



Action for Warm Homes

UK FUEL POVERTY MONITOR 2017-18



INTRODUCTION

The UK Fuel Poverty Monitor is the annual investigative report on fuel poverty in the UK and within each of the four nations, published by National Energy Action (NEA) and Energy Action Scotland (EAS). Whilst the overlap between fuel poverty, cold-related illness and premature mortality are not entirely symmetrical, the Monitor has investigated the key policies and practices that affect these overlapping issues for many years and has made country-specific and national recommendations. Cold homes cause unnecessary death and suffering, and it is not acceptable that thousands of people die as a result of living in a home which is cold in one of the richest countries in the world.

In 2017, NEA and EAS emphasised the need for UK-wide recognition of the impact of cold homes on health. We also made detailed recommendations on how to improve co-ordination locally and nationally in order to reduce the scale, cost and pressures cold-related morbidity still has on health and care services and related agencies across the UK nations. This year's Monitor maintains this key focus and reviews the progress that has been made since we made these recommendations. The report specifically reviews this area in the context of the national and local responses to the severe winter weather that was experienced in 2017/18 and then reflects on where key lessons can be learned in advance of this coming winter.

Cold-related ill health

The links between cold homes and ill health are now very well recognised. When the temperature falls below 16°C, respiratory function is impaired. When it reaches 12°C increased strain is placed on the cardiovascular system. When the temperature reaches 5-8°C, an increased risk of death can be observed at population level.¹ Whilst cold weather directly triggers these impacts, it can take three days after a cold spell for deaths from coronary thrombosis to peak, and 12 days for deaths from respiratory conditions. It can take up to 40 days for deaths to return to average levels.²

The cold facts*:

1. **30% of excess winter deaths can be attributed to cold housing**
2. **For every 1°C drop in temperature below 5°C, GP consultations for respiratory illness in older people increase by 19%**
3. **A 1°C drop in living-room temperature results in a rise in blood pressure amongst those aged 65-74**
4. **People with Chronic Obstructive Pulmonary Disease (COPD) are four times more likely to be admitted to hospital with respiratory problems over the winter**
5. **Increased levels of clotting molecules in the blood during the winter months accounts for a 9-15% rise in coronary heart disease**
6. **Indoor dampness and mould are associated with increased risk of asthma, dyspnea, wheezing, coughing, respiratory infections, bronchitis, allergic rhinitis and upper respiratory tract symptoms**
7. **Being unable to keep warm at home and being in fuel debt have been identified as independent predictors of Common Mental Disorder (CMD)**
8. **Being cold at home has also been independently and significantly associated with the likelihood of a young person suffering four or more negative mental health outcomes**
9. **There is official recognition of these problems by health-related bodies such as the National Institute for Health and Care Excellence (NICE), Public Health England (PHE), and wider health-based institutions such as the Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN), Royal College of Midwives and Faculty of Public Health (FPH).**

* For source information see page 46

Impact on Excess Winter Deaths

In 2018, research published by E3G and NEA found that, on average, there are 32,000 excess deaths each year in the UK between December and March³. Based on the World Health Organization’s own conservative estimates, around 9,700 deaths are attributable to cold-related ill health prompted by cold homes. This means that cold homes in the UK kill about the same number of people each year as breast and prostate cancer, and represent a death toll that is comparable to the number of people who die from high blood pressure or alcohol-related causes.

The table below shows the number of excess winter deaths in the UK from 2011 until the latest available data for last winter. Five-year totals and averages are shown encompassing the latest five years for which data is available.⁴



TABLE 1: Excess winter deaths across the UK since 2011
(ONS, 2017c; NISRA, 2017; NRS, 2017)

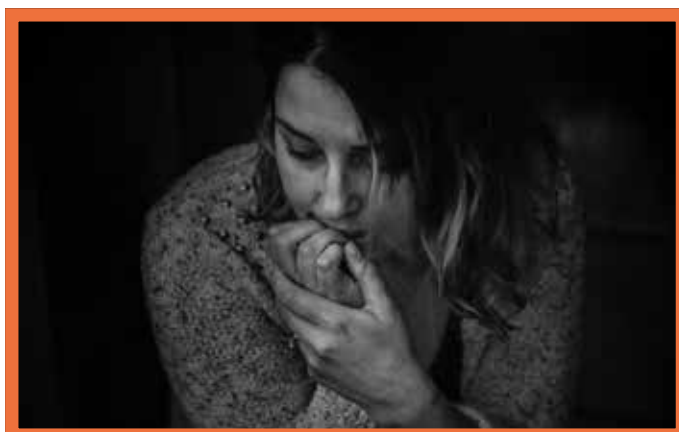
Winter	England	Northern Ireland	Scotland	Wales	UK TOTAL
2011/12	22,820	500	1,420	1,250	25,990
2012/13	29,370	560	2,000	1,840	33,770
2013/14	16,330	590	1,600	1,010	19,530
2014/15	41,300	870	4,060	2,580	48,810
2015/16	22,780	640	2,850	1,790	28,060
2016/17 (provisional)	32,500	-	2,720	1,800	37,020
Latest 5-year average	27,520	630	2,440	1,710	32,200
Latest 5-year total	142,280	3,160	13,230	9,020	167,690



Year-on-year, the data shows considerable fluctuation, moving from 48,810 in 2014/15, down to 28,060 in 2016/17, and back up to 37,020 in 2016/17. Data for the total number of excess winter deaths occurring over the winter 2017/18 period across the whole of the UK is not yet available. However, applying trends from the data released for England for Jan-March 2018, we can **estimate** what an increase of 12% compared to the 5-year average in each of the UK nations would look like for the period 1st December 2017 – 31st March 2018:

- **A possible 706 excess deaths in Northern Ireland**
- **Potentially 2,733 excess deaths in Scotland**
- **Up to 1,915 excess deaths in Wales**
- **30,822 excess deaths in England**

This would mean an estimated total of 36,176 excess winter deaths in the UK in 17/18. Shockingly, therefore, 10,853 people could have died this winter because they were unable to adequately heat their homes⁵. This means that you are almost 10 times more likely to die from a cold home than you are in a road traffic accident⁶. As well as the yearly average, the data highlights that over the last five years across the UK, there were approximately 167,000 excess winter deaths. This is more than 20 times higher than the number of UK armed forces deaths that have occurred as a result of operations in conflict zones since World War II⁷.



SECTION 2: THE 2018 COLD SNAP

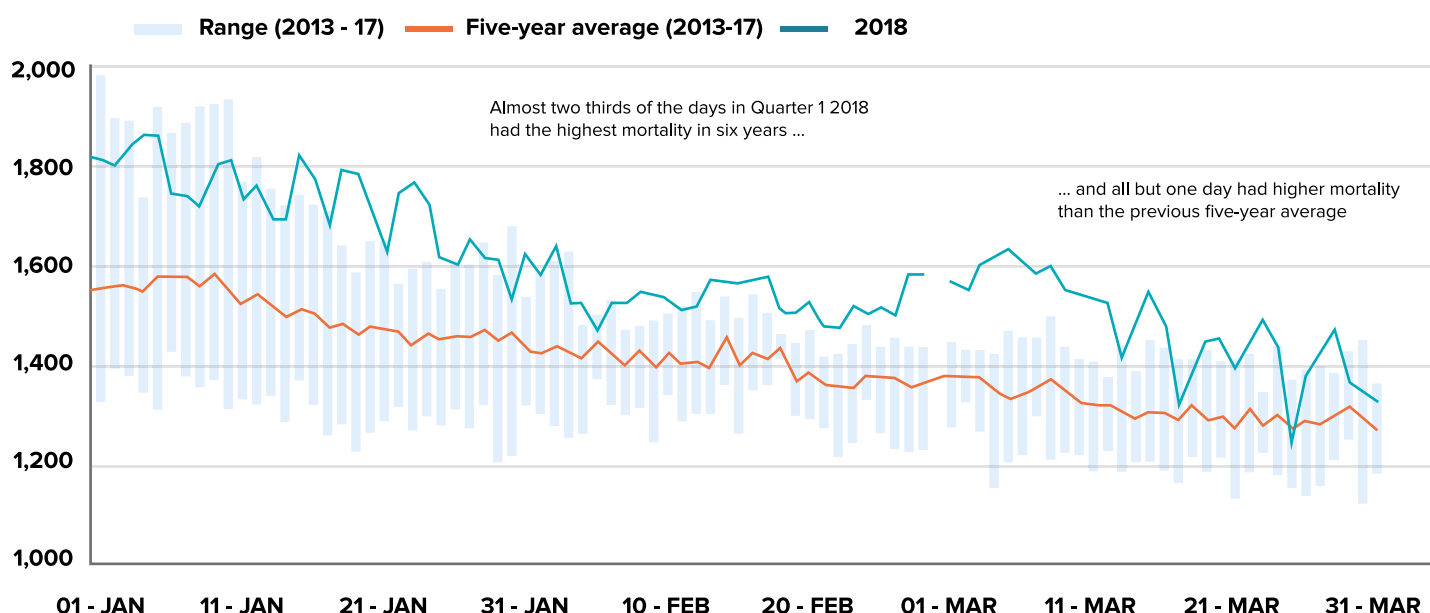
Between 28th February and 3rd March 2018 the UK suffered some of the most severe winter weather seen since 2010. Referred to in the media as “the Beast from the East”, the freezing conditions saw the Met Office issue two red warnings for snow, and multiple amber warnings for snow and ice across large swathes of the country. There was severe travel disruption, with some cars stranded overnight on major routes. Schools were closed across the country, and thousands of homes suffered power cuts. Some rural communities were entirely cut off, and had to receive supplies by helicopter. Wind chill factors dropped as low as -10 °C, and some areas saw 50cm or more of snow. Daytime temperatures dropped as low as -4°C. Across the UK, February and March 2018 saw 101 Cold Weather Payment triggers (£25 automatically paid to eligible households when the average temperature has been recorded as, or is forecast to be, 0°C or below for seven consecutive days).

Many vulnerable households, however, were left stranded without access to support, adding to the already significant annual burden of excess winter mortality and morbidity across the population.

Health and social care services faced unprecedented pressures, with many ‘creaking at the seams’. Jeremy Hunt, the Secretary of State for Health and Social Care at the time, reported that winter 2017/18 was **“probably the worst ever”**⁹. Simon Stevens, Chief Executive of NHS England, determined that February 2018 was the **“most pressurised month the NHS has seen in its nearly 70-year history”**⁹. Corridors were left crowded with people waiting for eight hours or more just to be seen and senior medical staff were seen to be in tears.¹⁰

The effects of the cold snap this winter were felt well into March 2018, placing further strains upon the health service. In England alone, between 1st January and 31st March 2018, an additional 15,544 deaths occurred. This is 12% higher than the five-year average (2013-2017). Most individual days in this period saw more deaths than the corresponding day in any of the previous five years^{11,12}. Deaths began to climb well above the five-year average during the cold spell and remained high for almost two weeks after (as seen in Fig 1 below). This reinforces current evidence that it can take several days after a cold spell for death rates to return to average levels.

FIGURE 1: Number of deaths occurring on each day in Quarter 1 (Jan to Mar), 2013 to 2018, five-year average and range (All ages, England)¹³



Beyond exacerbating premature mortality rates, the British Red Cross warned that NHS pressures meant patients were being discharged before they were ready and without sufficient checks made, including ensuring homes were able to be kept at a reasonable temperature prompted by frequent reports of **patients being discharged to homes with no light or heat**. This left many vulnerable and frail patients stuck in a cycle of being admitted and discharged from hospital as a result of their housing conditions, with as many as one in twenty hospital admissions likely to be a repeat admission¹⁴.

Anthea Mowat, chair of the British Medical Association (BMA) said: “What is happening in our A&Es is symptomatic of pressures across the entire system. Hospitals are at capacity, GP surgeries are full, and a shortage of social and community care means that many patients who no longer need to be in hospital can’t be discharged as there is simply nowhere for them to go”¹⁵.

Cold Weather Alerts

The Met Office began issuing warnings¹⁶ of severe cold weather to key stakeholders from the 30th January 2018, and reports of the impending cold snap began to be picked up by the media on the 9th February.

On the 16th February, an update was issued explaining that the Sudden Stratospheric Warming had happened and that there was a risk of cold easterlies and snow. NHS England had issued cold weather alerts throughout the winter period. The first, following the Met Office’s warning of the severe cold weather, was on the 2nd of February (level 2). It wasn’t until the 21st February 2018 that the first cold weather alert for England was issued in association with Public Health England (PHE), valid from Friday 23rd February.

On the 23rd February, the first National Severe Weather Warnings were issued. The Northern Ireland Department of Health issued 65 tweets during this period, including retweets of partner agencies. The Public Health Agency also tweeted over twenty times with additional flu advice for the same period.

The Met Office issues Cold Weather Alerts between the 1st November and the 31st March according to five levels of severity:

Level 0 (long-term planning, all year); Level 1 (winter preparedness and action, 1st November – 31st March); Level 2 (severe winter weather is forecast – alert and readiness); Level 3 (response to severe winter weather – severe weather action) and Level 4 (major incident – emergency response, declared by central government).

PHE Action Cards set out in detail the type of actions stakeholders should be taking at each level of the Cold Weather Alert Service.

Given that the cold snap had been well predicted by the Met Office, the question remains as to why the Cold Weather Alert that was issued by PHE came at least 12 days too late when compared to the date when warnings began to be issued in the media. The issuing of the Cold Weather Alert just two days before the cold snap hit meant stakeholders could have missed out on three weeks’ worth of preparation to scale up any plans they did have in place.

Impacts on the ground

Between 24th May and 18th June 2018, NEA and EAS issued a Call for Evidence to local stakeholders across the UK that were ‘on the front line’ of the cold snap. The Call sought to better understand the challenges brought by specific local conditions, identifying what worked well and where there are still clear gaps preventing the effective implementation of cold weather planning or provide other suitable levels of support for those most at risk from seasonal variations or extreme temperatures¹⁷.

The findings presented in this section of the report illustrate the UK-wide findings. It should be noted that the feedback is mainly drawn from networks of local stakeholders with whom NEA and EAS often engage, and who are experienced in working to tackle fuel poverty and/or cold-related ill health. It is important therefore to highlight potential bias in the results in favour of those organisations that, due to their existing engagement, were more likely to have been taking action to avoid the impact of cold weather on their service users. It is likely that a sample of responses drawn at random from relevant agencies and local authorities would have presented a very different picture. We also extended a similar opportunity to participate in the evidence-gathering process to key strategic agencies in each UK nation via a formal written invitation. This provided agencies with an opportunity to describe the progress that they have made in addressing the challenges which arose from winter 2017/18 and the cold snap of February/March 2018. It also afforded an opportunity to set out any reforms those organisations feel may be warranted in future and to set out their commitment to addressing the burden of cold-related morbidity and mortality across our society¹⁸.

Winter preparedness and forward planning

Firstly, our Call for Evidence sought to understand how well prepared for the cold weather local and national agencies felt they were for the winter months and the possibility of exceptionally cold weather.

In England, where local authority-led cold weather plans have been a feature of strategic winter resilience for several years, surprisingly the stakeholders surveyed¹⁹ indicated that only 19% had taken steps to implement the cold weather plan and 41% did not have their own national cold weather plans in place and were not aware of other forms of relevant national guidance. In addition, only 16% had taken steps to implement another form of relevant plan for cold weather or implement relevant guidance issued by NHS bodies and 19% had implemented industry-specific cold weather response plans.

Whilst the response to national guidance was low, further results indicated that a small majority of agencies (58%) did take steps to implement some form of cold weather planning, suggesting acknowledgement amongst these agencies of the benefits and necessity of undertaking actions around winter preparedness. Of the plans that were being carried out, 47% also said that they had been implemented before winter, 12% were implemented during the winter period. Again, it is a positive finding that just under half were clearly working to implement some form of winter preparedness planning before winter arrived.

The Call for Evidence also sought insights on the extent to which relevant organisations had trained their staff in preparation for winter or exceptionally cold weather. In total²⁰, only 19% said staff had been provided with training that included a specific session on the cold weather plan or other relevant guidance or plans and cold weather resilience during the cold snap.

More encouragingly, 56% had already been provided with training on the identification of vulnerable individuals and relevant signposting during the cold weather snap.



How the cold weather affected demand for services

The Call for Evidence also sought information on how the extreme cold weather affected demand for national or local services. Overall²¹, 76% of the stakeholders who responded to the Call for Evidence had experienced some, or a substantial, increase in the number of households or individuals needing help between February and March 2018²². On the ground, many organisations worked out of hours to provide emergency support to low-income families and elderly residents who normally would not ask for help but who did so in the face of a crisis.

In terms of the groups most likely needing support, rural and remote households were in significant need of more assistance, as were clients on prepayment meters who badly struggled to adapt their usual rationing techniques with the sudden increased need for warmth in order to survive. Some agencies reported that higher numbers of black and minority ethnic (BME), refugee and non-English speaking households got in touch to ask for help. Others also found they were supporting customers from particular energy suppliers who were unable to access boiler repair services with them directly. Respondents also described families that had been left without access to food and water, and how they came across more cases of households struggling with high energy bills, fuel debt and self-disconnection.

Overall, increasing levels of hardship were highlighted by multiple stakeholders, who also noted greater numbers of tenants falling into arrears after paying for increased fuel use. The cold snap pushed some households who were “borderline struggling” into fuel and other forms of debt when attempting to cope with increased heating bills.

The challenges of a surge in service demand were exacerbated by staff facing significant transport issues, especially when attempting to access rural communities. Food banks were unable to distribute food, including emergency food boxes. Demand for help with boiler breakdowns, problems with heating systems and need for access to emergency temporary heaters increased, and some stakeholders noted visible physical and mental health impacts in their client base.

Different forms of support provided

Given the multifaceted roles and responsibilities of the range of agencies and organisations that are involved in seasonal reliance and affordable warmth programmes in general; the call for evidence also sought to understand the key tasks this mix of agents provided during the cold snap. Of the households needing help during the cold snap, 43%²³ required additional support over and above that normally provided by respondent organisations. Stakeholders also described the kinds of support they provided that were over and above their usual remit²⁴:

- **47% provided assistance with emergency fuel credit**
- **33% provided assistance with emergency access to food**
- **31% carried out appropriate home checks** to check room temperature, heating function, medications and/or availability of food supplies during the cold snap
- **21% were repairing/funding repairs to broken boilers/heating systems** or providing access to emergency temporary heating



- **16% were supporting households to access essential health services** (hospital transport, prescription pick-up services, onwards referrals)
- **14% saw staff taking on additional roles within their organisations** or volunteering to help other local agencies in their community provide crisis support
- **7% had to provide emergency clothing and blankets to households**
- **5% helped households deal with loss of power**
- **5% provided emergency access to water**

It should be noted that not all organisations had a remit to play a direct role supporting vulnerable households during the extreme weather.

Nonetheless, those that were only peripherally involved still provided some life-saving services such as identifying and engaging vulnerable households²⁵:

- **35% acted on continuity plans** specifically aimed at identifying and **responding to those most at risk from seasonal variations in temperature**
- **58% of stakeholders had actively engaged more vulnerable people** known to be at risk during cold weather, to check on their welfare and provide support where necessary
- **48% had taken steps to make sure that relevant emergency contacts were up-to-date** so they would be reached by them or other organisations

With over half of respondents actively engaging and supporting at-risk clients during the cold weather and almost half ensuring they know who to get in touch with in an emergency, responses suggest that these agencies were strong in making sure their clients could access the support they needed during the cold weather.

Many organisations also provided advice, awareness and support²⁶ with 41% making staff aware of local or national services to improve warmth in the home during the cold snap. The types of inter-agency co-operation and linking with other organisations' services or support included²⁷:

- **27% helped to communicate relevant public health and Met Office media messages**
- **17% liaised with providers of emergency shelter for homeless people** to agree plans for severe weather and ensure capacity to scale up provision
- **33% took steps to make sure local organisations were taking appropriate actions in light of cold weather alerts**
- **36% had agreed plans in advance of cold weather** in case of a winter surge in demand for services relevant to local health, social care and voluntary community sector organisation
- **21% worked with partner agencies** (e.g. transport) to ensure road/pavement gritting preparations were in place to allow **access to critical services and pedestrian hotspots**

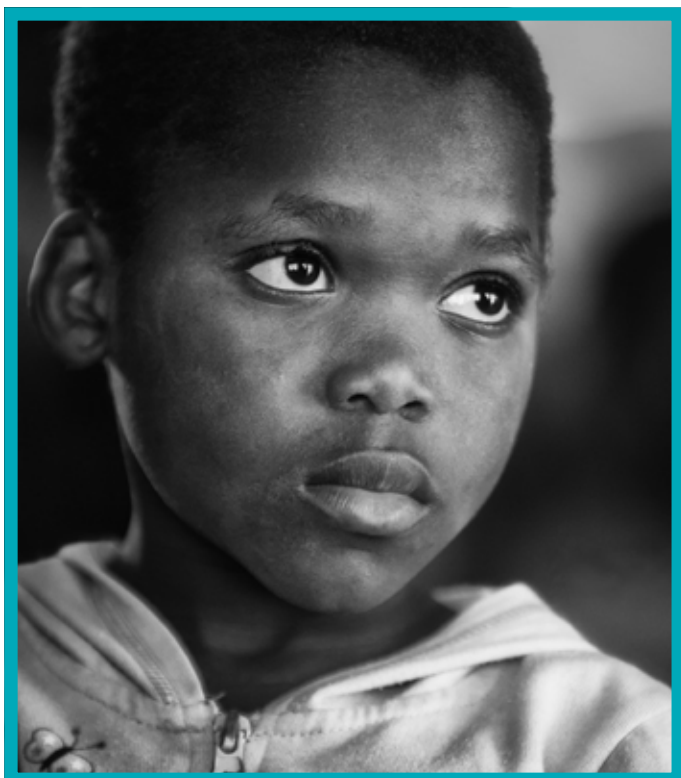
It is encouraging that between a third and two fifths of respondents were making clear efforts to link with other support agencies locally, agree joint local plans or communicate national messages. Despite respondents working hard in this area, again, there is a potential bias in the results as responses are more likely to have been from organisations more likely to be aware of the impact of cold weather on their service users. In addition, as noted below the results indicated a disconnect between national organisations' ability to refer their clients to local partners who delivered most of the crisis support.



Key challenges

The Call for Evidence sought to uncover the major challenges faced when providing support during the cold snap. Overall 38%²⁸ of stakeholders did not feel that their efforts were well supported by national support schemes, national agencies or other local partners. Reasons for this included:

- Inadequate levels of emergency credit or energy tokens for vulnerable clients at times of increased need. This meant some agencies on the ground were faced with vulnerable clients who were unable to top up prepayment meters, or who were going without heating on the coldest days in order to avoid unmanageable fuel bills. Those who did turn on the heating were potentially faced with subsequent debt issues such as rent arrears.
- Given the cold snap happened towards the end of the financial year there was limited funding left over to cope with sudden increases in demand. As well as the impact of non-recurrent service provision, some agencies experienced pressures in delivering much-needed measures to more households at a time when already limited budgets were coming to an end entirely.
- Concerns were raised over a lack of funding for boiler and heating repairs and advice services. It was noted by a number of stakeholders that the surges in demand that were experienced at point of crisis could have been avoided had such households been able to access adequate affordable warmth support prior to the cold weather.
- Some of the schemes that are already in existence, such as NEST in Wales, for example, were not set up to provide funding to cover temporary heating for people in the short-term, which limited the type of support organisations could provide in situations of immediate crisis.
- Similarly, the impact of financial cuts to frontline service provision and local authorities limited the support they could offer. This resulted in households contacting phone lines that were no longer in use, poor onward signposting for support within agencies or local authorities or very limited staff capacity to deal with large surges in demand.
- Access to remote and rural areas was repeatedly raised as a challenge. In many cases, rurality-based staff members were unable to get to work and therefore limited in the kind of support they could offer to households as part of their normal service. In some cases, support had to be limited to telephone advice that could be provided from home.
- Simultaneously, those service providers who were able to offer support experienced significant difficulties in getting help to people living in rural areas; this limited providing access to emergency heating, heating repairs, medical services and even food. Some households dependent on LPG or oil were left without fuel for their heating for several weeks.



What worked well?

As well as underlining some of the challenges, overall, 62%²⁹ of stakeholders felt that their efforts during the February and March cold snap were well supported by other national or local agencies. In addition, many relied heavily on local volunteers and the significant goodwill from community organisations and emergency support services to get help to people in need. For example:

- In order to make sure food could get to those most in need, local shops and supermarkets stayed open longer and gave out vouchers and emergency food parcels.
- Some utilities partnered with local energy agencies through voucher schemes where extra emergency top-ups were provided and were not repayable.

Some other welcome and replicable actions involved senior management teams making the right operational decisions, examples included:

- Having in place cold weather business continuity plans and making sure staff were aware of the enhanced needs of vulnerable clients at times of increased dependency.
- Freeing up staff from other duties to make referrals to appropriate agencies for support.
- Ensuring call centre staff had sufficient training and senior buy-in to quickly implement modified practices such as prioritising emergency calls for customers who were on the Priority Services Register or fast-track mechanisms to provide boiler repairs and emergency heating support, and having funding available to do this.
- Providing budgets and staff time to create or procure materials to raise awareness around what to do in cold weather and where to go for help and/or promoting those produced by other national and/or local agencies.

- Implementing flexible policies to allow staff to work from home and identifying villages where staff lived so that even if they could not get into work hot spots could be identified as to where staff could provide voluntary services within their local communities.
- Providing staff with suitable mobile and IT equipment.

As well as involving senior management teams, these and other actions relied on committed staff willing to go over and above expectations to make sure help got to those who needed it:

- Working longer and out-of-hours.
- Following up with clients to make sure they accessed the support that was signposted.
- Enhanced partnership working with hospital discharge teams to make sure people weren't being discharged back into cold homes.
- Staff attending and contributing at community events, tenant forums and internal emergency planning meeting to contribute to local planning and enable intra-community dialogues between residents and relevant support agencies.



Lessons learned and how to drive up coordinated action across the UK

Finally, the Call for Evidence identified a number of lessons learned which stakeholders felt could be implemented for similar situations in future. These have been drawn on in the concluding section of the report to develop this year's Monitor recommendations. However, some of the main themes are worth highlighting as they are also illustrated in the following section, the country specific reports:

- Relevant strategic frameworks for cold weather planning or to drive preventable actions to reduce ill health are not applied consistently across the UK nations or locally. The extreme cold weather underlined the considerable variance in the support some households received, irrespective of their relative or varying levels of vulnerability.
- National organisations need much greater visibility of support services provided locally and an accurate up-to-date view of their capacity at different periods within the year.
- Making information-sharing at a local level easier to identify households in need and which agencies are able to help them (and how). Mapping winter service providers and providers who are able to offer business-as-usual or volunteer support during a cold-weather crisis is a key aspect of winter preparedness. Such mapping should be carried out on the basis of specific localities and be relevant to delimited geographical areas (as well as referencing national support that is available where appropriate).
- Responses suggest that cold weather payments do not prevent vulnerable households from slipping into crisis during the cold weather. As such, there is scope for the temperature thresholds under which payments are made to be reviewed urgently before this winter.
- There is a need for further oversight and regulation around what emergency credit/fuel vouchers can be offered in situations of extreme cold for vulnerable clients by energy suppliers, as well as extensions or variations to existing fuel debt repayment plans in such circumstances.
- Local emergency sources of funding to get people who are most vulnerable through a crisis period have been badly affected by crisis loans in local authorities becoming discretionary. Those that are available are not re-purposed for cold weather-related support when cold weather alerts are issued. Emergency funding similar to that provided by the Scottish Welfare Fund's discretionary crisis grants for emergency heating could be considered.
- Local council staff could be allocated other roles in emergency situations - these may need to be directly related to immediate needs in their own community and may not be the usual role they fulfil.
- Resources to make sure those who do not speak English as a first language are able to access and understand guidance around coping with cold weather and identify where they can go to for support are needed.
- Making sure emergency packages (temporary heating, warm packs) are in stock and prepared by September.
- Start advice campaigns earlier in the autumn.
- Making sure that unregulated fuel distribution sectors take steps to identify consumers vulnerable to cold-related ill health and ensure they prioritise such customers for fuel deliveries as soon as cold weather warnings are in place.

The following section investigates the experience of the cold snap in each nation in order to see how the UK-wide experiences highlighted above may be similar or vary depending on the country in question.

England Country Report

From the 28th February to the 3rd March 2018, England was struck by some of the most severe winter weather in almost a decade. Temperatures dropped below freezing, falling to -2°C in central and eastern England and below -4°C in the north. The maximum temperature reached was 0.8°C in the Isle of Scilly. Combined with wind speeds of up to 35mph, the country experienced wind chill temperatures of -10°C, and the north, east and south-west saw as much as 49cm of snow³³. Much of the country ground to a halt; roads were impassable, schools were closed and communities completely isolated. 20,000 people were left without power – 18,000 of which for over 24 hours – and National Grid warned of a gas shortage. With large parts of the country swathed in snow, the armed forces aided the emergency services. This included providing transport to connect NHS staff and patients, supporting police in assisting those stranded on motorways and airlifting supplies to communities completely cut-off³⁴.

Health and Social Care Services

Planning for winter started earlier than in previous years, NHS England claimed to have “*pulled out all the stops to prepare*”³⁵. In July, NHS England and NHS Improvement’s National Urgent and Emergency Care Director wrote to stakeholders, including Clinical Commissioning Group (CCG) leaders and Chief Executives of local authorities and community and acute trusts³⁶, informing bodies of the priorities over the coming months. This included transforming urgent and emergency care, flu prevention and increasing capacity to meet winter demand. This also included increased focus on Delayed Transfers of Care and

England headline statistics:

2.55 million households (11.1%) are in fuel poverty³⁰.

In 2016/17 there were 32,500 excess winter deaths³¹.

In Quarter 1 (1st January to 31st March) 2018, 143,149 deaths occurred – an increase of 15,544 compared to the average across 2013 to 2017³².

primary care streaming³⁷. In December 2017, the National Emergency Pressures Panel (NEPP) was established, bringing together clinical experts to provide advice on clinical risk and pressures and inform national and regional action³⁸. Additionally, during the Autumn Budget the Chancellor announced an immediate cash injection of £335 million to increase NHS England’s capacity over winter³⁹. However, with the funding announced on 22nd November 2017 little time was left for it to be deployed most effectively.



Despite extensive preparations, health and care services faced unprecedented pressures over winter. Between December 2017 and February 2018, A&E attendance increased by 1.6% and emergency admissions by 6%, compared to the year before. 22.9% of patients waited more than 4 hours in A&E and bed occupancy averaged 94.4%⁴⁰, significantly higher than the recommended safe level of 85%.

On January 2nd, NEPP advised that non-urgent elective care and outpatient appointments were deferred⁴¹. Figures were the worst on record, with the Secretary of State for Health and Social Care at the time, defining winter 2017/19 as “*probably the worst ever*”⁴². The cold snap badly added to these pressures. In February there were 1.82 million attendances at A&E, 4.9% more than the previous year, with 85% admitted transferred or discharged within four hours⁴³. Chief Executive of NHS England, Simon Stevens, determined that February 2018 was “*the most pressurised month the NHS has seen in its nearly 70-year history*”⁴⁴. March 2018, saw 2.05 million A&E attendances, an increase of 1.6% than On March 2017. Just 84.6% were either transferred, discharged or admitted within four hours, the lowest ever recorded⁴⁵.



Mr P is 74 years old and widowed. He has lived in a rural, off-gas, privately owned 17th century shepherd's cottage in Northumberland for the past 16 years. Due to his rural location accessing any support proved difficult. In August 2017, Mr P was referred to NEA by Community Action Northumberland for support with his complex needs.

During the cold snap Mr P had to miss a hospital appointment and operation after the adverse weather conditions led to his hospital transport arriving 4 hours late (by which point he was going into a diabetic coma). He was also left without LPG (therefore no heating or hot water) for 6 days when his supplier was unable to get through to make a delivery. Even though he was known to his supplier as a vulnerable customer and was on a 'social tariff' with the company, there was no urgency to get to Mr P. once the village road became passable.

Luckily, NEA had put Mr P's electricity account on hold and his supplier had agreed that any debt incurred whilst the account was being investigated would be written off. NEA was able to reassure Mr P that he could put on as many electric heaters as was safe to do in order to heat his property for the week it took for an LPG delivery to be made.

NEA got in touch with the LPG supplier, who discovered that a gauge that was set to alert them when Mr P's tank ran low had not been fitted. They made sure this was done on the next delivery. This will hopefully ensure his tank is kept at a level which will not allow him to run out, especially during the winter months.

Over the course of eight months NEA worked with Mr P to have a new central heating system installed and LPG account set up, his electricity debts written off, a single-rate smart meter installed, help with applications to increase his income and energy advice and support.

How were frontline services impacted by the cold snap?

Frontline services faced an influx of demand, with 76% of respondents to the Call for Evidence in England reporting an increase in the number of people contacting their service.

Almost a third (30%) advised that they noticed a change in the type of households seeking support; 16% provided support to a broader range of households and 12% supported a larger number of households of a particular type. This included older people, those with a health condition or disability, low-income households/households receiving benefits and families with children under the age of five.

The below-freezing temperatures resulted in increased numbers of heating systems breaking down, leaving households without heating or hot water. Services faced a high number of clients in need of emergency appliances at short notice, which many struggled to provide. Services also saw an increase in households in financial distress, with many anxious about the cost of keeping warm. Others were simply unable to top up their prepayment meters or afford to use their heating at all.

This in turn, led to secondary problems such as an inability to purchase other essential items like food. As a result, services reported an increased number of applications for hardship funds, emergency credit and food bank vouchers and referrals.

The increased demand was felt across many organisations. Vulnerable households turned to others for assistance when they were not able to access support from normal providers. Other services supported those who would normally be ineligible, and several respondents advised of cases in which service providers were passing vulnerable clients onto their service due to them being unable to cope with the high workloads and demand. This increased demand resulted in many services being stretched to capacity.

A 73-year-old woman contacted her local authority's wellbeing team following her boiler breaking down during the cold weather.

She had several health conditions, including arthritis, lived alone and was incredibly concerned about the effect of the cold following the growing media coverage of the 'Beast from the East'.

Due to her vulnerability, she was provided with two oil filled radiators through the local authority's emergency heaters scheme.

The client also received a home energy visit to fill in an application for a fully-funded and efficient heating system, receiving a new replacement boiler five weeks later. She felt the scheme was a "godsend".



Update on the fuel poverty landscape in England

For successive years the number of fuel poor households has continued to increase in England. In 2016, the number of households in fuel poverty in England was estimated at 2.55 million, representing approximately 11.1 per cent of all English households and only 7 per cent of fuel poor households are living in a property with a Fuel Poverty Energy Efficiency Rating (FPEER) of Band C or above, compared to 34.1 per cent of fuel poor households living in Band E or below.

Despite the lack of progress overall, there has been a welcome focus within the UK Government and Regulator on ensuring the fuel poor are able to get maximum benefit from a fair and functioning energy market. Energy efficiency policies like the Energy Company Obligation (ECO) have also aimed to improve the effective targeting of fuel poor households. Alongside re-purposing existing support, NEA has also highlighted the critical need for additional resources and recommended that the Government use public infrastructure capital to co-fund area-based energy efficiency schemes to systematically improve the quality of UK housing in every part of the country. In this context, NEA warmly welcomed the publication of the National Infrastructure Commission's (NIC) National Infrastructure Assessment (NIA). The NIA rightly identifies the need to urgently address the energy wastage in UK homes and states dramatically enhancing energy efficiency must be a key national infrastructure priority. This approach will however need to be developed alongside other key steps like urgently re-establish local authority capacity and skills on supporting fuel poor household and improvising energy efficiency.

The constrained funding landscape for in-house measures has however partially been mitigated by the £150 million National Grid Warm Homes Fund. NEA has also championed the need for revisions to the Digital Economy Act to allow local authorities, public sector health bodies and energy network companies to undertake direct data matching processes with the Department for Work

and Pensions (DWP), independent of licensed gas and electricity suppliers. As well as improved targeting, this would provide an opportunity for these parties to leverage energy supplier support in a more precise and consistent manner.

The UK Government have also indicated that they will remove the current 'no upfront cost' caveat to the existing Private Rented Sector (PRS) regulations, ensuring landlords are required to use their own funds to meet basic energy efficiency standards. A consultation on the level of this landlord investment is pending and will be released later this year. The level of the cap is critical as initial proposals for a £2,500 limit would have resulted in less than half of F and G-rated privately rented homes in England and Wales being assisted by 2020, containing over 50,000 children left in the deepest fuel poverty and in unacceptable housing conditions.



Heavy snowfall also made travel difficult, if not impossible, meaning staff were unable to travel to their work base or to clients' homes and communities. This placed a greater strain on services as vulnerable clients were unable to be reached, leaving a backlog of calls and enquiries to deal with once the cold snap had ended.

How was the cold snap managed by frontline services?

The Call for Evidence identified a range of cold weather plans and guidance used by organisations.

- 35% had implemented the Cold Weather Plan for England and 23% followed relevant national guidance.
- 40% advised that they did not follow, nor were they aware of, national guidance.
- Local winter resilience and industry-specific plans were implemented by 25% and 20% of respondents respectively.
- 56% advised that their business continuity plan was specifically designed to identify and respond to those most vulnerable to the cold.
- The majority of plans (64%) were implemented before the winter period, with 27% initiated in response to cold weather warnings issued over January and February.

The Call for Evidence highlighted three general ways in which services in England had prepared for cold weather.



An 85-year-old woman living alone contacted the National Gas Emergency helpline following her boiler, which was under contracted repair with her service provider, breaking down.

The client had been unable to speak to anyone through said provider's helpline. An engineer attended the customer's property and identified the fault with the boiler. The usual protocol for engineers is to make safe and refer the customer to their service provider or Gas Safe. However, recognising vulnerability the engineer rectified the problem.

This was only an interim solution and with more cold weather forecast the boiler would break again. The customer care team contacted a contractor who attended the property and fixed the problem within the same day. With the boiler being under contract, the cost of the repair was the responsibility of the service provider. However, the contractor waived the costs and repaired the boiler for free.

Every other enquiry call the customer service team received during the cold snap was a customer advising that they could not get through to the service provider.



Investing in staff

As noted in the UK-wide findings, 55% had made staff aware of plans regarding severe weather and managing demand cited in their business continuity plans and trained staff accordingly. Effort was also made to raise staff's awareness as to the local and national services which improved warmth in homes, with 71% having done this prior to the cold snap and 54% during. One respondent highlighted that plans as to how staff could support vulnerable clients in cases of severe travel disruption had been made: *"we tried to identify the villages where our staff lived so that they were able to help people locally, even though they could not travel away from the area. This gave us a hotspot map of where we could get help to vulnerable people"*.

Partnerships

Prior to the cold snap, 47% of respondents identified and established plans with local health, social care, voluntary and community services vulnerable to increased demand over winter. 53% of respondents worked with local and national partners to coordinate their response to cold weather and support those vulnerable, with 63% feeling their efforts were supported.

The range of partners that services reported working with included local authorities, hospital discharge teams, energy suppliers, fire services, CCGs, fire services and the third sector. This not only facilitated a more holistic form of support, but enabled resource to be pooled. Services also reported referring and signposting clients to other organisations and 43% had established data-sharing and referral processes with local and national partners prior to the cold snap. This also facilitated services to better identify those at risk and engage these households.

However, 37% did not feel their efforts were well supported by other organisations. This was largely linked with the pressure the cold snap placed services under and the limited resources available.

Generating engagement

Organisations sought to generate engagement from those vulnerable to seasonal variations in temperature. This included raising awareness of cold weather and how to stay well in winter, with 47% communicating relevant public health and Met Office messages and promoting services and support. 56% had actively engaged those known to be at risk during cold weather with information utilised to actively contact and engage the most vulnerable, check on their welfare and provide support if needed.

However, whilst plans were in place, in some cases, the severe weather hindered them from being followed; *"a lot of these plans went out of the window as staff could not get to work at all and parts of our housing stock were completely cut off"*.

How did frontline services cope with the cold snap?

Many stakeholders adapted their service delivery during the cold snap. This included introducing telephone and internet appointments, suspending non-essential activities so resource could be mobilised to the most vulnerable and prioritising clients in crisis and extreme vulnerability.

As England was gripped by the cold weather, images and stories of NHS staff sleeping in hospitals, community staff walking for miles in the snow to reach households and communities rallying to support one another, filled the media.

The survey highlighted the imperative role of staff and volunteers in services' ability to cope with the cold snap with respondents highlighting the commitment and goodwill displayed. This included paid staff working additional hours, volunteers committing more time and staff working in different capacities to those their usual role requires. Services also took a more holistic approach to support, increasing their provision of in-kind assistance.

Dorset Community Action supports an array of households including young families, elderly and vulnerable individuals. Engagement is key in assisting vulnerable households with this and the types of activities undertaken, dependent on the time of year. The service is commissioned by two funders. However, funding for winter 2017/18 was only announced in November leaving little time to utilise the funds in a way the service would have wished. The severe cold weather resulted in increased demand for the service, with community workers calling in panic on behalf of vulnerable clients in need of financial support and without any heating. Had funding been disclosed earlier the service would have been able to have better plans in place and undertaken more activity with those client groups who are harder to engage, helping them to prepare for the cold and make the best of their fuel and finances.

Lessons learnt to cope with similar situations in the future

Whilst the February and March cold snap may have been exceptional, cold weather will continue to affect households every year. As with the UK-wide learnings, there is scope for frontline services to develop plans earlier to ensure that resources are used to best effect with staff appropriately trained. Plans should also be implemented earlier.

Barriers to target support effectively could be addressed via local or national data, responding to opportunities created by the Digital Economy Act to improve targeting and tailor advice and establishing efficient referral routes. Local parties will also need to enhance skills to take part in greater information-sharing to drive enhanced outcomes for vulnerable households. This will also aid commissioners of services, who can work closely with providers in order to ensure funding is provided in good time to ensure funds are spent in the most effective way.

In addition, whilst positive future actions have already been taken to introduce relevant strategic frameworks for cold weather planning and drive preventable

actions to reduce ill health, similarly to the rest of the UK, these are not being applied consistently across the UK nations or locally. Again, the extreme cold weather underlined the considerable variance in the support some households received, irrespective of their relative or varying levels of vulnerability. There also needs to be greater visibility of support services provided locally. In addition, NHS England and Public Health England's 'Stay Well This Winter' or similar campaigns, should include more focus and messaging on keeping warm and well in the home and provide advice on support available for those struggling with fuel bills. The Department of Health and Social Care and NHS England should also take immediate action to meet the Government's prioritisation of preventing ill health, with a significant proportion of £20.5bn funding increase to NHS England's budget by 2023/24⁵¹, ring-fenced for this purpose.

As noted in the report's conclusions, the re-establishment of grants to encourage activities that were previously funded in England via the Warm Homes Healthy People Fund (WHHP) or the Health Booster Fund would help to stimulate and sustain much-needed, prevention-oriented health and housing interventions that would significantly reduce pressures on health and social care services. In addition, the re-emergence of the Warm Homes Healthy People Fund (WHHP) or the Health Booster Fund would help deliver on one of the Prime Minister's Grand Challenges, Healthy Ageing⁵² which will ensure that people can enjoy five extra healthy, independent years of life by 2035, whilst narrowing the gap between the experience of the richest and poorest.



Northern Ireland Country Report

On 28th February 2018 'The Beast from the East' took hold across the UK and the Republic of Ireland with some extreme impacts on key agencies and vulnerable households. Between 1st January and 31st March 2018, Northern Ireland was struck by severe winds and freezing temperatures. The lowest average recorded temperature over this period was -0.3°C, and the lowest temperature recorded reached -7.1°C in Magherally (County Down) on 20th March⁵⁵. The Health and Social Care board reported disruption to services throughout the cold snap, particularly in the Southern Area⁵⁶.

Northern Ireland has a civil contingency group (CCG (NI)) consisting of senior civil servants from each department, local government, and other key stakeholders such as the emergency service utilities. A policy division within The Executive Office promotes and encourages effective emergency preparedness and has produced an overarching framework⁵⁷. However, prior to February 2018, Lady Sylvia Hermon MP⁵⁸ had already acknowledged the winter crisis in the NHS Commons debate by highlighting how "we continue to have no Northern Ireland Executive and therefore no local Health Minister, meaning that there is a specific problem in Northern Ireland".



160,000 households living in fuel poverty (22%)⁵³

640 excess winter deaths in 2015-16, 192 or 30% of which can be attributed to living in a cold home⁵⁴

Two of the worst affected areas were counties Down and Armagh, and after the event the Southern Health Trust issued a news story thanking the staff and volunteers for their efforts. Trust Chair Roberta Brownlee made the following statement:

"Our staff went to huge efforts to keep many vital hospital and community services running throughout this period and indeed throughout what has been a very busy and challenging winter across all of our services. We also very much appreciate the support from our volunteers, family, friends and many other agencies who worked with us and especially those who helped transport staff to work in very challenging circumstances."

There are many stories about how our staff and others went above and beyond to ensure that the most vulnerable got the care that they needed over this period, for example staying overnight in our hospitals, and making their way to people's homes to deliver vital medication and care.

In particular, our own GP Out of Hours drivers and voluntary drivers were magnificent in helping us out and we would like to express a special thanks to them for their incredible efforts.

We also are most grateful to our partners at Red Cross, Northern Ireland Fire and Rescue Service, Mourne Mountain Rescue, the Coastguard, the PSNI, Armagh Banbridge and Craigavon Borough Council and Frontier Coaches. Alongside our statutory and voluntary partners, there were countless examples of friends and neighbours who assisted transporting staff and patients with 4x4s and tractors."

While warnings had been issued throughout previous weather incidences, the cold snap between 13th and 26th February saw the Met Office issue a yellow warning and the Northern Ireland Department of Health issue 65 tweets during this period, including retweets of partner agencies. The Public Health Agency also tweeted over twenty times with additional flu advice for the same period.

On the 26th February, a multi-agency teleconference chaired by local government was held to coordinate the response from departments, councils and utilities to the difficult weather conditions⁵⁹.

Impact on Health and Care Services

Whilst hospital admissions to emergency departments in March 2018 increased marginally on the previous year (0.6%⁶¹), there was a notable increase in waiting times. In terms of Emergency Department admissions (EDs)⁶²:

- The number of people waiting longer than 12 hours in Type 1⁶³ Emergency Departments increased from 585 to 3,169 in March 2018 (a 440% increase). This accounted for 4.6% of all attendances.
- The number of patients treated within 4 hours decreased by 9.7% over this time.
- The highest rate of emergency admissions by age group was for those aged 75+ or under 5 at 67 and 46.9 per 1000-population age group respectively.

This happened at a time when Northern Ireland was already facing a healthcare crisis. Figures published by the Department of Health in December 2017 showed that 80,651 patients had waited more than 52 weeks for a first consultant-led outpatient appointment. Hospital admissions statistics were released on 2 August and, across the whole year there was a 1/6% increase for emergency in-patient admissions.

Update on fuel poverty landscape in Northern Ireland

Northern Ireland has come through another politically complex year, with 20 months having passed since the Northern Assembly was collapsed. This has, and continues to have, serious implications on policy including putting additional pressure on service delivery (as well as impacting on health budgets and hospital waiting lists).

“County Down Rural Community Network distribute Public Health Agency-funded warm home packs to older people, people with disabilities, young families and those living in poverty. They are also a referral agency to the local food banks and distribute emergency food parcels.

Over the winter of 2017/18, they delivered parcels to individuals and families who were unable to leave their homes to get vouchers or pick up food parcels due to the snow.

The snow had led to the food bank pick up area being closed, and the area was unsafe to drive or walk to. One mother with a newborn baby and four other young children was distraught as to how she was going to be able to feed her family or get supplies. We went to the local shops and butchers and purchased extra supplies and delivered them to this mother and those most in need.”



How were frontline services impacted by the cold snap?

- 67% of respondents to the Call for Evidence in Northern Ireland saw an increase in households needing support during cold snap.
- Of these, 10% deemed the increase to be substantial.
- Over 33% of respondents were supporting a broader and larger range of clients.

Older people were the largest group of service users in need (71%). Other households in most need of support were families with young children, households in receipt of benefits and households in deprived communities. Respondents also noted increased support needed for rural households and BME and refugee households.

Stakeholders faced difficulties in getting services to users or transport to hospital. This was compounded by the fact many were operating with a skeleton staff, and even workplaces struggled to heat working environments – themselves needing to use additional electrical heaters, as well as providing them to households. Staff members couldn't get to work, adding pressure to teams at the busiest times. Rurally-based staff in particular couldn't get to work for several days, and that caused difficulty in terms of operational outworking. Even those who were able to work from home faced problems with poor broadband and limited connectivity.

Vulnerable families struggled to heat their homes in the face of high fuel costs, a situation worsened by the fact that school closures placed more heating demands on homes during the day. There was an increase in enquiries around broken heating systems, where older systems or failing systems could not meet the increased demand of use. This also led to many vulnerable householders struggling to find replacement sources of heat. Many organisations saw an increase in the number of households in need of emergency food and fuel supplies, as well as essentials such as clothing

and bedding. Additional applications were made to hardship funds with increased risk of people without credit on their prepayment meters sitting without heating and hot water over the cold snap. Organisations encountered significant problems in providing emergency support in a timely manner.

Stakeholders also reported increased referrals from people who had attended A&E after falling in the icy conditions and who were in need of outreach support. A community association described how their service users affected from illness such as cancer had struggled to keep their homes warm over the winter period. This group provided signposting to enable residents to get the help they needed.

How was the cold snap managed by frontline services?

- 59% of respondents took steps to follow a type of cold weather plan or national guidance with 24% using a combination of national guidance and their own steps; 24% used just national guidance.
- Other guidance included cold weather planning advice from local government, PHA and NIHE.
- Of these, 75% had started to implement plans in response to the weather warnings in January and February. No respondents who answered this question indicated that they implemented plans before winter 17/18.



Key agency response: Public Health Agency (PHA)

The Public Health Agency's health improvement remit includes a thematic focus on poverty, covering fuel and food poverty as well as income maximisation. The Agency outlined the various poverty interventions supported by the organisation to NEA NI, which include a regional Keep Warm Pack scheme.

This provides practical and immediate support through warm clothing distribution, targeted and coordinated with the support of a range of cross-sector partners. The target groups for packs are based on the NICE NG6 guideline on excess winter deaths. Additionally, 'Fareshare' is a regional food distribution programme that is co-funded by the PHA. This provides meals to vulnerable disadvantaged groups. A range of other locality-based interventions are also supported by the PHA in order to tackle inequality and improve health outcomes for vulnerable clients. Additionally, the PHA has a health protection remit.

Through this, it contributes to rigorous emergency planning - structured throughout the year - as part of the multi-agency response in adherence to the Northern Ireland Central Crisis Management arrangements.

An annual flu vaccine programme and awareness campaign which are aligned with the 'Stay Well this Winter' campaign run from October throughout winter. The PHA highlighted to NEA NI that a significant proportion of its work is preventative, and is implemented year-round (not just during severe winter weather).

The agency also noted that higher levels of flu across the southern hemisphere over winter 2017/18 had additional impact on the health services, resulting in more hospital admissions. A flu surveillance team monitors flu throughout the year, as well as vaccine uptake. This is accompanied by widespread publicity and promotion of the flu vaccine programme on social media.

For all PHA interventions, regular monitoring determines that specified outcomes are met. Overall the PHA felt that the interventions available and collaborative work with partners supported many vulnerable clients and contributed to the alleviation of the impacts of the cold weather snap.

Key Agency Response: Northern Ireland Local Government Agency (NILGA)

The Agency highlighted to NEA NI that they have an important role to play when it comes to cold weather planning due to their local intelligence: over 90% of staff and elected representatives of its members work and live in their own area. The agency emphasised the strong coordinating potential of local councils themselves when preparing for cold weather.

Each of the 11 councils has a community plan, whereby advance notice of severe weather can be issued to 2-3 responsible community planning officers, who begin to raise awareness and implement the local emergency response.

NILGA explained that a key issue is how councils were able to react to the cold snap in the absence of the Northern Ireland assembly, and how this had potential to negatively impact on a range of issues.

This includes important aspects of cold weather responses such as contingency funding and decision making.

It was felt that subordinate legislation would overcome this issue. NILGA's recent report Devolution within Northern Ireland outlines the rationale and the need to extend the responsibilities of local government, including devolution of funding. This, it argues, is needed to design and deliver services with more scope for innovation and diversity.

Investing in staff

- Over 41% of respondents indicated that they had received specific training on cold weather planning and severe weather.
- In terms of advice and awareness, most organisations made staff aware of local or national services to improve warmth in the home.

Partnerships

Partnership working was a recurrent theme, from ensuring effective targeting of existing support and services with partner organisations to utilising local partnership and collaborative action across all sectors. Of those respondents who worked with partner agencies during the cold snap:

- 85% did so to coordinate their response.
- 15% had data-sharing mechanisms and referral processes in place.
- 30% helped communicate national media messages.
- 23% actively identified likely organisations affected.
- Generating Engagement.
- 83% of respondents said that they worked to ensure emergency contacts were up-to-date.
- 33% actively engaged vulnerable households during the cold snap.

17% reported having a specific aim within their continuity plan of identifying vulnerable households.



How did frontline services cope with the cold snap?

58% of respondents to the Call for Evidence in Northern Ireland said that they felt supported by national organisations. Agencies cited as working well together included NI Water, NIE Networks, Public Health Agency, Rural Community Network, Red Cross, St Vincent De Paul and Age NI.

Respondents described actions they took to cope with demand during the cold spell:

- Having on-call volunteers to help with pressure, as well as recruiting and training new volunteers.
- Many organisations updated websites, social media and provided out-of-hours telephone messages diverting to free-phone helpline services.
- Increased pressure to provide resources for heating in the face of high demand for help with heating oil meant charitable organisations prioritised assistance with food, electricity credit and heating oil.
- Having preparations for increase in food bank demand already in place and extra vouchers requested by local food banks and authorising buy-in of emergency food from local shops and butchers.
- Pooling 4x4 vehicles to allow staff to get to work and to home visits.
- Providing telephone advice from heating installers to try to resolve heating issues with customers over the phone.
- Using their tenant forums to share learning and impart information, as well as bringing in external agencies for information such as NI water.
- Supporting regional groups to reach rural communities and to ensure households and vulnerable people had access to the right information.
- Having the commitment of staff and partner agencies and a willingness to work together.

In terms of challenges, the most significant faced by respondent organisations centered around:

- Stretched staff capacity and resource.
- Treacherous roads not gritted in rural areas.
- Lack of access to additional funding to cope with increases in demand and to provide additional support to households in crisis.

How services can cope with similar situations in the future: the lessons learned

- Having access to more schemes that assist with oil brokering and hardship payments.
- Adequate oversight and regulation of the heating oil industry to protect and safeguard vulnerable consumers.
- Having access to a contingency fund for voluntary and community organisations supporting the most vulnerable in extreme winters which can be fast-tracked. This could be a role for the Executive Office in providing this.
- Current and future schemes need to be effectively targeted at those who need the most support to reduce their heating costs, and any emerging scheme would need to ensure that the energy justice principles established in the NISEP are embedded as a key principle.
- Ensuring voluntary statutory and community organisations are alerted to how key agencies should respond in such times of severe weather by developing a Northern Ireland Cold Weather Plan.



Key Agency Response: Northern Ireland Electricity Networks (NIEN)

Since storms in 1998, NIE Networks has improved its response to power cuts during severe weather through close monitoring of weather systems and investment in network IT and customer contact systems. All employees are trained outside their normal role to step in during a severe weather escalation. Currently 12 local incident centres are located across Northern Ireland and can be mobilised when required; each has a designated local incident manager and core team with additional staff allocated to each area as needed.

Every Friday morning, key staff members meet to assess network status and risks over the week ahead. A direct line to the Met Office is available with bespoke weather forecasts three times a week and a severe weather warning system. NIE Networks also works closely with emergency services, local councils, other utilities and civil contingency groups such as health trusts. The company communicates annually with its customers on winter readiness including public adverts of important phone numbers with other utility companies.

NIE Networks experienced major challenges relating to Storm Eleanor and ex-Hurricane Ophelia in the 2017/18 period with thousands of households being affected by power cuts. It invoked its emergency plans and customers were restored as soon as possible.



Scotland Country Report

As with the other nations, between 28th February and 3rd March 2018, Scotland experienced some of the most treacherous weather conditions as the 'Beast from the East' struck the country. Temperatures across the country were below freezing, with daytime temperatures reaching a maximum of -2.9°C and a minimum of -10.7°C. Much of Scotland also experienced severe and widespread snow, particularly in the east and across the central belt, with up to 49cm falling in some areas⁶⁴. On 28th February the Met Office issued a red warning⁶⁵ for parts of central Scotland. This is the highest level of warning and signifies the second red warning for snow issued in the UK since 2011 and the first in Scotland⁶⁶.

The severe weather conditions resulted in significant disruption across Scotland. Public transport was suspended, schools closed, communities isolated and roads impassable.

The British Red Cross provided emergency bedding for those stranded at Glasgow Airport and were also placed on standby in Northern Scotland by power companies, should checks to vulnerable customers be needed in the event of a power cut⁶⁷. The heavy snow and blizzard-like conditions brought traffic to a standstill leaving hundreds stranded on the M80 overnight⁶⁸, and there were warnings that shop deliveries in some areas may be impacted⁶⁹.

The British Military also assisted emergency services during the heavy snowfall, transporting NHS staff to and from hospital⁷⁰.

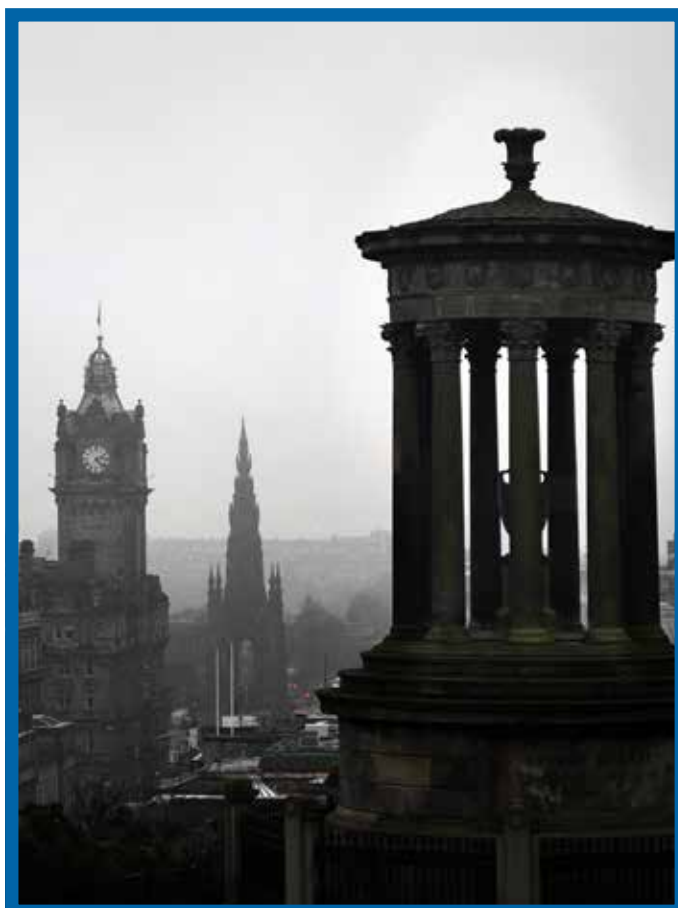
The First Minister of Scotland, Nicola Sturgeon, commented: *"The extreme weather we have been experiencing is almost unprecedented in its severity, and has clearly presented major challenges to Scotland's infrastructure. It has been a testing time for everyone, but I have been enormously encouraged to see the response from communities coming together ... and dealing with those challenges together"*⁷¹.

In Scotland there were around 649,000 households living in fuel poverty in 2016 (26.5%).

2,720 excess winter deaths (from December 2016 to March 2017).

Preparing for cold weather

Preparations for winter weather were broad and included an increased amount of grit, investment in over two-hundred gritters and all-terrain 4x4 patrol vehicles and an expansion of the winter fleet for Scotland's trunk roads. In addition, the Scottish Government in collaboration with key agencies such as the emergency services ran 'Resilience Week' from the 6th to the 10th of November 2017, which raised awareness as to how people can be more resilient to threats which include severe weather⁷². This served as part of a broader campaign called 'Ready Scotland' which provides advice and information not just on how the public can improve resilience, but the steps Government are taking.



Update on fuel poverty landscape in Scotland

There have been a number of developments in 2018 that may impact positively on fuel poverty in Scotland. In May 2018, the Scottish Government published “Energy Efficient Scotland: a route map”, setting out plans for the Energy Efficient Scotland Programme (formerly known as SEEP) which recognises that working to increase the energy efficiency of buildings between now and 2040 will bring substantial economic, social and health benefits. The roadmap represents a step towards removing poor energy efficiency as one of the main drivers of fuel poverty.

In June 2018, the Scottish Government published ‘The Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill. The bill has raised ambitions, intending now that no more than 5% (previously 10%) of Scottish homes will be fuel poor by 2040. Whilst the fact that the Bill takes into account “other reasonable fuel needs” is a welcome one, we highlight that the current timescale still expects that a full generation from now, a significant number of households will still be fuel poor.

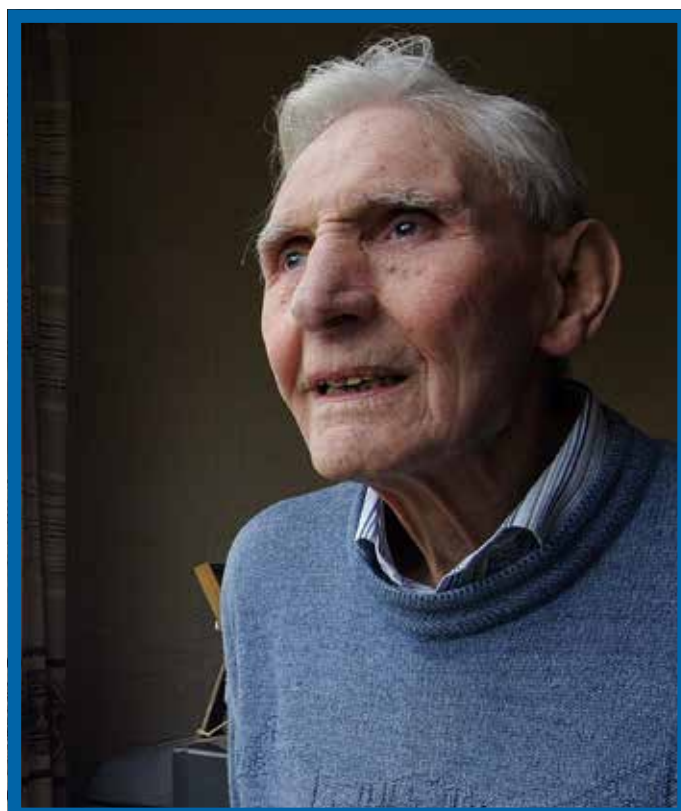
The Bill introduces a new definition of fuel poverty. Under the proposed new definition, a household must fulfil both the following criteria:

- Its required fuel costs must be more than 10% of household net income after deducting housing costs and;
- The remaining household net income after the payment of fuel costs and childcare costs (if any) must also be insufficient to maintain an acceptable standard of living for members of the household

We believe the definition could be better if the Scottish Government had adopted all of the recommendations made by the expert panel⁷³. Alongside the Bill; the Scottish Government published a draft fuel poverty strategy, which is based on the principle of social justice. The draft strategy sets out how the targets in the Bill will be met⁷⁴.

In June 2018, the Scottish Government also published the new public health priorities for Scotland. Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities recognises that the homes we live in are an important aspect of how we experience place and community, and everyone should have access to an affordable, safe and warm home. This priority explicitly references the percentage and number of households in fuel poverty in Scotland. Through the new public health priorities, the Government plans to reduce inequalities, enhance prevention and early intervention, and encourage fairness, equity and equality through collaboration and engagement.

Scotland also gained additional powers over benefits such as the winter fuel payment and the cold weather payment through the Social Security (Scotland) Bill, which gained royal assent in June 2018. The other fuel poverty benefits which are being devolved to Scotland via the Scotland Act 2016 are the Warm Home Discount and the Energy Company Obligation. The draft Fuel Poverty Strategy acknowledges this, however, notes that due to the uncertainty of the future of these schemes UK-wide beyond the early 2020s, there may not be specific benefit to have Scottish versions at present.



Health and Social Care services

Health and Social Care services had undertaken extensive preparations for winter, with Scotland's Health Secretary at the time, stating that; "Scotland is well-prepared to head in to winter ... However, there is no room for complacency"⁷⁵. 2017/18 saw record levels of investment for winter planning and unscheduled care, with an additional £22.4 million provided by the Scottish Government⁷⁶. This included £8.4 million announced for NHS Boards in December 2017 to support the public holiday working and strengthen resilience⁷⁷, and £5m provided to NHS Boards in October 2017 to support planning, ensure patients are seen in a timely manner and to maximise staff capacity with weekend discharges⁷⁸.

In June 2017 a winter planning event was held to assess priorities from a collaborative viewpoint and in August, the Scottish Government's Directorate for Health Performance and Delivery wrote to Chief Executives, Unscheduled Care Leads, Local Authority Chief Executives and Integration Joint Board Officers with guidance on preparing for winter⁷⁹. This emphasised the importance of collaboration, increasing capacity out of hours and improving delayed discharge. It also highlighted the importance of communication with the public, including communicating local and national campaigns to support patients over winter. The recommendations from a review of resilience over public holidays were also assimilated into winter plans and enabled health boards and integration authorities to coordinate existing staffing and practices to better support services⁸⁰. This included proactive discharge planning, enabling timely social care arrangements and improving uptake and targeting of the flu vaccination⁸¹.

Whilst Health and Social Care services in Scotland were well prepared for winter, services faced unprecedented levels of demand. NHS Scotland has, since August 2017, achieved the best A&E performance across the UK with 94.1% of patients delayed, transferred or discharged within four hours⁸². However, in December 2017 attendance at A&E units in Scotland reached 141,988 with

just 85.1% meeting the aforementioned four-hour target, 1,120 patients waiting more than 8 hours and 262 more than 12⁸³. During the week ending 17th December 2017, the four-hour waiting time fell to its lowest level on record, 81.1%⁸⁴. Demand on A&E services increased by almost 20% on the previous years and with service facing unprecedented pressures non-urgent and elective procedures were postponed, with one hospital suspending outpatient clinics⁸⁵.

Health and Social Care services had little time to recover before the February and March cold snap hit. This added additional pressures to already stretched services. During the week of the 'Beast from the East', 21,776 patients attended A&E departments with 88.5% admitted, transferred or discharged within four hours of arriving⁸⁶. In March 2018, the number of days attributed to delayed discharge rose to 42,628⁸⁷.

How were frontline services impacted by the cold snap?

In Scotland, 70% of stakeholders reported an increase in demand over the February/March cold snap, and 35% were supporting a broader range of households than usual. This included delivering more support to in-work, low-income households and more families facing extra costs for fuel: *"people that are not used to asking for help but are struggling with fuel costs."* It also meant providing more support to *"elderly households who may, under normal circumstances, manage their budgets and lifestyles but will come under considerable stress financially, physically and mentally when they are required to use one more resource than they anticipate"*. Service providers also saw increased demand from rural households, especially those with oil/LPG or solid fuel heating systems.

Agencies on the ground reported coming into contact with families in extreme crisis, who were unable to access food, fuel and essential income-related services. The cold weather meant staff based in rural locations working to deliver support to vulnerable clients were either unable to provide that support or had to offer a reduced service. People

"I work in the West Fife Villages, ex- mining villages; some are very isolated with poor transport, low income, high levels of poor health, and a lot of people in poverty. As part of my role as a CEW working on anti-poverty I provide advice and support to people who turn up at community cafes, credit union points and also with colleagues and in partnership with Dunfermline Food Bank.

We have a stock of emergency food boxes available locally - these can be taken directly to families and individuals in need.

It was impossible to get boxes out to people over the period we were cut off by the snow - I did negotiate with Kincardine Co-op who provided £20 worth of food to a young woman with two kids - this was down to the kindness and flexibility of the manager and my manager permitting this. I then went in to Kincardine to give the £20 back to the co-op.

Many people faced extreme difficulty with heating over the cold snap and this combined with the universal credit roll-out which greatly restricts incomes meant increased demand for food boxes.

Local community cafes in the ex-mining clubs in Oakley and in High Valleyfield opened up during the cold snap and provided a focus for people to get soup, sandwiches and food. I support the set-up of the cafes which normally run only one lunch-time per week."



with respiratory conditions reported breathing difficulties during this time, but those in rural areas were often unable to access medical services.

Stakeholders saw an increase in demand for emergency food parcels, fuel vouchers and welfare support. Households left without heating due to broken or inefficient systems were unable to access engineers. The surge in numbers of people getting in touch for help meant many found it difficult to cope with the extra demands being placed on their service.

"The cold snap adversely affected tenants with prepayment meters and electric heating. Their daily energy cost exceeded £8. This put a huge pressure on tenants with low incomes."

How was the cold snap managed by frontline services?

The Call for Evidence identified a range of cold weather plans and guidance used by organisations. Prior to the cold snap, 68% of respondents said that they had taken steps to implement or follow relevant guidance on cold weather planning; 42% had not. Of those that had:

- 5% of organisations had implemented the Cold Weather Plan for England.
- 21% had implemented another relevant plan for cold weather.
- 5% had implemented guidance issued by NHS bodies.
- 11% had followed relevant national guidance.
- 16% had taken steps to implement their own industry-specific cold weather plan.
- 32% had implemented their own locally-based winter resilience action plans.

67% of stakeholders had begun to implement those plans or guidance prior to the 2017/18 winter period, whilst 11% had done so during winter and 22% in response to the cold weather warning issued from January 2018.

"The cold snap along with new applications for Universal Credit left families in dire circumstances. We have had some families having to get three or four emergency top-ups along with foodbank vouchers etc. to help them through. Suppliers normally will only allow one emergency top-up in a 12-month period or will not give another till the previous one is paid off. So without agencies like ours advocating and arguing on their behalf they would have been left without any power or heating. I believe the ones we dealt with were only the tip of the iceberg and many families went without light or heat with no support agencies being aware."

Investing in staff

- 31% of agencies had a business continuity plan that includes severe weather and has a plan for dealing with a winter surge in demand for services. Relevant staff are aware of the plan and trained appropriately. 8% had developed such a plan during the cold weather.
- During the cold snap, 8% of stakeholders had provided staff with training that included a specific session on relevant cold weather plans or guidance, and 31% had already done so.
- During the cold snap, 8% of organisations had provided training on seasonal weather, identifying and signposting vulnerable clients. 77% had already done so.



Key Agency Response: Scottish and Southern Electricity Networks

SSEN is a distribution company which supports many different types of household in its target area. In Scotland, this covers central Scotland and the Highlands and Islands. When asked what the impact of the cold weather over winter 2017/18 was in this area, the reply was that they saw a rise in damage to their electricity network (ice and snow does affect the lines).

This resulted in an increase in the amount of help and assistance they provided to customers, particularly Priority Services Customers during this time. The snow also hampered efforts to get to the damage for repairing it and getting to customers with hot/food/drinks and mobile electricity generation etc.

They saw some increase in the number of households/individuals needing help. Some of the processes they have in place include: having a Priority Services Register, the presence of a Customer Relationship Manager in every region, and Customer and Community Advisers in all of their English regions to provide support, help and advice for their customers. They all have vans equipped with mobile generation, hot drinks, emergency blankets and hats, torches and self-heating meals for customers etc. During a prolonged power cut, if a customer needs to be moved out of their home, they organise temporary hotel accommodation and they will work with the emergency services and organisations such as the British Red Cross should additional help be needed beyond this.

They are ready for any eventualities all year round and can call upon additional resource whenever it is required. They have their own storm response process.

Partnerships

Of respondents to the Call for Evidence in Scotland:

- 43% had worked with local and national partner agencies to coordinate their response to the cold weather.
- 43% had worked with local and national partner agencies to ensure data-sharing and referral processes were in place during the cold weather period to identify and respond to those most at risk from seasonal variations in temperature.
- 29% worked with partners to ensure the severe weather did not interrupt services providing electricity supply, heating, insulation or smart meters.
- 14% helped to communicate relevant public health and Met Office media messages.
- No stakeholder liaised with providers of emergency shelter for homeless people to agree plans for severe weather.
- 21% took steps to make sure local organisations and professionals took appropriate actions in light of cold weather alerts.
- 50% had worked to identify which local health, social care and voluntary community sector organisations were most vulnerable to the effects of winter weather and agreed plans in advance in case of a winter surge in demand.
- 14% had worked with partner agencies (e.g. transport) to ensure road/pavement gritting preparations were in place to allow access to critical services and pedestrian hotspots.
- 71% actively engaged vulnerable people known to be at risk during the cold weather and support them where possible.
- 53% took steps to ensure relevant emergency contacts were up-to-date.
- 67% of organisations had already taken steps to make staff aware of local affordable warmth services, and 17% did so during the cold snap.
- 6% had undertaken an internal review to make sure cold weather alerts triggered appropriate actions to protect vulnerable service users.
- 44% of agencies carried out affordable warmth home checks for vulnerable households, as well as checking medication and availability of food supplies.
- 28% participated in plans to agree local mechanisms for distributing food, fuel, emergency heating, health and social care provisions to vulnerable people.

How did frontline services cope with the cold snap?

Of the respondents to the Call for Evidence in Scotland, 70% felt that their efforts during the cold snap had been well supported by other national or local organisations, 30% did not.

Some local agencies worked to make sure people left without food could access emergency supplies – this involved setting up temporary voucher schemes with local supermarkets, or setting up community cafes at local venues during the worst of the weather.

Others had made sure they already knew what other services were available in their local area and worked to refer people into those services.

Those working in areas where people were left without access to water delivered bottles of water in person to households. Many had to work to prioritise vulnerable clients and fast-track

Generating engagement

- 30% of organisations had a business continuity plan specifically aimed at identifying and responding to those most at risk from seasonal variations in temperature.

"We live on a small island in the Orkneys. In February (Beast) we had such a cold snap (-10) that 1/3 of the island had no water, due to the water freezing. We had to supply water (which was still running at work) to several people on the island. Using bottles, buckets etc. This had a knock-on effect, because when the water freezes the pump freezes - so many broke."

assistance packages. Where possible, they helped people to access emergency funds to top up meters or got in touch with suppliers to try to arrange fuel vouchers. Staff had to work overtime or implement flexible ways of working so that they could continue to offer advice over the phone from home, or open emergency drop-in centres at community venues for people needing to access support urgently.

Having mobile IT equipment greatly helped with this. Others took on emergency referrals from partner organisations. Some, however, noted that their attempts to reach out and link with other local services did not receive a response.

A number of respondents highlighted the fact that their winter planning normally involves taking on more staff to cope with increases in demand.

However, recent funding cuts have meant that they were unable to augment staff capacity at such a crucial time.

For others, frustration was felt in the limited availability of discretionary crisis funds from charitable bodies, local authorities and energy suppliers themselves, citing limited end-of-year budgets, regulations within funding that is available that do not permit discretionary grants to be made, and limited resources available for doing so.

Others highlighted the fact that WHD payments made in March could mean households facing heating emergencies due to cold weather over the winter period could still face heightened worry and struggle to access immediate crisis support to cover the cost of their energy.

Key Agency Response: Education, Communities and Justice Department of the Scottish Government

The Scottish Government supports a range of activities to ensure that the public sector and individuals more generally are aware of the potential health impacts of cold weather. As a collective, these activities cover many of the areas touched upon by the NHS England Cold Weather Plan. This includes guidance for NHS Winter planning, which covers Delayed Discharge, Demand and Capacity Planning, Seasonal Flu and Adverse Weather Planning, amongst others.

Going forward, the Department will be making changes to the nature of support provided to households as a result of the extreme cold weather experienced during winter 2017/18. The Preparing for Winter 2018/19 Guidance is being refreshed this year to signpost local health and social care systems to key guidance documents and resources which will help them to prepare for winter. This includes links to information provided by Health Protection Scotland on seasonal flu vaccination uptake rates and a weekly National Seasonal Respiratory Report. Links are also provided to a Chronic Obstructive Pulmonary Disease (COPD) best practice guide and the Chief Medical Officers guidance on the annual seasonal flu vaccination programme. These changes should make it easier for local health and social care systems to access good practice guidance and resources in relation to seasonal flu and respiratory disease.

The Department will continue to evaluate the effects of winter, including cold weather, on local health and social care systems and reflect on lessons learned in their annual preparing for winter guidance, engaging with others as necessary. The Energy Efficient Scotland programme will furthermore deliver warmer, more efficient homes, helping to combat the ill-effects of cold weather.

Lessons learnt to cope with similar situations in the future

Respondents highlighted a need for different ways of working during a crisis, suggesting that normal roles should be made flexible in circumstances where staff cannot get into work and vulnerable people are cut off from support, so that those people who are on hand can offer help even if this differs from their day-to-day job. Having a leading local body that can coordinate and bring together those able to offer support locally and publish that information was identified as a key aspect of winter resilience planning. Importantly, local coordination could be helped by communication channels that allow people to identify emergencies and connect immediately, such as locality-wide Whatsapp groups.

Some stakeholders highlighted the issue that some smaller suppliers had fewer processes in place to help vulnerable consumers, and that not all offered the same standard of service through the Priority Services Register. Others noted that, if people with prepayment meters ran out of money on their meter but weren't a customer of the supplier whose voucher scheme the support agency had access to, then they were unable to give them a voucher to top up their meter.

Giving locally embedded organisations access to voucher schemes would mean that they could provide households with prepayment meters a much-needed contribution towards the cost of their energy during the worst weather. A proportion of the money used for energy efficiency loans could be redirected to local initiatives such as the Quick Credit Voucher Scheme or Fuel Banks. The Scottish Government could also step up the payment of winter fuel payments and cold weather payments in Scotland through Social Security Scotland. The Scottish Government is extending the winter fuel payment to families with severely disabled children, however, there is no clear timescale of when this benefit will start to be paid out and clarity is needed.

Where households were unable to access emergency food supplies, some stakeholders emphasised the benefits of making local

agreements with supermarkets and food stores to allow food vouchers to be redeemed for those referred through appropriate channels. Allowing community organisations to access emergency funds to provide community cafes and hot food would also help make sure the most vulnerable don't go hungry during severe cold weather.

Through responses to the Call for Evidence, it is clear that rural households faced great difficulty staying warm and meeting the cost of their energy when the coldest weather hit. The most vulnerable were doubly affected by being unable to access key medical services and meet even basic needs such as accessing food for themselves and their families. Given the disproportionate impact of severe cold weather in rural areas, it is disappointing that the Scottish Government plans to use the UK Minimum Income Standard (MIS) in its fuel poverty calculation without the need to adjust the MIS thresholds upwards for households living in remote rural areas.

This takes no account of the specific circumstances of hundreds of thousands of rural fuel poor who pay significantly more for all goods and services, not just energy costs. It ignores the rural and poverty premiums experienced by many. The Scottish Government has said that it is uncertain whether creating Scottish versions of the Warm Home Discount and the Energy Company Obligation would be of benefit to Scotland, due to the uncertainty of the future of these schemes beyond the early 2020s. The UK Parliament could therefore consider committing to longer-term funding and support of these schemes.

The Scottish Government's winter campaigns such as Ready Scotland could have more of a focus on preventative measures such as information and advice on how to keep homes warm in winter. With the publication of the new draft Fuel Poverty Strategy, this is an opportune time for increased collaboration with health colleagues. Work to embed and follow up on new public health priorities for Scotland, including action on indicators like fuel poverty and housing, needs to continue and to be scaled up and Public Health Scotland should work to develop, promote and implement an adequate national Cold Weather plan for Scotland.

Wales Country Report

Background to the severe Cold Weather

Whilst the winter traditionally presents a number of pressures for health and social care services in Wales, the extremely cold weather and significant amounts of snow from late February to early March 2018 created an additional burden. On 1st March the Met Office issued the first red 'extreme weather' warning for snow in Wales since 2013. People started to panic-buy leaving supermarket shelves empty of essential supplies like milk and bread⁸⁸. The 1st March was bitterly cold with a minimum of -9.4 °C and a maximum of -4.7°C. Snow blighted the country for much of the first week of March 2018 bringing widespread disruption and sub-zero temperatures. South Wales saw the most snow in the whole of the UK with 55cm recorded at St Athan in the Vale of Glamorgan⁸⁹. Across the country travelling became virtually impossible: roads were closed, public transport came to a standstill with bus and train services cancelled or running limited services. Cardiff Airport closed and flights were cancelled or delayed. More than 1,000 schools were shut⁹⁰, university campuses closed, and there was major disruption to council services. The aftermath of Storm Emma continued to be felt with the big freeze causing icy roads. People turned to the media as well as social media to get updates on the latest conditions and services.

Both the Chief Medical Officer for Wales and the Cabinet Secretary for Health and Social Services issued advice to the public stating that people needed to keep warm and check on any vulnerable neighbours. The Cabinet Secretary confirmed that cold snaps brought extra pressures on the health service, including more strokes and heart attacks, with peaks in illness⁹¹. He highlighted that extensive preparation had gone into winter planning across the NHS. However, the adverse weather conditions brought out the community spirit and there were many acts of kindness. One example is the British Red Cross which helped to transport health professionals and patients to hospitals in North Wales, and supporting vulnerable people affected by power cuts in Bethesda and Deiniolen.

291,000 households living in fuel poverty (23%)

In 2016/17 there were an estimated 1,800 excess winter deaths, of which 540 can be attributed to cold homes

Impact on Health and Social care

In November 2017 Vaughan Gething, the Cabinet Secretary for Health and Social Services, issued a written statement on the Welsh Government's preparations for winter. Each health board in Wales had its own resilience plan to cope with winter pressures developed with the Welsh Ambulance Service and local councils, which are responsible for social care⁹². These plans included: additional investment in community services; reducing routine surgery during peak periods; winter wellness messages as well as keeping people healthy and living independently in their own homes and communities as much as possible. One example was the Stay Well@Home service in Cwm Taf, which consists of a multidisciplinary hospital-based team undertaking assessments and commissioning community and third sector support aimed at preventing unnecessary admission⁹³.



Update on fuel poverty landscape in Wales

The lack of accurate housing and fuel poverty data in Wales continues to impede the direction of effective policy interventions and funding priorities on fuel poverty and energy efficiency schemes and related housing and decarbonisation targets. With the last housing condition survey in Wales being the Living in Wales Property Survey in 2008, there is a critical gap in knowledge about housing conditions in Wales.

However, the Welsh Government's Housing Conditions Evidence Programme will shortly provide an up-to-date picture of housing conditions in Wales. The first statistical headline figures are expected to be released in the autumn of 2018 with further detailed topic reports in early 2019. National fuel poverty figures are not expected to be available until the end of December 2018.

Disappointingly, there has yet to be clear tangible steps towards setting a new fuel poverty commitment that can drive strategic action on fuel poverty reduction locally and nationally. There is general consensus that a new fuel poverty target to improve homes to a minimum energy efficiency standard would drive more strategic action.

The Environment (Wales) Act 2016 sets a legal requirement for Welsh Ministers to reduce carbon emissions by 80% by 2050 and to set five yearly carbon budgets to support their delivery. An advisory group has recently been established to advise the Welsh Government on the best approach to reduce emissions in the domestic housing sector, and whilst the advisory group has yet to produce its recommendations, a new fuel poverty target should be included in any 2030 roadmaps for decarbonisation in Wales. This in turn would support the wider aspiration in the UK Government's Clean Growth Strategy to get all UK homes up to EPC band C by 2035 at the latest.

In the recent Nest Annual Report for 2017/18, it was pleasing to see the Welsh Minister state her commitment to produce an updated Fuel

Poverty Plan. NEA Cymru and other members of the Fuel Poverty Coalition Cymru look forward to working with the Welsh Government to support the development of the new Plan.

In 2017-18, over 4,600 households received free energy efficiency measures and over 15,600 households were provided with advice through the Welsh Government's fuel poverty scheme Nest. Since the scheme started in 2011, over 112,600 households have benefited from advice and over 33,900 properties have received energy efficiency improvements. During 2017-18, a pilot to test health-based eligibility criteria was undertaken. The findings of the initial pilot were not sufficiently conclusive on the best health referral route to support a Wales-wide roll-out as had been hoped. A further 12-month pilot is taking place during 2018-19 to test health referral processes during seasonal NHS pressures.



In January 2018, the Welsh Government provided £43m through the Primary Care Fund for 2017-18 to support the delivery of primary care services; £60m was also made available for health boards and local authorities through the Integrated Care Fund to help prevent unnecessary hospital admissions and delays in discharges. An additional £10m was also announced specifically to help relieve winter pressures across health and social care services to enable quicker discharge from hospital and maintain independence at home, and for short-term and step-down residential care.

In June 2018, in response to a Parliamentary Review of the future of health and social care services in Wales, the Health and Social Services Secretary outlined major changes to the way NHS and social care is organised in the future, bringing more care closer to home, with less reliance on hospitals. The proposals were set out in 'A Healthier Wales', which focuses on providing more joined-up services, in community settings. The intention is to create better care locally, with support and treatment available across a range of community-based services.

A £100million Transformation Fund will support the implementation of the plan including the development of new integrated prevention services and activities in the community. This is the first time the Welsh Government has set out a shared plan for health and social care. The aim is to see a shift from healthcare which focuses on treating people when they become unwell, to one that provides services which support people to stay well, lead healthier lifestyles and live independently for as long as possible.



Response of key agencies: Public Health Wales (PHW)

When the Met Office Wales forecasts extreme or abnormally cold weather, PHW will consider issuing timely and proportionate advice. This advice is tailored to different audiences and scenarios and is available year-round. Proactive communications will be issued reminding people where and how they can access advice. It should be noted that this action does not constitute an 'alert' and so should not be regarded as a formal trigger for action by other public bodies; the issuing of alerts is for Met Office and other specialists and is beyond the remit of PHW.

However, any public health advice issued will be shared across the NHS with colleagues in health boards, and the Welsh Government, for information.

During the 2017/18 winter period, PHW issued proactive communications (intra and internet news stories and social media e.g. tweets) on this topic on four separate occasions. In January and February 2018 when there was extreme cold weather and considerable snowfall, proactive communications were supplemented by media interviews for ITV and BBC (by Environmental Public Health Team members). On each occasion, standard public health cold weather messages were reiterated based on guidance, and links were made to specific hazards such as falls and CO poisoning.

PHW are involved in areas of work around housing and fuel poverty/energy efficiency through a multi-agency Public Health and Housing Partnership and through linking with and supporting the Healthy Homes Healthy People Project in North Wales. PHW highlights where possible the use of NICE guidelines on excess winter deaths. PHW are also in current discussions regards Winter Pressures and how they can further plan for this both now and in the future.

The winter period of 2017-18 was still particularly challenging, with significant peaks in demand at secondary and primary care levels. December 2017 was the busiest for attendance at emergency departments on record and was followed by the second busiest January to March on record, due primarily, to very high levels of flu and elderly admissions. The extreme weather in early March also made it extremely difficult for both NHS and social care workforces to operate, which clearly had an effect on both waiting and discharge times.

Whilst there are examples of good practice right across Wales and much progress has been made, a clear test in addressing the challenges presented by winter pressures and unscheduled care is the capacity of the organisations and resources available. Indeed, despite preparations, the cold snap had a significant impact on health and social care services.

Cardiff and Vale University Health Board issued an urgent appeal for nurses, in particular critical care nurses, to attend for duty at the University Hospital of Wales and University Hospital Llandough⁹⁵.

A number of services were cancelled due to the weather and travel conditions including outpatient appointments and routine surgery. Councils assisted health boards with 4x4s vehicles to get essential staff into work and to keep care services operating but many facilities had to shut. There were many examples of offers of help from local providers to transport carers and community meals to vulnerable people⁹⁶.

The table below compares the number of attendances in NHS Wales A&E departments over the winter of 2017-18 to the winter of 2016-17, which shows there were over 10,000 extra attendances in A&E departments in the winter of 2017-18 compared to the previous winter. In March 2018, an article published in the British Medical Journal showed that during the first seven weeks of 2018 there was a sharp rise in mortality with over 10,000 additional deaths in England and Wales than was usual for the time of year⁹⁷. Influenza was discounted as an important explanatory factor.

How were frontline services impacted by the cold snap?

- Over half of the respondents to the Call for Evidence in Wales (59%) stated that there was some increase in the number of households and individuals needing help from their organisation during the cold snap, and nearly a quarter (24%) stated that they saw a substantial increase.
- 29% stated that they were supporting a broader range of households than usual, including working households who are able to manage financially within a stable financial environment but who were unable to cope with an unexpected financial emergency.

TABLE 2: Number of attendances in NHS Wales accident and emergency (A&E) departments by age band, sex and site

Number of attendances in NHS Wales A&E departments by age band, sex and site*	Dec 2017	Jan 2018	Feb 2018
	81,050	79,432	74,497
	Dec 2016	Jan 2017	Feb 2017
	76,760	77,111	71,084

*Please note that this excludes patients attending certain minor injury units, as well as patients where sex is not specified or age is unknown. Therefore, total attendance figures will be lower than those published alongside time spent in A&E publications. See metadata for more details.



Wendy is 60 years of age and owns a ground floor flat in Cardiff. She lives alone and suffers with fibromyalgia, back problems and incontinence.

Wendy contacted Care&Repair during the period of heavy snow in March 2018. She called for assistance as her boiler had broken down completely and she had no heating or hot water. Wendy was freezing and did not know what to do to get warm. She was struggling financially as she had no savings and her only income was Employment Support Allowance of £114 per week. She stated she could not afford to pay for any repairs. Her boiler was five years old and so she was not eligible for help via the Welsh Government's Nest scheme.

Care&Repair provided Wendy with an electric heater later that day just prior to the roads becoming unpassable. They also contacted a gas engineer from their reputable list of contractors and asked them to visit Wendy as soon as possible to try and fix the boiler. Wendy could not afford to pay for the £54 call-out fee so Care&Repair successfully accessed a small local charitable grant to fund this. The contractor visited the next day and was able to get the boiler working again and so the issue was resolved.

Additional pressures presented by the cold snap included issues with staff and volunteers not being able to get into work, putting additional strain on resources and resulting in a loss of service to sometimes very vulnerable clients. The poor weather also meant that appointments were cancelled and residents were not visited. Staff experienced severe difficulties accessing some properties because of the conditions.

Stakeholders noted increasing numbers of clients needing help and support due to broken heating systems and boiler breakdowns, and others needing emergency temporary electric heating. Some suggested that most breakdowns were related to frozen condensation pipes from combi-boilers. Indeed, older failing systems simply could not meet the demands of use and vulnerable householders were struggling to find sources of replacement heating systems. Organisations stated that they struggled to find funding for emergency electric heaters and also to help clients find funding for heating repairs and replacements.

The cold weather caused a lot of concern and worry about the ability of households to afford their energy bills due to their increased need for heating. One organisation noted the knock-on effect this would have on rent arrears as tenants used the money to pay for their gas bills. There was an increased demand for food parcels as households spent their limited income on heating rather than eating.

There was a particular issue with clients on prepayment meters being unable to top up through lack of funds or weather conditions impacting on getting to the shops, if indeed they were then open. Some organisations noted additional applications to hardship funds due to people not having enough credit on their prepayment meters and as a result going without heating and hot water over the coldest period. There was evidence of self-disconnection for financial reasons including a client with dependants under the age of five. One organisation saw an increase in referrals to their Hospital Team.

Response of key agencies: Wales and West Utilities (WWU)

WWU's winter plans included ensuring they had as many engineers and back office staff as possible available to respond to calls. They also maintained high stock levels of alternative heating and cooking appliances, and keep warm packs for issuing to customers if they cannot restore the gas supply. The network was very resilient and they had no one go off gas due to supply losses.

The period at the start of March was the coldest in Wales since 2011. Between 1-4 March 2018:

- WWU saw their busiest four days since they started operations in 2005.
- WWU received over 6,700 calls over four days and 700 engineers worked to respond to these calls.

WWU saw an increase in calls due to the suppliers' inability to deal with the volume of calls relating to central heating systems. In particular, due to the cold winds for the preceding week before the snow, the condensate pipes on many boilers froze up. WWU attended as many calls as they could get to as the suppliers were unable to cope. The boiler alert was put in place on the 1st March and then updated. They also posted advice on their website and via social media to tell the public what to do to resolve the issue which was viewed or shared over 200,000 times.

Whilst WWU actively work to get customers registered on the Priority Services Register with energy suppliers, electric and water companies, they know from experience that local social services have much more complete registers of vulnerable people. They have relationships with all councils so where they have a large supply outage they can contact them to identify vulnerable households and work with them and their partners to prioritise and support the most vulnerable households.



How was the cold snap managed by frontline services?

Through our Call for Evidence half (50%) of respondents in Wales stated that they do not have a national cold weather plan and are not aware of other forms of relevant national guidance. Additionally:

- 21% implemented another relevant plan for cold weather.
- 14% used their own industry-specific cold weather response plans.
- 14% took steps to implement their own locally-based winter resilience action plans.

There were also specific internal policies implemented such as a snow policy to advise staff not to travel in the severe weather.

Investing in staff

- Just over 45% of organisations had provided staff with either appropriate training or awareness-raising regarding their business continuity plan for severe weather.
- 18% stated that they had developed a continuity plan during the cold weather to respond to the increased demand for their services and had provided staff with either appropriate training or made them aware of the plan.

- Specifically, during the cold snap, no service providers reported that they had provided training on seasonable weather and the identification of vulnerable individuals to help staff be more aware of the effects of cold weather on health and how they could signpost to other services, whilst 27% stated their organisation had previously provided this.
- 33% of respondents stated that they had made staff aware of local or national services to improve warmth in the home during the February and March cold snap and 83% had already taken steps to make staff aware of local services to improve warmth in the home.
- Only 8% of respondents said they undertook appropriate home checks when visiting clients to check room temperature, the functioning of heating and/or heating appliances, medications and/or availability of food supplies during the cold snap.
- And 25% either developed, or contributed to the development of, a plan to agree mechanisms for distributing food, fuel, emergency heating, health, social care and other provisions to vulnerable people.



Response of key agencies: Welsh Local Government Association (WLGA)

Local authorities (LAs) in Wales are involved in a number of ways in providing support to households in relation to home energy. These complement support and advice available from other bodies:

- Half of the LAs have retained their own housing stock and have been undertaking necessary steps to meet the Welsh Housing Quality Standard.
- Residents can, where appropriate and eligible, be directed to the Welsh Government's Warm Homes programme, including Nest and Arbed schemes.
- LAs have also encouraged take-up of support funded via the ECO programme.

Social services staff members are involved with vulnerable households. Where cold home/energy issues are identified then contact will be made with relevant parts of the council (and other bodies) that can offer advice and support.

Local authorities had a critical role in keeping the highway network running during the winter and cold snap and this was successfully achieved for the main highway network. Highways clearance is vital in terms of ensuring food, fuel etc. can reach communities and also in enabling council services (including social service care/meals etc.) can reach households. During the cold spell LAs also undertook a wide range of other support, examples of which included:

- Provision of 4-wheel drive vehicles to ensure care staff got to households
- Increased overtime to ensure responses from out-of-hours contact centres
- Provision of emergency accommodation for vulnerable residents
- Additional support via homeless outreach and night shelter transport

Partnerships

When asked whether there were any local or national agencies that they had worked well with, stakeholders highlighted positive relationships with local news stations, third sector and voluntary organisations including food banks and community centres, as well as the Nest programme.

Generating Engagement

- 70% of respondents stated that they had actively engaged more vulnerable people known to be at risk during the cold snap, to check on their welfare and support them to seek help if necessary.
- 30% had actively taken steps to ensure relevant emergency contacts were up-to-date.
- Organisations generally responded to the severe weather by trying to ensure the availability and access to their services remained open during the cold snap and some referred to the advice provided via the variety of media outlets to not venture out of doors.

How did frontline services cope with the cold snap?

Some organisations worked positively and collaboratively to deal with the increased demand for their services. This included:

- Re-allocating staff from different areas
- Staff working overtime
- Relying on volunteers.

Some organisations had to cope with increases in demand by prioritising clients in need of help, but over half (56%) stated that they felt their efforts were supported by other national or local organisations. There was a need for third parties to provide clients with assistance to access crisis funds such as emergency credit for prepayment meters, food parcels, hot meals and drinks. In addition, a number of clients needed assistance

to re-prioritise their debts and payments to enable them to budget due to the extra expense of their energy bills. Some organisations identified a lack of support from energy suppliers who were unable to provide emergency token supplies, and it was suggested suppliers could have proactively put discretionary credit on prepayment meters to ensure people were not disconnected. It was also noted that there was a lack of any provision of temporary emergency heating to help people in the short-term.

Lessons learnt to cope with similar situations in the future

Many organisations relied on the willingness of their staff to go the 'extra mile' to ensure clients were supported. However, a number of organisations experienced challenges and offered suggestions on how things could be improved. These included:

- NEA emphasises that a more coordinated disaster recovery plan, and more strongly worded warnings issued earlier, are needed. The Welsh Government should also work with stakeholders to develop a cold weather plan to support vulnerable households at times of extreme weather and reduce the unnecessary burden of excess winter deaths in Wales.
- More resources on a short-term basis including financial crisis resources to draw from to provide immediate financial payments to clients for metered fuel and also to those in rural areas on propane.
- The Welsh Government could protect vulnerable households with a crisis fund for emergency heating when their health is at risk. Whilst funding for the energy efficiency scheme Nest is well recognised by stakeholders, the funding does not scratch the surface of the problem assisting approximately 4,500 households each year. Investment to improve the energy efficiency of the existing housing stock in Wales needs to be urgently expanded to have an impact on fuel poverty in Wales and to meet the Welsh Government's decarbonisation targets.

- With the Welsh Government's target to eradicate fuel poverty in all households by December 2018 approaching, there has yet to be clear tangible steps towards setting a new fuel poverty commitment that can drive strategic action on fuel poverty reduction locally and nationally. There is however consensus that a new fuel poverty strategy and action plan, which should include ambitious targets to improve homes to a minimum energy efficiency standard, should be developed in collaboration with stakeholders. This in turn would support the wider aspiration in the UK Government's Clean Growth Strategy to get all UK homes up to EPC band C by 2035 at the latest.
- Welsh Ministers should also update the national indicators to measure progress against the wellbeing goals within the Wellbeing of Future Generations Act (Wales) 2015 to include fuel poverty levels.

Response of key agencies: Welsh Government

The Welsh Government currently has no powers to implement legislation in relation to energy efficiency measures and insulation, but it does have levers available to promote energy efficiency which it does via its energy efficiency schemes Nest and Arbed and via funding support to social housing providers to help them make improvements to meet the Welsh Housing Quality Standard.

However, the Welsh Government does have a role to play in ensuring a more joined-up approach is taken across public bodies to integrate services, for example so that adequate provision and support is made for vulnerable patients being discharged from hospital to potentially cold homes.

The Nest advice line received increased calls from members of the public and was able to provide temporary heaters for vulnerable clients accepted onto the scheme, but going forward there is a clear need to look at the way in which resources are best deployed effectively in times of extreme cold weather.

In relation to whether the Welsh Government should introduce a cold weather plan to co-ordinate strategic action to help reduce the burden of cold-related ill health in Wales, the Welsh Government is strengthening its policy team of officials and this is an area which the Welsh Government intends to build on and is willing to consider whether such a plan would add value to its existing policy interventions. Moreover, the Welsh Government has established an advisory group on the Decarbonisation of Existing Homes in Wales. This new advisory group will help the Welsh Government develop a new programme of action to inform future investment in domestic buildings in Wales. It will consider the carbon challenge, fuel poverty and related housing quality issues.

More positively, the Wellbeing of Future Generations (Wales) Act 2015 has increased the focus on health prevention as well as improving the way Welsh public bodies develop policy.



KEY UK-WIDE ACTIONS FOR THIS COMING WINTER

The UK Fuel Poverty Monitor 2016-17 made detailed recommendations on how to improve coordination locally and nationally in order to reduce the scale, cost and pressures cold-related morbidity is still having on health services and related agencies across the UK nations. Some progress has been made since then, but the cold snap and continued illness, resulting pressures on social care and health services and needless winter deaths are a stark reminder that there is still a long way to bridge the gap between rhetoric to end cold homes and the reality.

Last year we made the case for arranging a joint ministerial summit with representatives from across all four nations' governments which would have resulted in a joint public commitment formally recognising the importance of cold homes as a key determinant of ill health and hold relevant national departments, local government and competent bodies to account for reducing cold-related premature mortality and the public costs of inaction.⁹⁸ When the Excess Winter Death statistics are released later this year, they must act as a further reminder about the importance of enhancing high-level engagement on this issue in order to avoid further tragic consequences of inaction across the UK nations.

“Whilst the cold snaps were more extreme than usual, higher temperatures than these can still create hypothermia conditions. We shouldn’t be waiting for the extreme cold to appear before we act”

Survey respondent.

**A POSSIBLE 706
EXCESS DEATHS
IN NORTHERN
IRELAND***

**POTENTIALLY
2,733 EXCESS
DEATHS IN
SCOTLAND***

**UP TO 1,915
EXCESS DEATHS
IN WALES***

**30,822 EXCESS
DEATHS IN
ENGLAND***

* in 2016/17

OUR RECOMMENDATIONS

We repeat our call for consistent preventative health frameworks across the UK. The following actions should be prioritised:

1. Given the clear links between eradicating fuel poverty and reducing ill health and cold-related mortality, fuel poverty commitments across each of the UK nations should be clarified and embedded within legislation and relevant local and national health and social care frameworks.
2. We call for relevant public health agencies in Scotland, Northern Ireland and Wales to develop comprehensive national cold weather plans similar to the Cold Weather Plan for England produced by Public Health England (PHE). Each of the Devolved Nations should also adopt the NICE NG6 guideline and corresponding quality standard on cold-related ill health and excess winter deaths. We also urge all relevant public health agencies, including PHE and NICE, to continue and increase activity to promote, disseminate and embed cold weather planning on the ground.
3. National organisations need much greater visibility of support services provided locally and an accurate up-to-date view of their capacity at different periods within the year. To ensure national and local agencies are able to co-ordinate cold weather support to vulnerable households they should be able to access regularly updated information listing locally available services and partnerships. We therefore call for the annual registration of Single Point of Contact referral services (SPOCs) to be set up by respective government departments, a related agency such as the UK Public Health Register (UKPHR) or with suitable funding, a third party.

As well as greater co-ordination, resources at a UK, national and local level must (as a minimum) reflect the costs of not taking action. The following actions should be prioritised:

1. We welcome recognition by the National Infrastructure Commission that domestic energy efficiency is considered a national infrastructure priority (energy efficiency has already been designated as an infrastructure priority in Scotland). We urge that any designation needs to act to unlock public infrastructure funding to help the UK and national Governments meet their fuel poverty targets and more generally improve our unhealthy and inefficient housing stock.
2. In the short-term, improved access to adequate emergency and crisis support during severe cold weather episodes is needed by national governments. It would be possible to further reduce pressures on the health and care service that arise from cold-related morbidity if each nation introduced cross-departmental funding streams that can enable the delivery of health prevention-based affordable warmth programmes. Specifically, this would involve the establishment or re-establishment of grant schemes to fund activities that were previously available in England via the Department of Health's Warm Homes Healthy People Fund (WHHP) or the Department of Energy and Climate Change's previous Health Booster Fund.
3. The temperature threshold at which Cold Weather Payments are paid should be reviewed with a view to it being increased to prevent vulnerable households falling into crisis when severe weather ends but indoor temperatures are still threatening to life.
4. Local emergency crisis loans in local authorities should not be discretionary and available or repurposed for cold weather-related support when cold weather alerts are issued.

The energy industry must enhance its role in ensuring consistent outcomes for the most vulnerable. The following actions should be prioritised:

1. Energy suppliers need to provide extensions or variations to existing fuel debt repayment plans during cold weather. They must also maintain progress on improving the Priority Services Register (PSR), with reforms to existing PSR categories and additions to the PSR minimum services list. Raising awareness of the PSR and related services, driving up third party outreach and referrals are also key priorities. In turn, where suppliers develop new mechanisms to provide emergency fuel credit/vouchers, they should be able to recover reasonable costs that may be incurred when supporting vulnerable households during cold weather periods. Any additional costs could be covered through the introduction of an initiative similar to the previous Government Electricity Rebate (GER) mechanism.
2. Revisions to the Digital Economy Act should allow local authorities, public sector health bodies and energy network companies to undertake direct data-matching processes with the Department for Work and Pensions (DWP), independent of licensed gas and electricity suppliers. As well as improved targeting, this would provide an opportunity for these parties to leverage energy supplier support in a more precise and consistent manner.
3. Unregulated fuel sectors such as oil and LPG must enhance their work to ensure their customers are not at risk of being left without access to fuel during severe cold weather. The introduction of similar Priority Services Register requirements to those currently in place for regulated energy suppliers and distribution companies would be a positive and necessary first step. Coupled with enhanced regulatory scrutiny, this would help to better identify vulnerable clients, provide them with priority access for fuel deliveries when cold weather warning alerts are in place.



The cold facts:

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4. In Northern Ireland's case, this means 2011 to 2016. For England, Scotland and Wales, this covers 2012 to 2017.
5. (1720 fatal road traffic accidents occurred in the UK in 2017. Source: <https://fatalaccidentclaims.org.uk/every-fatal-road-deaths-in-the-uk/> [Accessed 14th August 2018]
6. (There were 1720 fatal road traffic accidents in the UK in 2017). Source: <https://fatalaccidentclaims.org.uk/every-fatal-road-deaths-in-the-uk/> [Accessed 14th August 2018]
7. (7186 deaths in total). Source: Ministry of Defence (2018) UK Armed Forces Deaths: operational deaths post World War II. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694179/20180327_UK_Armed_Forces_Operational_deaths_post_World_War_II-O.pdf [Accessed 14th August 2018]
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16. Met Office, 2018: A review of our long-range outlook for the recent cold snap. Available: <https://blog.metoffice.gov.uk/2018/03/07/a-review-of-our-long-range-outlook-for-the-recent-cold-snap/> [accessed 16th May 2018]
17. In total, we received 113 responses to the Call for Evidence from stakeholders representing: the charity and voluntary sector (51%); Local Authorities including Public Health and Social Care (26%), housing providers including social housing (10%); health and social care bodies excluding Local Authority (3%); Community Interest Companies (3%); distribution companies (4%); energy suppliers (2%); heating system installers and engineers (<1%) .
18. Respondents mainly operated in England (42%), Scotland (25%), Northern Ireland (19%) and Wales (16%). 85% of respondents were involved in delivering services to households vulnerable to cold-related ill health over the 2017/18 winter period in general, whilst 69% were delivering services during the February/March 2018 cold snap.
19. In Northern Ireland, we were able to engage with the Public Health Agency, Northern Ireland Local Government Association (NILGA) and Northern Ireland Energy Networks. In Wales we had insight from Wales and West Utilities, the Welsh Local Government Association and the Welsh Government. In Scotland we discussed activity in this area with Scottish and Southern Electricity and the Education, Communities and Justice Department. In England, we approached key representatives from the Department for Business, Energy and Industrial Strategy (BEIS), the Department of Health and Social Care (DHSC), Public Health England (PHE), NHS England (NHSE), NHS Improvement, the National Institute for Health and Care Excellence (NICE) and the Local Government Association (LGA). Unfortunately, these agencies were unable to participate in the evidence gathering process on this occasion. However, we welcome and invite each of the organisations listed to continue to engage on this issue going into the future, and to work with us to build on and integrate the recommendations contained within this report.
20. N=90. Responses equal more than 100% due to respondents selecting multiple answer options.
21. N=63. Responses equal more than 100% due to respondents selecting multiple answer choices
22. N=107
23. For 22%, their service delivery remained the same, and 3% experienced some decrease in the number of households needing help.
24. N=98
25. N=43. Based on coded qualitative responses. Responses equal more than 100% due to respondents providing multiple answers.
26. N=66. Responses equal more than 100% due to respondents selecting multiple answer choices
27. N=68. Responses equal more than 100% due to respondents selecting multiple answer choices
28. N=70. Responses equal more than 100% due to respondents selecting multiple answer choices
29. N=94
30. N=94
31. The Department for Business, Energy and Industrial Strategy (2018) Annual Fuel Poverty Statistics Report, 2018 (2016 data)
32. NEA and E3G (2018) Cold homes and excess winter deaths: a preventable public health epidemic that can no longer be tolerated
33. Office for National Statistics (2018) Quarterly mortality report, England: January to March 2018
34. Met Office (2018) Snow and low temperatures February to March 2018
35. Ministry of Defence. 2nd March 2018. Military support for snow relief
36. NHS England (no date) Winter resilience
37. NHS England and NHS Improvement (2017) Preparation for winter 2017/18
38. Reducing Delayed Transfers of Care (DTCOC), when a patient is ready to be discharged from hospital but is unable to, is a key government focus. The Spring 2017 Budget saw the Chancellor commit additional targeted funding to reduce DTCOCs and ensure more joined-up working between local authorities and the NHS, largely through the Better Care Fund (a shared budget between the two). Plans to reduce DTCOCs submitted by local

- authorities and clinical commissioning groups were only approved and funded if they met Government targets. By December 1st 2017, all type 1 A&E departments (major departments providing a 24-hour consultant-led service) were expected to have implemented primary care streaming, through which minor attendance would be diverted to primary care clinicians and services. Other measures included increasing the number of patients using NHS 111 (a telephone service for those in urgent but not life-threatening need), sickness surveillance monitoring to assess outbreaks of norovirus and other illness to better prepare for hospital admissions, a winter framework for nurses which focused on utilising care homes to free up beds, a winter indemnity scheme for GPs which permitted them to undertake additional work out-of-hours without needing to pay additional costs to their medical defence organisation and increasing the number of evening and weekend GP appointments. Public Health England and NHS England also ran the 'Stay Well Pharmacy' campaign which sought to reduce avoidable appointments with GPs and presentations at A&E for minor ailments that could be effectively managed with support and advice from community pharmacists and/or the NHS website.
39. NHS England (2017) National Emergency Pressures Panel (NEPP)
 40. HM Treasury (2017) Autumn Budget 2017
 41. House of Commons (2018) Briefing paper 8219 Winter pressures 2017/18
 42. NHS England (2018) Operational update from the NHS National Emergency Pressures Panel. 2nd January 2018
 43. The Telegraph. Waiting times at major A&E department worst on record in January, figures reveal. 8th February 2018.
 44. NHS England (2018) Combined performance summary February 2018
 45. Health Services Journal. February 'most pressured month ever for NHS'. 2nd March 2018.
 46. NHS England (2018) Combined performance summary March 2018
 47. Public Health England (2015) [updated 2016] Cold Weather Plan for England
 48. Public Health England (2014) Cold Weather Plan: action cards for cold weather alert service
 49. NHS England (2017) NHS England – Board Paper: Update on Winter Resilience Preparation 2017/18
 50. NHS England (2017). NHS leader unveil action to boost flu vaccination and manage winter pressures
 51. At present it is not possible for these key groups to do this without being subject to the enhanced General Data Protection Regulations or a time-consuming appraisal of the household's circumstances and securing individual 'opt in' consent.
 52. Prime Minister's Office (2018) PM speech on the NHS: 18 June 2018.
 53. PM speech on science and modern Industrial Strategy, 21 May 2018 at Jodrell Bank. 2016 Northern Ireland House Condition Survey. May 2018, Available at: https://touch.ni.gov.uk/index/corporate/housing_research/house_condition_survey.htm [Accessed 9th July 2018]
 54. The 16/17 EWM statistics will not be available until later in the year.
 55. Data provided by the Met Office.
 56. <http://www.hscboard.hscni.net/severe-weather-update/>
 57. <https://www.executiveoffice-ni.gov.uk/articles/civil-contingencies>
 58. <https://hansard.parliament.uk/Commons/2018-01-10/debates/B1BB1222-AED2-4C22-8C71-39D1084D9300/NHSWinterCrisis>
 59. <https://www.executiveoffice-ni.gov.uk/news/responders-gear-adverse-weather>
 60. Caution should be taken when making comparisons with other UK jurisdictions as they may not always be measured in a comparable manner.
 61. Figure includes new and unplanned reviews and all ED types.
 62. <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-ni-wts-ecwt-q4-17-18.pdf>
 63. Type 1 ED is consultant-led 24 hour service with full facilities including resuscitation for A&E patients. A Type 1 Emergency is where the patient required immediate medical intervention as a result of severe, life-threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
 64. Met Office (2018) March 2018
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 96. <https://www.walesonline.co.uk/news/wales-news/live-updates-snow-weather-travel-14352279>
 97. <https://www.bmj.com/content/360/bmj.k1090/rr>
 98. We also argued that the summit should seek to establish an ongoing UK-wide 'cold response taskforce' which would review the actions being taken across the nations to tackle cold-related morbidity and mortality in detail, including an assessment of national frameworks, relevant policies and local action. Agreement on key priorities to reduce deaths and illness from cold homes that could be implemented consistently across all nations would be sought, and mechanisms for measuring performance (at both national and local level) and holding relevant bodies to account for inaction be designed. We highlighted the need for a detailed assessment of the overall scale, cost and pressures that cold-related morbidity is having on health services and related agencies across the UK nations, and argued that this could be carried out by the UK-wide cold-response task force. The assessment should further examine how far the cost of cold homes is fully captured in the cost-benefit analyses of existing relevant national or local policies, and make recommendations around how they can be re-designed to fully reflect the cold homes cost to society.



Action for Warm Homes

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