



Leeds
CITY COUNCIL



Heating on Prescription: Risk stratification within the GP clinical systems to identify people at risk of worse health outcomes from living in a cold home.

Research Objectives

- ✓ Did the development of a risk stratification model identify people with clinical and social risk factors for fuel poverty.
- ✓ What was the impact at a service and individual level of heating on prescription?

Method

High risk patients were identified using Read Codes from clinical reporting systems at Practice level. The Read Codes identified patients with respiratory & cardiac Long-Term Conditions, who were more susceptible to poorer health outcomes and increased healthcare usage. Target population was narrowed by deprivation at a post-code level and contacted with offer.

Eligible patients were those with a household income of £30,000 or less and savings of less than £16,000.

We extended the reach of Heating on Prescription to secondary care, and VCS, by year 4 we had a database, which was used to contact people directly.

Conclusion

The risk stratification model successfully reached those households at risk of cold home living and individuals reported an enhanced sense of wellbeing.

There was a reduced healthcare usage among those receiving HOP.

Introduction

- ✓ Household warmth is essential for health, comfort, and wellbeing during winter months.
- ✓ Challenges include rising energy costs, inefficient heating systems, and inadequate insulation.
- ✓ This project used a risk stratification model to identify patients most at risk of harm from living in a cold home to offer extra support to stay well.

Impact

Who?

A total of 1387 referrals were made between November 2023 and March 2026.

78% lived in an area classed as IMD1.

64% reported LTC such as mental health disorders, musculoskeletal or respiratory issues.

46% of households contained a person living with disability

Impact at service level

190 respondents in 2023, via a survey of those receiving fuel vouchers.

55% were working aged adults; 27% aged over 70 and 12% were aged under 18.

On average, over 70-year-olds had 6 long term conditions (LTC) and 9.9 frailty indicators; 19-69-year-olds had 4.5 LTC and 8.1 frailty indicators.

Compared to previous year - service users attended the GP 1.39 fewer times in the year after receiving support from the service.

Impact at an individual level

190 respondents responded to a survey about the impact of HOP.

67% said they were rationing heating and hot water daily before they received their HOP voucher. Of these, 64% said they no longer need to ration or could ration less.

HOP enabled service users to use heating, dry laundry and have a bath/shower. It also improved damp issues.

"Had really bad damp and mould on the house. The voucher kept the house warmer so the damp improved"

Challenges

Referrals from Primary care require repetitive communication.

Referrals from Secondary care could be strengthened.

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The Leeds Winter Warmer Model
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