived sector households with the emphasis on people over 60 years of age and families with under five year olds. This aim is achieved through the following measures:

- Delivering brief intervention training to front-line staff
- Awareness raising through community presentations and events
- Receiving home heating and insulating referrals and supporting these to facilitate their conversion into the actual improvement measures being implemented.

4.4 Handypersons and Preventative Adaptation Service (HPAS). The Handyperson and Preventative Adaptation Service (HPAS) is a service available to all residents who are 60 years and above or who have a disability. The service enables simple adaptations to be installed in people's homes facilitating their capacity to remain safe and secure at homes. Referral is through a range of pathways including the First Contact scheme. In 2012/13 677 Handy person jobs were undertaken and 1450 adaptations. The scheme's expenditure in 2012/13 was £302,256 in total. First Contact provides a single-point referral, multi-agency information, advice and signposting service. First Contact and the Community Outreach Advisors are Nottinghamshire County Council and public health initiatives also seeking to support those most at risk, signposting through to supportive services.

4.5 Flu vaccinations Public Health up to March 2013 also led on ensuring good uptake of flu immunisation, a significant factor in reducing excess winter mortality. Public Health England now leads on the flu campaigns, with public health in the County Council providing local oversight.

5) Evidence of what works

5.1 Systematic Review Evidence on what works

A systematic review of the evidence to identify advice likely to reduce health risk during cold weather highlighted 28 items that were appropriate to be included in an advice booklet. These were reduced to 22 following an expert consensus development conference (Box 1).[xviii]

Box 1: Summary of the 22 advice items for inclusion in the booklet	
At home during the day	Ideal temperature around 21°C or 70°F
	Keep the heat in (reduce draughts, close windows, draw curtains after dark)
	Insulate home
	Don't wait until you feel cold before taking action
	Wear adequate clothes indoors
At home at night	Ideal temperature around 18°C or 64°F
	Close bedroom window
	Keep warm in bed
	Wear comfortable warm nightwear
	Wear dressing gown and slippers if get up in night
When outdoors	Wear hat, gloves and scarf for all excursions outside (however brief)
	Avoid standing around waiting in the cold – keep moving
	Wear layered clothing
	In severe weather, avoid going out if its windy or icy
Looking after your general health	Keep active in the home
	Eat at least one cooked meal a day
	In cold weather, increase calcium intake
	Maintain vitamin C intake
	Take regular warm drinks (even if not thirsty)
	Consume alcohol cautiously when it's very cold
	Use extra caution when taking any sedative medication and if in doubt consult your doctor
	Get a flu jab and enquire about a pneumonia jab

5.2 National Support Team Recommendations The National Support Team for Health Inequalities outlined a 3 stage process to address the issues caused by excess winter deaths as part of a population-based, systematic process, together with 9 key interventions to improve the resilience of vulnerable individuals during spells of cold weather.[xix] The stages are as follows, and the interventions are listed in Box 1:

- *Stage 1: preparation*
  - gain insight into the local picture of excess winter deaths
  - develop a shared understanding of the excess winter deaths agenda, and the role of partners
  - develop joint working
  - develop a data-sharing agreement or protocol
  - coordinate a systematic approach across organisations for the 9 key interventions

- *Stage 2: identify vulnerable people*
    - develop a register (through establishing a list of caring staff in the community who manage caseloads of the vulnerable elderly)
    - develop a list of clients/patients that are most vulnerable and at high risk
    - develop criteria for prioritisation
    - manage the list
- *Stage 3: systematically offer interventions*
    - Develop a management framework

5.3 Research on People's Attitudes to keeping warm at home

The Keeping Warm in Later Life (KWILT) project interviewed 50 older people and 25 health and social care professionals in South Yorkshire to explore the knowledge, beliefs and values of older people in keeping warm at home. The findings of the study were that:[xx]

- the majority of older people rationalise their decisions to keep warm based on financial costs rather than health benefits
- older people prefer to use visible methods to keep warm (that is electric heaters, gas fires and additional layers of clothing rather than central heating).
- the majority of older people prefer to pay for their fuel bills with cash, the most expensive option for paying for fuel
- older people prefer to use close family members as their trusted source of information and knowledge on heating.

A study that assessed older people's attitudes to and behaviours during cold weather, found that on advice provided in a leaflet they acted at several different levels.[xxi] The study aimed to assess whether advice booklets are effective in raising awareness and improving knowledge of the health risks associated with severe winter weather.

The authors reported that older people believed that modern winters were not as cold as previous winters, and therefore older people did not necessarily perceive the risks associated with cold weather. There was common awareness of the increased risk of hypothermia and respiratory infection, but the association between cold weather and cardiovascular risk were not common knowledge. The authors reported that the advice leaflet did make individuals realise that they may need to change their behaviour. Finally, barriers to changing behaviour were mainly associated with practicality, cost or a perception by a minority that the advice could be seen as patronising.

5.4 Local or national evidence of cost-effectiveness

NHS costs. There is limited published evidence that suggests that providing funding to protect households against the effects of cold weather can also provide cost benefits to the NHS. An economic analysis of Northern Ireland's Fuel Poverty Strategy reported that 42% of investment in the programme could be recovered through savings in health care (that is investing £1 in keeping homes warm saves the NHS 42 pence in health costs).[ii,xxii]

5.5 Risks of not developing targets

Health Costs. The risks of not developing and achieving targets include increased winter mortality and morbidity with a subsequent cost impact to health care secondary to increased hospital admissions and GP visits.

6) What is on the horizon?

Developments locally over the next couple of years will be directed by :

- **The Local Authorities' Energy Partnership (LAEP) Nottinghamshire and Derbyshire**
- **Nottingham Energy Partnership (NEP),** the local organisation whose core business is focused on alleviating fuel poverty and educating residents and local partners on energy efficiency.
- **Demographic change.** With growth in the older population projected for the County the potential for further increases in EWD will continue

7) Local Views

7.1 Ageing Well Seminar. In October 2012 winter warmth was a topic area for discussion within the Early Intervention and Prevention seminar of the Ageing Well Group. Ageing well is a Nottinghamshire open forum to develop and raise the profile of issues of concern to older people. Membership encompasses the Statutory, Voluntary sector, as well as, smaller community groups and individuals. The presentation highlighted the importance of warm homes, and potential health impacts of cold weather spells and from residing in cold homes.

Through the questions participants expressed their concerns as to the means of maintaining warm homes in-light of the increasing and substantive fuel bills. Participants wanted fuller information on the cost of running various electrical appliances.

Participants were requested for ideas on how best to communicate the winter warmth messages to the widest audience. As well as key health providers, libraries and events such as the winter flu clinics, the groups recommended exploring options including polling stations, post offices and charity shops.

7.2 National Energy Action seminar at Newark and Sherwood. In February 2014 Newark and Sherwood District Council invited the National Energy Action (NEA) charity to present a seminar on 'warmer homes for older people' providing a forum for local councillors to hear the key winter warmth message, and the range of potential support available. The range of cold homes issues and people's difficulties in maintaining a warm home were discussed. The challenges local councillors recognised in improving the energy efficiency of the present housing stock, and how best to communicate what grant and support are available was discussed.

What does this tell us?

8) Unmet needs and service gaps

Overall across the County strategic multi-agency approaches are required to decrease the number of people in fuel poverty. This will require the on-going support for households to access home heating and insulation improvements, awareness raising of the key winter warmth messages and quality information on home energy efficiency savings and approaches for secure fuel at the lowest costs. A small emergency provision, also, has proven valuable in enabling the District council housing officers to offer support when vulnerable people are suddenly put at risk due to boiler and heating system failures. The winter flu clinics in GP surgeries provide a valuable venue to communicating the messages and support available.

Within these overall needs the following points are key :

- Identifying approaches for ensuring the most vulnerable of residents are able to access support, and home heating and insulation grants successfully.
- Promoting referral pathways to ensure the on-going identification of those people who are able to benefit from the home heating and insulation grants and finance schemes available.
- Establishing support for people wishing to 'make the move' in situations where their home is no longer a good match to their needs.
- Developing local knowledge of the relationships between excess winter deaths and ill-health and health inequalities.

9) Knowledge gaps

Fuller development of the local views on priorities, best approaches for disseminating the key winter warmth messages and introducing energy saving initiatives

What should we do next?

10) Recommendations for consideration by commissioners

Winter warmth is a health and social care issue in Nottinghamshire. The causes are structural in terms of quality within the local building stock, economic in terms of personal household budgets, and educational due to the poor understanding of the winter warmth messages and the potential assistance available among many residents. The challenge, is also being able to identifying and have suitable support in place to assist the most vulnerable.

EWD measures used to present the local picture here represent the extreme, the 'tip of the iceberg'. Cold homes and fuel poverty impacts on many people's health in a wide variety of ways which is difficult to capture fully through the presentation of established statistics.

In Nottinghamshire the work established through the 'Warm Homes, Healthy People' initiative drawing on national funding developed a comprehensive framework and strategic approach for achieving winter warmth improvements in 2012. Over the two subsequent winters local initiatives have been scaled back to reflect budget availability rather than the health need. The opportunity presented with this detailed review on winter warmth here is the renewed developed of a local winter warmth strategy and the establishment of defined actions and funding allocations for its implementation.

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