

OVERVIEW AND SCRUTINY COMMITTEE TASK AND FINISH GROUP REPORT

EXCESS WINTER DEATHS

March 2018

1. INTRODUCTION

- 1.1 In early 2017 the Office for National Statistics (ONS) released data which cited Rossendale has having the highest number of excess winter deaths in the Country (being 70) for 2015/16. Winter deaths are defined as follows:-

Excess winter mortality (EWM) index

The EWM index is calculated so that comparisons can be made between sexes, age groups and regions and is calculated as the number of excess winter deaths divided by the average non-winter deaths:

$$\text{EWM index} = \frac{\text{EWD}}{\text{average non winter deaths}} \times 100$$

- 1.2 Rossendale Borough Council decided to convene an Overview and Scrutiny Task and Finish Group to investigate this matter.
- 1.3 It was agreed to trial the 'Scrutiny in a Day' approach for this Task and Finish Group. This involved an initial scoping meeting with the Chair, one preparation meeting and the 'Scrutiny Day', at which all relevant parties would discuss the topic. Members would make their recommendations with the Committee and Member Services Officer working to complete the recommendations and the majority of the report on the same day.

2. TERMS OF REFERENCE

- 2.1 The Terms of Reference of the Group were agreed:-

To investigate the significance of the apparent high number of winter deaths recorded in the Rossendale area reported during 2015/16.

To consult initially with Lancashire County Council (LCC) and the Clinical Commissioning Group (CCG) and discuss the significance of the statistics.

To hold a 'Scrutiny Day' to discuss winter deaths with a wider range of service providers with a view to establishing the apparently high number during 2015/16 and the statistical significance of the figures:-

- Reasons behind the rise in winter deaths
- Can any action be taken to reduce the number of winter related deaths?
- What role, if any, can the Council take in reducing the risk of winter related deaths?

3. SCRUTINY DAY INVESTIGATION AND FINDINGS

- 3.1 The Scrutiny Day took place on Friday 9th March 2018. This took the form of a presentation and open discussion in the morning between all parties. Following the discussion, councillors reconvened to finalise this report and the recommendations.
- 3.2 The Scrutiny Day was attended by the following:-

Councillor Adrian Lythgoe (Chair)
Councillor Anne Cheetham
Councillor Janice Johnson
Councillor Annie McMahon
Sharon Martin, East Lancashire CCG
Andy Laverty, East Lancashire CCG
Dr A. Mannan, GP, The Surgery, Haslingden
Dave Mullin, MSV Homecare and Repair
Chris Lee, Public Health, LCC
Councillor Barbara Ashworth, Chair of the Health and Wellbeing Partnership
Sam Plum, Rossendale Borough Council
Jackie Flynn, Rossendale Borough Council
(Councillor Morris sent his apologies due to illness and received a copy of the presentation via email)

Presentation

- 3.3 A presentation was received from Lancashire County Council (LCC) and the East Lancashire Clinical Commissioning Group (CCG) which provided a more detailed breakdown of the statistics:-
- In the 2016 to 2017 winter period, there were an estimated 34,300 excess winter deaths (EWDs) in England and Wales, which represents an excess winter mortality (EWM) index of 20.9%.
 - Although there has been an increase in EWDs, the number of EWDs does not exceed the peak that was observed in the 2014 to 2015 winter period; however, it was the second highest over the last five winter periods.
 - Females and the elderly were most affected by excess winter mortality in the 2016 to 2017 winter period.
 - Over one-third of all excess winter deaths were caused by respiratory diseases in England and Wales in 2016 to 2017.
 - All of the English regions observed significant increases in the excess winter mortality index between winter periods 2015 to 2016 and 2016 to 2017, whereas excess winter mortality for Wales remained stable.
 - EWM – data is volatile – locally (relatively) small numbers
 - Nationally more women than men 58 v 42%
 - Rossendale 2015/16: all persons data has increased – now significantly worse than England rate but isn't significantly different from 14/15 data.
 - Rossendale 2013-16: 3 year rate not significantly higher than England rate.

- Rossendale 2015-16: female all ages and 85+ significantly higher than England rate; males similar to England rate. In comparison 2015/16 to 2014/15 - Females increased, Males decreased.
- Therefore female deaths appear to be contributing to spike in line with England position.
- Data regarding deaths by GP practice was noted and there were no particular trends.

3.4 Fuel poverty information and statistics were discussed with the following highlighted:-

- Fuel poverty is based on Low Income and High Cost - A household is fuel poor if: Their income is below the poverty line, taking into account energy costs; and their energy costs are higher than is typical for their household type.
- The Hills Fuel Poverty review (2012) suggests that 10 per cent of excess winter deaths could conservatively be attributed directly to fuel poverty. Diseases particularly affected by the cold are circulatory and respiratory.
- According to the latest Government Fuel Poverty data (2015) 12.2% of Rossendale households are living in FP. This compares with 11.8% for the Lancs-12 area. Fuel poverty nationally is 11%. Rossendale saw a slight increase between 2014 and 2015, this is replicated across most districts and national figures.

3.5 National Institute for Health and Care Excellence (NICE) Guidance had been produced entitled “Excess winter deaths and the health risks associated with cold homes” which made recommendations on how to reduce the risk of death and ill health for vulnerable groups. Local action plans were recommended. In addition the ELCCG outlined their Care Home Vanguard Programme.

Discussion

3.6 Following the presentation, a discussion took place as summarised below:-

- The healthy life gap was widening e.g. people are living longer and the number of years lived in good health was starting to decrease.
- It was important to ensure that both digital and non-digital engagement was carried out.
- Alcohol related deaths were on the increase, particularly in females, however, statistically speaking; Rossendale did not have a significant problem.
- Only 17 residences had qualified for the cosy homes grant. This was a concern and more promotion was required.
- The Council’s Living Well Living Better Scheme was coming to an end.
- Social isolation was a huge factor in chronic health and a person’s wellbeing.
- Was all funding being accessed by all agencies and could the Disabled Facilities Grant (DFG) money be used for the Cosy Homes Scheme?
- The Council did have budgetary restrictions which affected what could be achieved. The Task and Finish Group should try to contribute to a wider,

multi-agency approach, rather than concentrate solely on what the Council on its own could achieve.

- The voluntary sector was a crucial partner in matters such as these, and were lacking a single point of contact, often working in isolation or 'silos'.
- The Rossendale Health and Wellbeing Partnership was Chaired by Councillor Ashworth and the Rossendale Strategic Health Partnership was chaired by the Leisure Trust, who also had a role to play.
- The Rossendale Strategic Health Partnership and the Rossendale Health and Wellbeing Partnership agreed to lead on producing a strategy based on the NICE guidelines and prevention objectives.

4. RECOMMENDATIONS TO THE CABINET

4.1 That the following statement is endorsed by the Cabinet:-

In respect of excess winter deaths, the Rossendale 2013-16: 3-year rate is not higher than the England rate. It is recognised that there are many contributory factors.

4.2 That the Rossendale Strategic Health Partnership be asked to work with the Rossendale Health and Wellbeing Partnership to create a Health and Wellbeing Improvement Action Plan. The Action Plan will put an emphasis on collaborative working and co-ordination of services.

4.3 That this plan and its implementation are reported back to a future O&S Committee meeting.

5. MEMBERSHIP

5.1 The members of the Task and Finish Group are listed below:-

Councillor Lythgoe
(Chair)



Councillor Cheetham



Councillor Morris



Councillor Johnson



Councillor McMahon



6. FINAL WORD FROM THE CHAIR

I would like to thank everyone who has worked on and participated in this Task and Finish Group and who has embraced the new 'Scrutiny in a Day' concept. I would particularly like to thank Jenni Cook for introducing the concept of 'Scrutiny in a Day' and then for efficiently overseeing and managing this particular process.

I look forward to receiving the Action Plan which will be devised by the Rossendale Strategic Health Partnership and the Rossendale Health and Wellbeing Partnership and brought to a future Overview and Scrutiny Committee meeting.

7. GLOSSARY & USEFUL LINKS

DFG	Disabled Facilities Grant
ELCCG	East Lancashire Clinical Commissioning Group https://eastlancscg.nhs.uk/
EWD	Excess Winter Deaths
EWM	Excess Winter Mortality
LCC	Lancashire County Council http://www.lancashire.gov.uk/
MSV	MSV Homecare & Repair (formerly St Vincent's Housing Association) https://www.msvhousing.co.uk/homecare-and-repair/
NICE	National Institute for Health and Care Excellence https://www.nice.org.uk/
NWAS	North West Ambulance Service http://www.nwas.nhs.uk/
ONS	Office for National Statistics http://www.nwas.nhs.uk/
RBC	Rossendale Borough Council https://www.rossendale.gov.uk/