

**Health Scrutiny Committee – 19th November, 2015**

**Report of the Chief Officer Health and Wellbeing (Director of Public Health)**

**Excess Winter Deaths**

**1.0 Purpose of Report**

1.1 This report provides an update on Excess Winter Deaths (EWD) in Dudley, following a previous briefing presented to the Health Scrutiny committee in 2012, due to EWD being identified as an issue in that years Health Profile of the borough published by Department of Health.

**2.0 Background**

2.1 EWD are the extra deaths that occur in the 4 months of winter compared with the 8 non-winter months, expressed as a percentage. The winter months are December to March, and the non-winter months are August to November (prior to the winter) and April to July (following the winter period).

2.2 The EWD measure allows comparisons to be made between different geographies, and indicates the extent to which there are higher than expected deaths in the winter compared with the rest of the year.

2.3 There are estimated to be around 30,000 extra deaths in the winter each year in England. Death rates in England and Wales increase more in winter than in other European countries with colder climates, suggesting that factors other than colder temperatures contribute to excess winter deaths.

2.4 The Dudley Health Profile (Department of Health, 2014) shows that EWD in Dudley are now statistically similar to England (Aug 2012-Jul 2013 16.7 and 20.1 respectively). Furthermore, in the last two years Dudley has narrowed the gap in EWD relative to England and is now in line with its neighbouring Local Authorities.

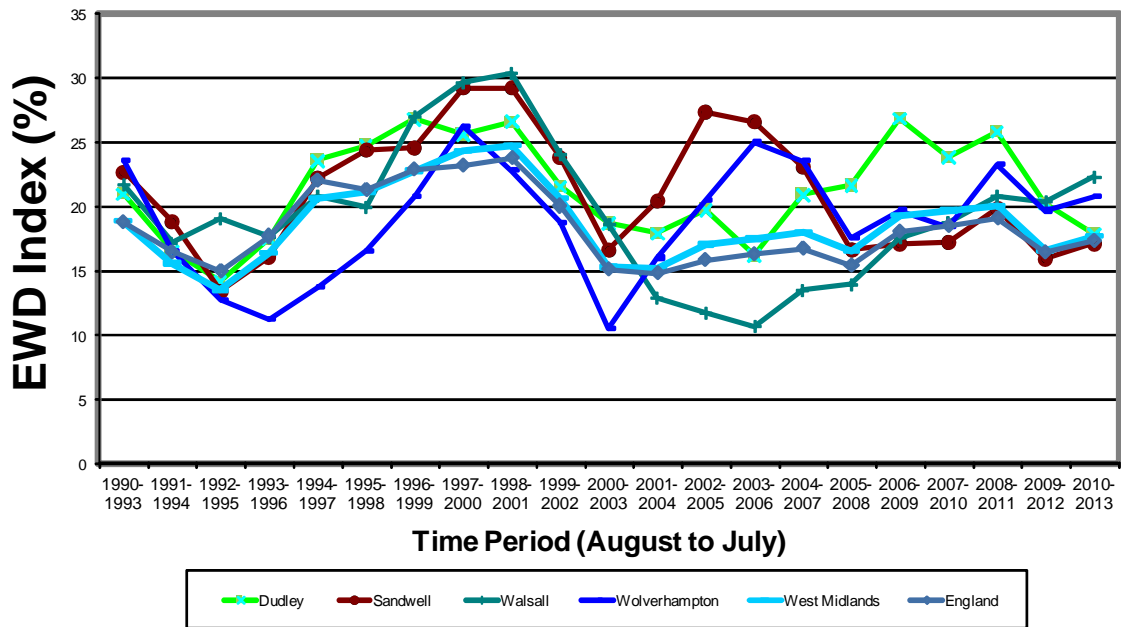
2.5 The national picture for EWD has recently been reported by the West Midlands Public Health Observatory. The trend for Dudley is shown in figure 1 below together with trends for neighbouring Black Country Authorities and the trend for England.

2.6 EWD have varied over the time period for all Black Country Authorities and England, with an increasing trend in the 1990s and then declining in the first

part of the 2000s. EWD have not differed over the time period between England and the West Midlands region. Sandwell, Walsall and Dudley have consistently had EWD above England's until early 2000, when Walsall has shown a rapid improvement. Dudley is now in line with the rest of the Black Country local authorities, England and the West Midlands.

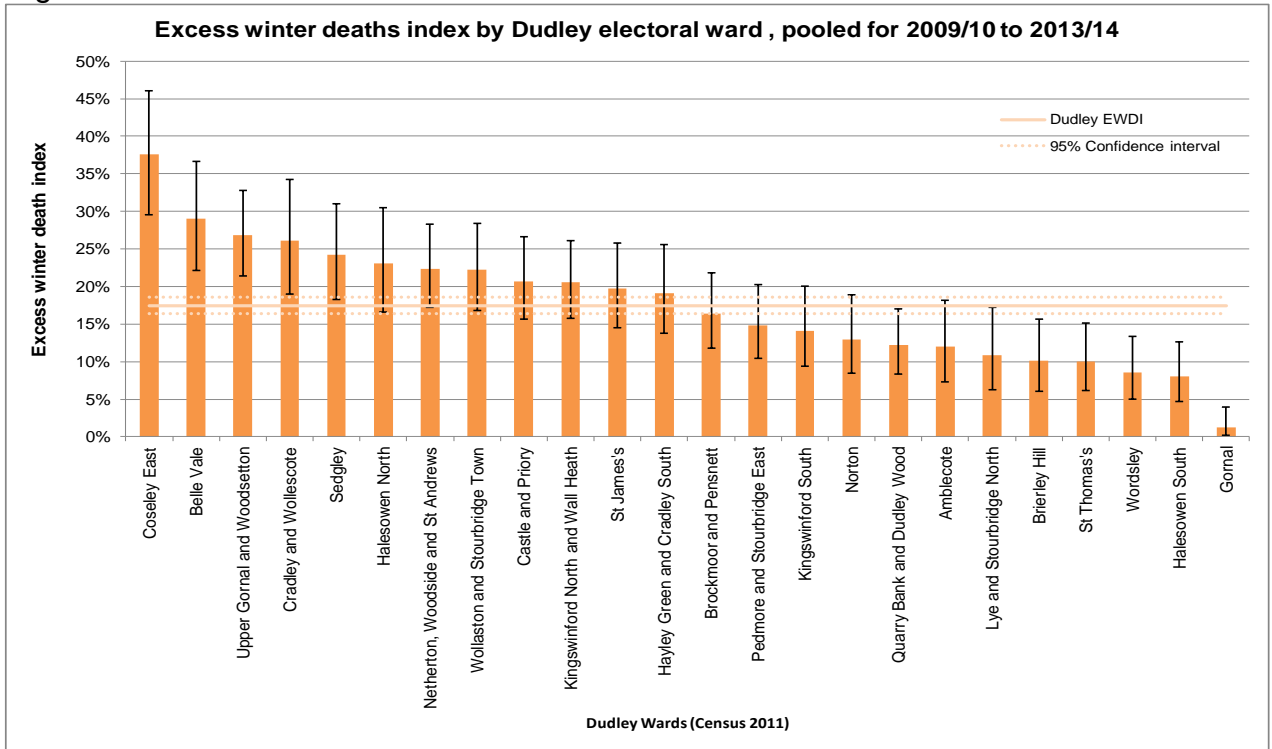
Figure 1

**Excess Winter Death Index Trend 1990 to 2013 (3 years combined) for England and the West Midlands**



2.7 Inequalities in EWD are also evident across the electoral wards in Dudley, although they do not follow the usual patterns for other health inequalities. Coseley East, Belle Vale and Upper Gornal and Woodsetton wards have the highest EWD whereas Gornal, Halesowen South and Wordsley have low indices (see figure 2 below).

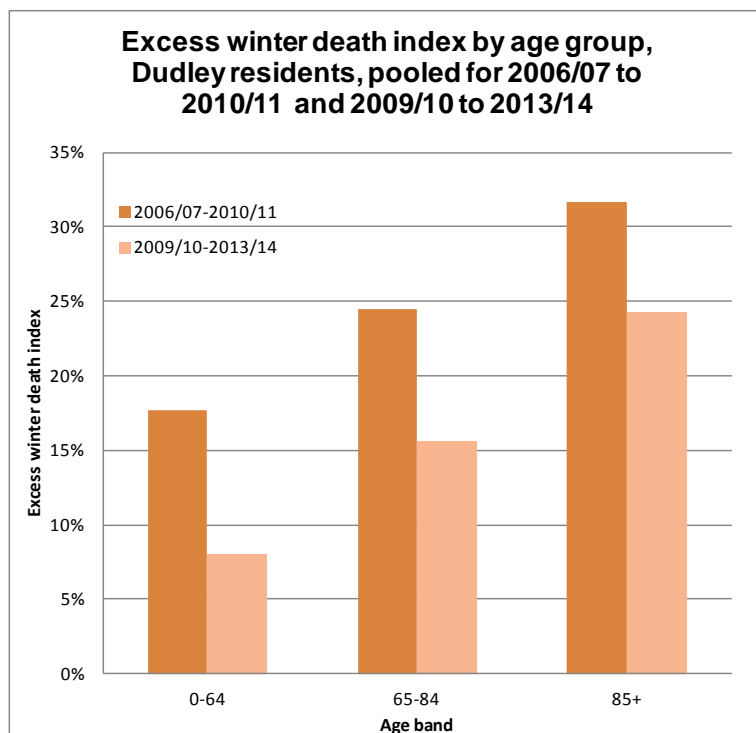
Figure 2



Source: Office of National Statistics Public Health Mortality Files

2.8 EWD vary by broad age of death, being considerably higher in the 65-84 and 85+ age bands. There has been a decrease in the level of EWD across all age bands in the recent time period as shown in figure 3.

Figure 3

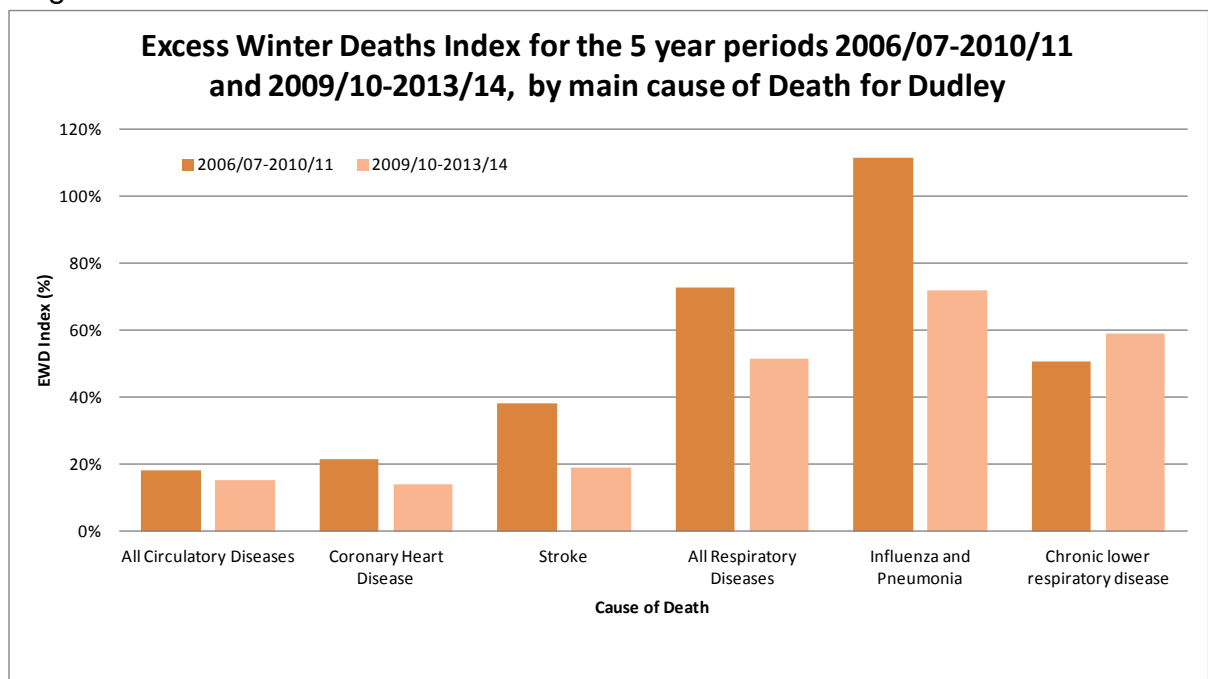


Source: Office of National Statistics Public Health Mortality Files

Trends in EWD in Dudley by age band shows the greatest variation in people aged between 65-84. When death data for the 85+ age group is plotted against temperature there is not a strong correlation between increased death rates and mean winter temperature, which suggests that factors other than external temperature also contribute to EWD in this older age group.

- 2.9. EWD by main cause of death is shown in figure 4 below. The most significant contributory cause of EWD in Dudley was all respiratory diseases, particularly influenza and pneumonia (pneumonia accounts for the majority of these deaths).

Figure 4



Source: Office of National Statistics Public Health Mortality Files

Between 2009 and 2014 there were on average an extra 179 deaths per year in Dudley in the winter months and almost 105 of these were as a result of cardiovascular or respiratory disease. Influenza accounted for only 1 death across the whole period (non-winter) and hypothermia for 3 deaths across the whole period (one in winter). There was an average of 25.5 excess deaths per year from pneumonia.

### 3.0 Reasons for Excess Winter Deaths

- 3.1 The impact of cold weather on health is well recognised; since 2011 an annual 'Cold Weather Plan' for England has been published to help raise awareness of the harm to health from cold, and provide guidance on how to prepare for and respond to cold weather.
- 3.2 The majority of EWD each winter are due to exacerbations of heart and lung

disease caused by cold temperatures rather than hypothermia. The reasons more people die in winter are complex and can be attributed to inadequate heating and poorly insulated housing, fuel poverty as well as circulating infectious diseases, particularly flu and norovirus, and the extent of snow and ice. (A household is defined as being in fuel poverty when the fuel costs for the household are above the national average and when the remaining income after spending the required amount on fuel is below the official poverty line.)

- 3.3 It is now clear that in an average winter, most of the health burden attributable to cold occurs at relatively moderate average outdoor temperatures (from 4-8°C depending on region). This is why we must ensure our responses include year round plans as well as those specifically in preparation for winter weather.
- 3.4 The Cold Weather Plan is complemented by new NICE Guidance on measures to reduce excess winter deaths and the increased incidence of illness in the winter and to reduce the health risks associated with cold homes. Both documents offer strategic and practical recommendations to support vulnerable people who have health, housing or economic circumstances that increase their risk of harm. In this guidance the term vulnerable refers to a number of groups including:
- people with heart disease
  - people with respiratory diseases (including chronic obstructive pulmonary disease and asthma)
  - people with mental health problems
  - people with disabilities
  - older people (65 and older)
  - households with young children (from new-born to school age)
  - pregnant women
  - people on a low income.
- 3.5 To inform and encourage action, the Public Health Outcomes Framework, first published in January 2012, includes indicators to reduce excess winter deaths and address fuel poverty. Strong local leadership and partnership working at all levels across sectors is therefore vital to tackle the range of causes and reduce the number of 'excess' deaths that are observed each winter.

#### **4.0 Dudley Initiatives to Address EWD**

- 4.1 Since the report presented in January 2012, a robust approach to excess winter deaths has been implemented in Dudley which responded to many of the recommendations for further action which were made by Health Scrutiny Committee. These include:
- 4.2 Annual 'Cold Weather Plan' meetings are in place to ensure co-ordinated arrangements for planning and responding to cold weather are in place across public, independent and voluntary sector health and social care organisations throughout the year. This has helped to improve the previously fragmented approach.

4.3 A powerful annual winter warmth campaign targeted at the public and those that work with people vulnerable to cold homes is in place which makes the links between living in a cold home people's impact on health and wellbeing.

4.4 A single point of contact for all winter warmth and energy efficiency related enquiries, through Dudley Council's Home Improvement Service has been introduced. This has demonstrated considerable benefits in relation to coordinating advice and support across agencies, and making it easier for professionals to make referrals. Since April 2012 this has resulted in:

- 2,374 enquiries and 1,860 home visits, tailored to the specific needs of each household. The majority of households had at least one resident with an illness/ disability that was adversely affected by living in a cold home
- 1,201 energy efficiency measures installed, including new boilers, draught proofing, radiator reflector panels and external wall insulation
- £116,907 gained for residents through unclaimed Warm Homes Discount, switching of fuel suppliers and goodwill gestures from fuel suppliers. An additional £50,073 of potential savings will be realised if 197 households decide to switch based on their comparisons
- 2,225 professionals and 2,211 residents have been engaged in awareness raising presentations, workshops or discussions. The professionals engaged have been predominantly working in health and social care
- 5,000 landlords have been targeted through a mail shot to try and improve standards of privately rented properties. So far this has resulted in 200 referrals for loft and cavity wall insulation and 100 referrals for ECO (Energy Company Obligation) boilers
- Service evaluations demonstrate excellent feedback from professionals and from residents with 70% of professionals reporting a noticeable improvement in their clients comfort, health or wellbeing following a referral to the service. 96% of residents surveyed said they would recommend the service to their family, friends and colleagues.

4.5 Maximising uptake of Flu and pneumococcal immunisation is a recommended measure to reduce EWD. The table below (figure 5) shows uptake of flu immunisation for 2013/14 and 14/15. Dudley has the highest uptake rate in the NHS England Area Team for all groups and is also consistently higher than the average for England. The pneumococcal vaccine which is available to people aged 65 and over had an uptake of 67.8% for 2011/12 and 69.4% for 2012/13, remaining fairly static over time.

Figure 5

Organisation/ Area	Year	Return Rate	Summary of Flu Vaccine Uptake %					
			65 and over	Under 65 (at risk only)	All Pregnant Women	All aged 2	All aged 3	All aged 4
England	2013/14	99.8%	73.2%	52.3%	39.8%	42.6%	39.5%	
	<b>2014/15</b>	<b>99.7%</b>	<b>72.8%</b>	<b>50.3%</b>	<b>44.1%</b>	<b>38.5%</b>	<b>41.3%</b>	<b>32.9%</b>
Birmingham, Solihull and the Black Country Area Team	2013/14	100%	71.3%	50.9%	39.0%	36.2%	33.8%	
	<b>2014/15</b>	<b>99.8%</b>	<b>71.1%</b>	<b>50.3%</b>	<b>43.6%</b>	<b>34.0%</b>	<b>36.6%</b>	<b>27.6%</b>
NHS Dudley CCG	2013/14	100%	72.9%	52.9%	46.4%	42.2%	39.3%	
	<b>2014/15</b>	<b>100%</b>	<b>72.5%</b>	<b>52.9%</b>	<b>46.1%</b>	<b>43.9%</b>	<b>46.0%</b>	<b>36.3%</b>

- 4.6 In 2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the annual flu vaccination programme should be extended to include all children aged from 2 years up to 17 years of age. The phased introduction of this extension began in 2013 within it being offered to all 2 and 3 year old children and those aged 4 to 10 years in geographical pilot areas. In the 2014/15 flu season, the vaccine was offered to all children aged 2, 3 and 4 years. Pilots also continued in both primary and secondary schools. For the 2015/16 flu season, the vaccine is being offered to all children aged 2, 3 and 4 years old on 31st August 2015 and to all children in school years 1 and 2. Vaccinating children each year offers them protection, but also reduces the transmission of flu across all age groups leading to reduced levels of flu disease and also a reduction in the burden of flu across the whole population
- 4.7 In April 2013, the responsibility for the commissioning of immunisation services transferred to NHS England. To support the smooth transition to the new arrangement, The Dudley public health immunisation team continued to undertake some duties in support of providers and NHS England Birmingham, Solihull and Black Country (BS & BC). However, with reduced resources, from the 1<sup>st</sup> September 2015 advice, support, updates and investigation of incidents has transferred to NHS England.
- 4.8 Legislation recommends that staff working in social care settings with vulnerable groups, should be vaccinated against influenza. Long standing evidence points to the socio-economic benefits of such an approach not only to those we serve, but to Dudley Metropolitan Borough Council as an organisation in reducing the risks to business continuity. Therefore, a programme of flu vaccination using a voucher scheme has been launched for People Directorate staff who provide direct personal care to the public. Using supporting guidance and promotional materials, managers have identified those staff within the organisation who provide direct care to these vulnerable groups and are currently distributing vouchers to staff, for them to redeem at major pharmacies.

- 4.9 In addition Dudley MBC commissioners of adult social care, for the first time, are requesting that providers comply with guidance and offer vaccination to their frontline staff through the contracting process. By taking this approach we hope to reduce the risk to those most at risk from the ill effects of influenza.
- 4.10 Work is also ongoing to promote the uptake of flu vaccinations for front-line staff in Dudley Group of Hospitals NHS Trust and GP staff to improve uptake among healthcare workers. Promotional materials have also been distributed which are aimed at both in-patients and out-patients who have long-term conditions and pregnant women.
- 4.11 Promotional materials have also been distributed to local opticians and pharmacies, and local authority buildings to promote flu uptake. This year Public Health England (PHE) have commissioned some Pharmacists to offer flu vaccination to extra groups this year. This action offers more choice to patients which may lead to an increase in uptake.

## **5.0 Further Action**

- 5.1 Good practice identified in the Cold Weather Plan should continue to be adhered to and particular attention should be given to the cascade of Cold Weather Alerts. Within Dudley Council we need to be satisfied that the distribution of Cold Weather Alerts will reach those that need to take action in a timely manner and that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place and their professional judgements.
- 5.2 An audit against the NICE Guidance for reducing Excess Winter Deaths should be completed and an action plan developed to address any gaps. This is likely to include work to:
- ensure the Joint Strategic Needs Assessment includes a focus on the health consequences of living in a cold home, and development of a cross-sector strategy to address the health consequences of cold homes
  - develop a more collaborative and systematic way of identifying people at risk of ill health from living in a cold home. Data sharing issues will need to be addressed to ensure that people's records are used (with their consent) to assess their risk and take action, if necessary;
  - train and support front line professionals to make every contact count by assessing the heating needs of people whose homes may be too cold;
  - ensure vulnerable people are not discharged to a cold home, and ensure that any heating issues are resolved in a timely manner, so as not to delay discharge from hospital;
  - continue raising awareness amongst practitioners and the public about how to keep warm at home.



5.3 A targeted, systematic and scaled-up programme is required to achieve a sustained reduction in EWD. Success will depend on good partnership and effective joint commissioning and joint provision of health, social care and housing services.

## **6.0 Finance**

6.1 The £120,000 of funding received from Department of Health in 2011 through the 'Warm Homes Healthy People Fund' supported the initial set up of the winter warmth service. Early success was exploited to ensure a regular income of successive funding through applications to Department of Health (DH), Department of Energy and Climate Change (DECC), Foundations Independent Living Trust, a range of energy providers, National Energy Action (NEA), the Energy Company Obligation (ECO) and various charities.

6.2 In total an additional £791,502 of external funding has been brought into the local authority to progress work around this agenda.

## **7.0 Law**

7.1 The Care Act 2014 requires that the suitability of accommodation is considered in assessing wellbeing. The statutory guidance accompanying the Act describes suitable accommodation as all places where people live, and that this will be safe, healthy and suitable for the needs of a person. A healthy home would be dry, warm and insulated. Housing is also identified as a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered.

7.2 The Act states that the best way to promote someone's wellbeing will be through preventative measures that allow people to live as independently as possible for as long as possible. In light of the evidence of the impact on health and wellbeing of living in cold and damp homes, the Act suggests local authorities may wish to consider the opportunities to prevent the escalation of health and care and support needs through the delivery or facilitation of affordable warmth measures to help achieve health and wellbeing outcomes.

7.3 For all of these reasons, it is recommended that long-term, year-round planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and included in joint strategic needs assessments.

## **8.0 Equality Impact**

8.1 Equality issues have been considered in the report. EWD are not wholly related to inequalities in deprivation but is related to age and pre-existing respiratory illness. Females have also been shown to be more vulnerable.

## 9.0 Recommendation

- 9.1 Members are asked to
- i. Note the report

proposed



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