

7 October 2015**Agenda Item: 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****EXCESS WINTER DEATHS AMONG OLDER PEOPLE IN
NOTTINGHAMSHIRE****Purpose of the Report**

1. In March 2015 the National Institute for Health and Care Excellence (NICE) published guidance on 'Excess winter deaths and morbidity and the health risks associated with cold homes'. This report sets out progress to date and the impact of excess winter deaths and prevalence of fuel poverty in Nottinghamshire. Excess all-cause winter mortality is high among elderly populations nationally and locally in Nottinghamshire. This is a pattern which is not reflected in other Northern European countries, suggesting that these winter deaths are preventable. The Health and Wellbeing Board is requested to:
 - 1.1. Note the progress made to date.
 - 1.2. Support the recommendation that relevant bodies receive a report on excess winter deaths.
 - 1.3. Approve a refresh of the Affordable Warmth Strategy for Nottinghamshire 2011, through the Nottinghamshire Housing Integrated Commissioning Group, to bring it into line with the current Health and Wellbeing Strategy and NICE Guidance and develop a corresponding action plan.
 - 1.4. Receive a further update in April 2016.

Information and Advice

2. There is evidence that living in a cold home has severe and wide ranging adverse health impacts on residents, resulting in avoidable death, cost and increased activity to health and social care services. There were 18,200 excess winter deaths in 2013/14 in England and Wales, which is the lowest recorded number since records began in 1950/51. However, 11.6% more people died in winter months compared to non-winter months, which suggests that many of these deaths could be prevented through implementation of appropriate measures. As in previous years, there were more excess winter deaths among women (10,300 deaths among women and 7,900 among men), and those aged 75 and over (accounting for 77% of excess winter deaths).
3. The majority of excess winter deaths are due to cardiovascular disease (40%) and respiratory illness (30%). The health problems associated with cold homes are experienced during normal winter temperatures, not just during extremely cold weather and an increase in death rates due to a drop in temperature can happen when temperatures drop below about 6°C. Records show that for every 1 degree Celsius decrease in average winter temperature there is a resultant 8,000 additional deaths in England. Maintaining a warm home is critical to

remaining healthy, with the evidence suggesting that once the indoor temperature drops below 16°C (61°F), people's vulnerability to suffering respiratory illness is heightened. Figure 1 shows fuller details of the effects of falling indoor temperatures.

Figure 1: The effect of indoor temperatures on health

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

Source: Department of Health

4. The effects of cold weather are very predictable. Mortality during cold weather follows a set pattern, with deaths of people from heart disease reaching their peak 2 days after the coldest weather; stroke deaths peaking after 5 days and the peak in respiratory deaths after 12 days. It takes 40 days for the mortality rate to return to normal.
5. In addition, the colder the winter, the greater the risk that vulnerable individuals will die from a cold-related cause, resulting in fluctuations from one winter to the next. For example, the excess winter deaths for 2012/13 were nearly a third (29%) more nationally than in the previous winter.
6. The majority of excess winter deaths occur amongst those aged over 75 years. Reasons for this are multifactorial, including the increased amount of time spent indoors, a higher prevalence of fuel poverty, a reduction in fat to retain body heat and an increased likelihood of having underlying health conditions. Older women appear to be particularly at risk. Other factors that increase the risk of vulnerability to cold weather include:
 - 6.1. housing – individuals living in poorly heated, badly insulated properties are at particularly high risk. Countries that have more energy efficient housing have lower excess winter deaths and in the UK, excess winter deaths in the coldest quarter of housing are almost three times as high as in the warmest quarter. Damp housing also promotes mould growth, which increases the risk of respiratory infections and asthma
 - 6.2. economic – households at higher risk of living in fuel poverty include families with children on a low income, people over 60 on a low income and long-term sick and disabled individuals
 - 6.3. behavioural – there is evidence to suggest that people adapt to severe weather less effectively in England (where milder winters are more common) than in colder countries. Behaviours that increase vulnerability include: keeping bedroom windows open, not

wearing sufficient clothing, heating just one room and frequent excursions outside in inadequate clothing

- 6.4. health – individuals with pre-existing health conditions such as cardiovascular disease, asthma, COPD, depression, anxiety and arthritis are at increased risk. Research has suggested that pre-existing respiratory conditions are the strongest predictor of excess winter deaths.

Seasonal Mortality in Nottinghamshire

7. Excess winter deaths and fuel poverty are included as indicators within the Public Health Outcomes Framework. Nottinghamshire's scoring against the excess winter deaths indicator (4.15i) is similar to that for the England average. Against the fuel poverty indicator (1.17), which records the percentage of the residents experiencing fuel poverty, Nottinghamshire scores significantly better than the England average (9.4% vs 10.4%), which is an improvement for Nottinghamshire on 13.5% reported in 2011 as significantly worse than the England average. Further details and indicator definitions can be found in Appendix 1.

National and Local Policy Context

8. In March 2015 NICE published guidance on 'Excess winter deaths and morbidity and the health risks associated with cold homes'. The guidance sets out 12 recommendations as to how local authorities, through their Health and Wellbeing Boards and key delivery partners, should mitigate and reduce the risk of death and ill health associated with living in a cold home.
9. The NICE guideline aims to help meet a range of public health and other goals, including:
 - 9.1. Reducing preventable excess winter death
 - 9.2. Improving health and wellbeing among vulnerable groups
 - 9.3. Reducing pressure on health and social care services
 - 9.4. Reducing 'fuel poverty' and the risk of fuel debt

Improvements to the home may also reduce absences from work and school that result from illnesses caused by living in a cold home.

10. The next section outlines the findings of an audit against the NICE recommendations to benchmark how Nottinghamshire meets the guidance. Whilst some of these recommendations are being implemented, there is a need for the Health and Wellbeing Board to set a clear strategic direction for Nottinghamshire.

Nottinghamshire's Progress against the NICE Guidance

Recommendation	Actions to date	Issues to address
<p>Recommendation 1 – Develop a strategy</p> <ul style="list-style-type: none"> There should be a JSNA on excess winter deaths Develop a local strategy to tackle this issue (linked to other strategies both local and national and include publicly available monitoring and evaluation) Ensure planning includes identifying relevant local interventions and providers from all sectors 	<p>JSNA completed and can be viewed online at: http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Older-people-chapter/Winter-Warmth-and-Excess-Winter-Deaths-2014.aspx</p> <p>Affordable Warmth Strategy for Nottinghamshire in place.</p> <p>Nottinghamshire Housing Integrated Commissioning Group leads on winter warmth on behalf of Health and Wellbeing Board. This group has broad representation from all relevant partners.</p>	<p>The Affordable Warmth Strategy for Nottinghamshire was developed in 2011. A refresh of the strategy is necessary to bring it into line with Health and Wellbeing Strategy and recommendations in the NICE guidance.</p> <p>Mapping of the services currently available needs to be completed.</p>
<p>Recommendations 2 - Ensure a single point of contact health and housing referral service for people living in cold homes, & 3 - Provide tailored solutions via the single point of contact health & housing referral service for those in cold homes</p> <ul style="list-style-type: none"> Provide a local health and housing referral service for people living in cold homes/Provide services via a 1-stop local health and housing referral service for people living in 	<p>Low level preventative services available in South Nottinghamshire and Bassetlaw, poorer coverage in Mid Nottinghamshire with work ongoing to address this. Services available are linked to CCG flu and winter planning.</p> <p>Working with Local Authorities Energy Partnership (LAEP) Nottinghamshire and Derbyshire and Nottingham Energy Partnership, two National Energy Alliance (NEA) bids have been submitted to bring funding into the area. To date these bids have progressed to the second round.</p>	<p>Ensure equitable access to services across Nottinghamshire.</p> <p>Ascertain final status of the NEA bids.</p>

Recommendation	Actions to date	Issues to address
cold homes		
Recommendation 4 – Identify people at risk of ill health from living in a cold home	Mapping completed to identify at risk areas. In addition, GPs now have to identify and proactively manage all patients aged 75 and over. This development, and the development of neighbourhood MDTs may lead to more opportunities for maximising the number of vulnerable people being identified.	Ascertain final status of the NEA bids.
Recommendations 5 – Make Every Contact Count by assessing the heating needs of people who use primary health and home care services, & 6 – Non-health and social care workers who visit people at home should assess their heating needs	HPAS traders provide a warm homes check.	Local health and social care services are not currently systematically assessing or referring vulnerable residents to available services. Promotion of First Contact needed.
Recommendation 7 – Discharge vulnerable people from health or social care settings to a warm home • Ensure vulnerable hospital patients / intermediate care / short-term care service users are not discharged to a cold home	A scoping exercise of hospital discharge schemes and their needs has been completed.	Training and information for hospital discharge schemes across Nottinghamshire identified as a gap. Further information is needed on hospital discharge teams
Recommendations 8 – Train health and social care practitioners to help people whose homes may be too cold, & 9 – Train housing	A training package was developed aimed at housing professionals and relevant voluntary sector workers. E-learning packages available for frontline staff.	A system to train health and social care professionals needs to be developed for mid/north Notts to match that available in the south of the county (Healthy Housing). Promotion of training courses available.

Recommendation	Actions to date	Issues to address
professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	Face to face training available in South Nottinghamshire through the Healthy Housing service.	
Recommendation 10 – Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home		This issue needs to be explored with the Nottinghamshire Housing Integrated Commissioning Group
Recommendation 11 – Raise awareness among practitioners and the public about how to keep warm at home	<p>Joint Public Health England, NHS England and Department of Health communications plan for winter messages.</p> <p>Winter warmth messages promoted in authority publications and premises.</p> <p>Information leaflets are available and distributed to key partners across Nottinghamshire.</p>	
<p>Recommendation 12 – Ensure buildings meet ventilation and other building and trading standards</p> <ul style="list-style-type: none"> • Ensure buildings meet ventilation and other building and trading standards, and use existing powers to identify housing that may expose vulnerable residents to the cold. 		This issue needs to be explored with the Nottinghamshire Housing Integrated Commissioning Group

Other options

11. None

Reasons for recommendations

12. As highlighted in Appendix 1 Figure 2, the latest Public Health Outcome Framework indicators for Nottinghamshire are showing an amber rating for seasonal mortality (Indicator 4.15i, winter 2012/13) and a green rating for fuel poverty (Indicator 1.17. 2013). Additionally, winter has an impact on our health and social care system (paras 6 and 7).
13. Updated NICE Guidance has been published and implementing these recommendations will help us to improve the health and wellbeing of Nottinghamshire's citizens and reduce health inequalities.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

15. Financial implications relating to seasonal mortality are included in existing budget allocations.

Implications for Service Users

16. Excess winter deaths and the health and wellbeing impact of cold homes have a strong correlation with the proportion of older people in a population. Activity to address the recommendations in the NICE guidance will support Nottinghamshire to reduce health inequalities.

Sustainability and the environment

17. One of the most sustainable ways of tackling fuel poverty is to address poor energy efficiency within local housing stock

RECOMMENDATIONS

- 1) That the Board note the progress made to date.
- 2) That the relevant bodies receive a report on excess winter deaths and consider their response, providing feedback on this to the Board.
- 3) That the Nottinghamshire Housing Integrated Commissioning Group refresh the Affordable Warmth Strategy for Nottinghamshire 2011 to bring into line with the current Health and Wellbeing Strategy and NICE Guidance to address the needs of at risk groups, and develop a corresponding action plan.

- 4) That a further update is presented to the Board in April 2016, including feedback from relevant organisations.

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18. Constitutional Comments (EP 14/09/2015)

The recommendations are within the remit of the Health and Well Being Board's terms of reference.

19. Financial Comments (KAS 14/09/15)

The financial implications are contained within paragraph 15 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Excess Winter Deaths Among Older People in Nottinghamshire
Public Health Committee 8 May 2014
- An Affordable Warmth Strategy for Nottinghamshire 2011

Electoral Divisions and Members Affected

- All

Appendix 1

1. As in paragraph 7 of the main report, excess winter deaths and fuel poverty are included as indicators within the Public Health Outcomes Framework. Nottinghamshire's scoring against the excess winter deaths indicator (4.15i) is similar to that for the England average. Against the fuel poverty indicator (1.17), which records the percentage of the residents experiencing fuel poverty, Nottinghamshire scores significantly better than the England average (9.4% vs 10.4%), which is an improvement for Nottinghamshire on 13.5% reported in 2011 as significantly worse than the England average. Details are shown in Figure 2.
2. The fuller definitions of these indicators are as follows:
 - 2.1. *Excess Winter Deaths Index: the ratio of extra deaths from all causes, that occur in the winter months (December to March) compared to the expected number of deaths, based on the average number of non-winter deaths*
 - 2.2. *Fuel poverty: a household is classified as fuel poor when they have required fuel costs that are above average (the national medium level), and where on spending that amount the household would be left with a residual income below the official poverty line.*

Figure 2: Public Health Outcomes Framework

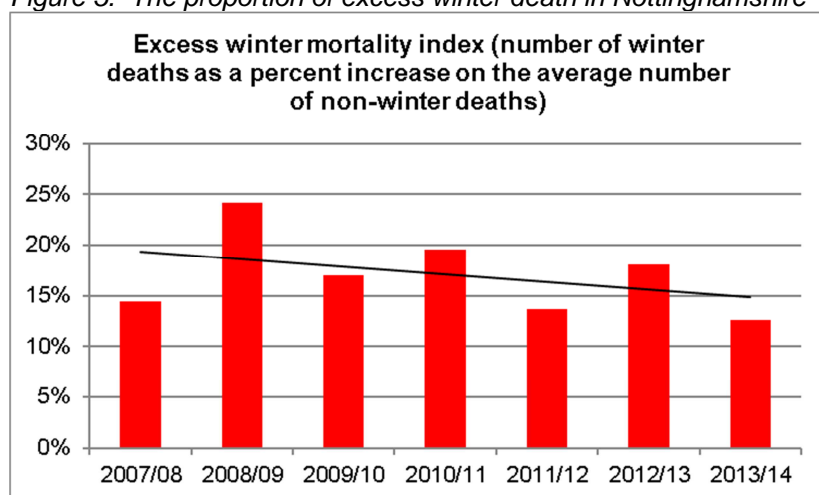
Indicator		Year	England	East Midlands	Nottinghamshire	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe
1.17	Fuel Poverty	2013	10.4%	10.4%	9.4%	9.5%	9.7%	9.7%	9.1%	9.6%	9.5%	8.7%
4.15i	Excess Winter Deaths Index (all)	2012 /13	20.1	21.2	19.1	11.1	28.7	11.6	20.5	10.0	21.9	31.2
4.15ii	Excess Winter Deaths Index (85+)	2012 /13	28.2	28.2	22.6	22.6	36.3	20.8	21.0	14.6	12.1	32.0
4.15iii	Excess Winter Deaths Index (3 years, all ages)	2010 /13	17.4	18.2	17.4	10.6	21.0	14.6	18.0	15.3	17.2	26.5
4.15iii	Excess Winter Deaths Index (3 years, 85+)	2010 /13	24.1	24.0	22.1	11.4	29.2	20.5	18.5	20.9	20.8	33.3

3. In 2013/14 there were an estimated 301 excess winter deaths in Nottinghamshire. Figures 4 and 5 show the percentage values and variations of excess winter deaths by year and for three and seven year periods. Figure 5 demonstrates that there have been reductions in excess winter deaths since 2007/08.

Figure 4. Numbers of excess winter death in Nottinghamshire between 2007/08 to 2013/14 in percentage values.

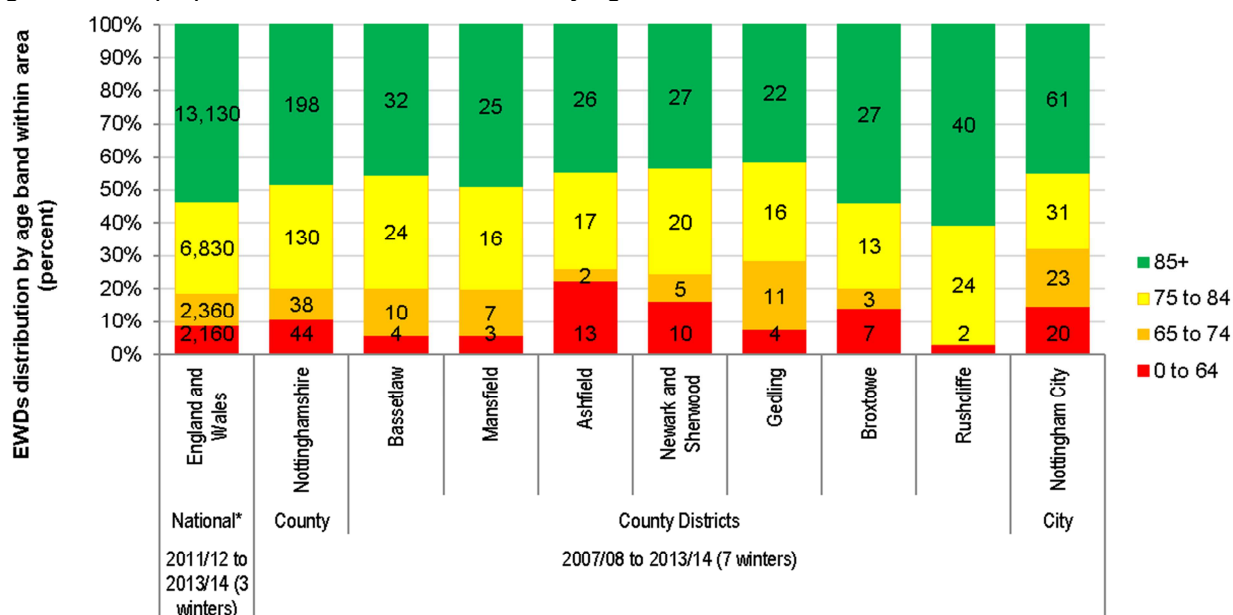
Winter period	Number of excess winter deaths	Excess winter mortality index (number of winter deaths as a percent increase on the average number of non-winter deaths)
2007/08	352	14%
2008/09	574	24%
2009/10	403	17%
2010/11	467	20%
2011/12	332	14%
2012/13	442	18%
2013/14	301	13%
Last 3 winters	1,075	15%
Last 7 winters	2,870	17%

Figure 5. The proportion of excess winter death in Nottinghamshire



4. Nottinghamshire, like the rest of England, has more excess winter deaths among people aged over 75 (Figure 6).

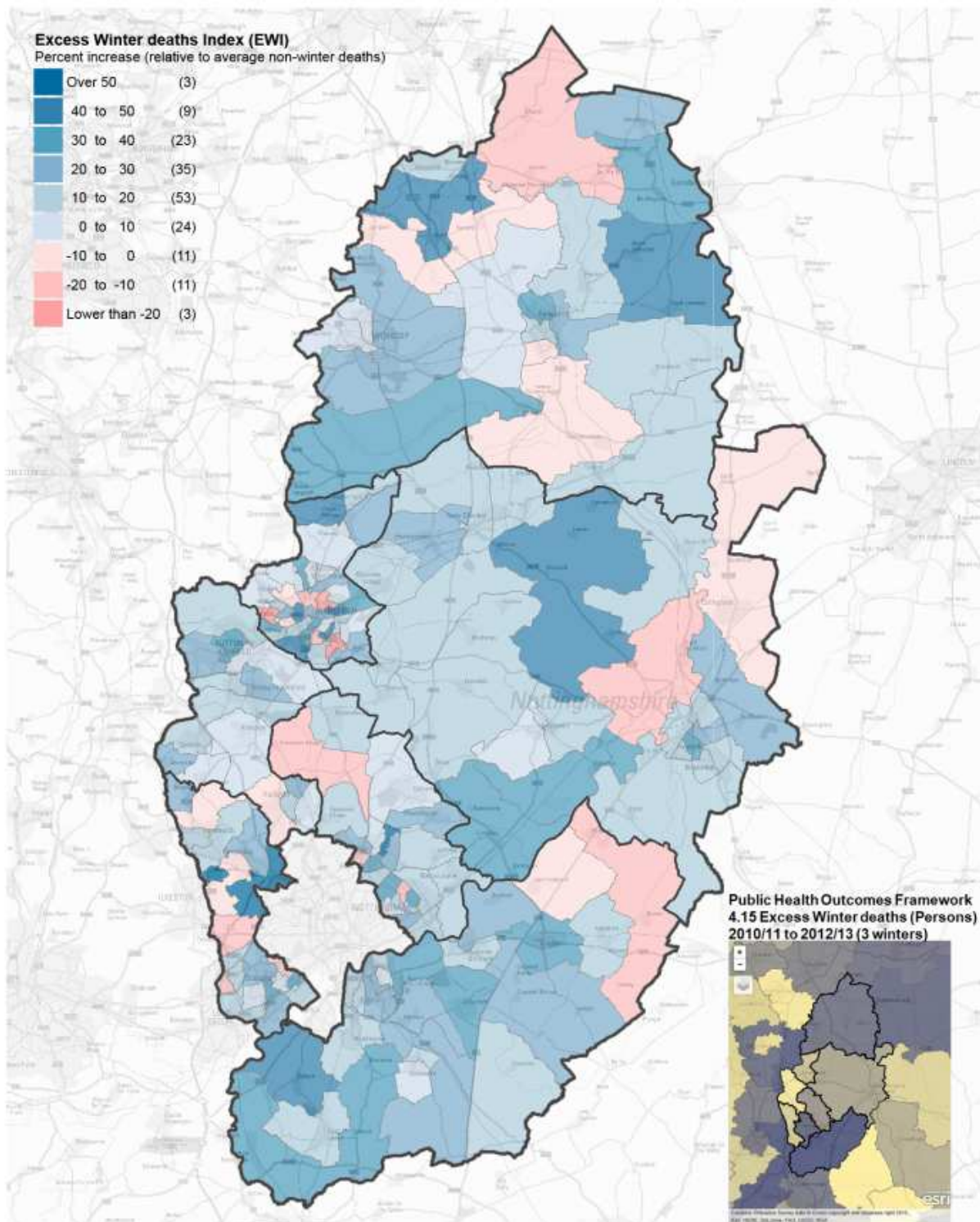
Figure 6. The proportion of excess winter death by age bands



5. There is variation across Nottinghamshire and within districts in the number of excess winter deaths where the impact of the winter season has a stronger or weaker correlation with excess deaths. Figure 7 shows the distribution of excess winter deaths across Nottinghamshire.
6. Whilst there has been progress in Nottinghamshire on reducing the number of excess winter deaths and improving fuel poverty, winter still has a considerable impact on our local health and social care system. Research reports that poor housing costs the NHS at least £2.5 billion a year in treating conditions exacerbated by living in a cold, damp and dangerous home (Friedman 2010). In their analysis of emergency hospital admissions via hospital Emergency Departments (A&E), the Kings Fund demonstrate that these have increased between 2012/13 and 2014/15, showing that those attending A&E are more unwell and more likely to require a hospital admission. Of particular note is the rise in emergency admissions from A&E during the winter months (December to March), most notable for respiratory conditions (Figure 9).
7. This national data is supported by local intelligence. For example:
 - 7.1. For out of hours services in Bassetlaw, patient activity during the peak holiday period 24th December to 2nd January increased in 2014/15 compared to 2013/14:
 - 7.1.1. By 22% for patients seeing a GP
 - 7.1.2. By 48% for patients seeing a SSP (Specialist Screening Practitioner)
 - 7.2. One Bassetlaw practice measured demand and found a 10-15% increase in demand for same day appointments over late December and early January
 - 7.3. Causes of admissions / attendances at Bassetlaw Hospital included: Respiratory (Pneumonia, Asthma, COPD, Chest infections), Cardiovascular, Gastrointestinal, Other complications and Frailty, with small decreases in the number of patients seen as a result of trauma.

Figure 7. excess winter deaths by ward 2007/08 to 2014/15 (7 winters)
Excess winter deaths 2007/08 to 2013/14 (7 winters) pooled

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



Produced by the Nottinghamshire County Council Public Health Intelligence Team (NCCPHIT/IB)
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Data source: Local analysis of ONS PHMF extracts.

Figure 8. Emergency admissions from A&E, England and Wales

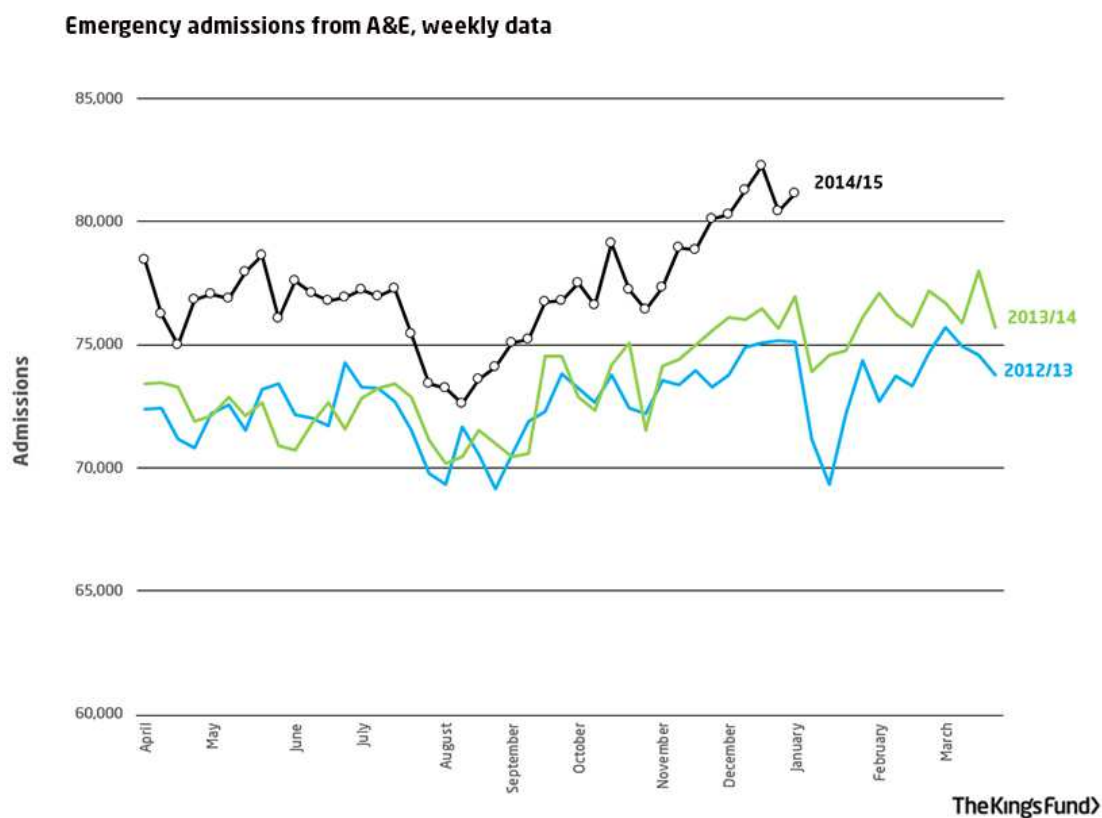
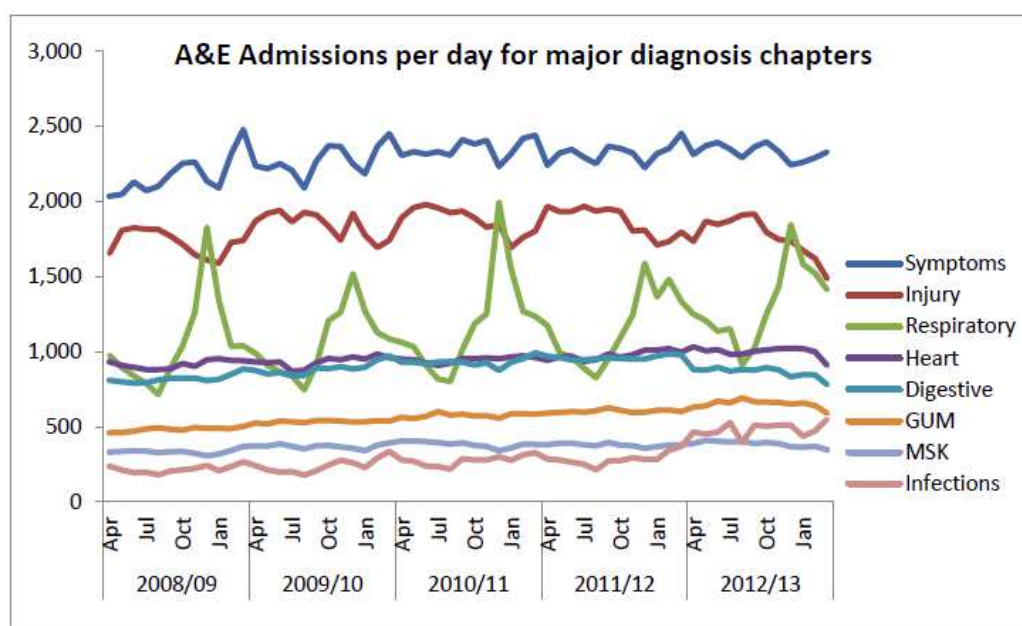


Figure 9. Emergency admissions from A&E, England and Wales



Source: Urgent and Emergency Care Review Team