# Excess Winter Deaths in Rossendale

# Review

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**April 2018**

# Excess Winter Deaths in Rossendale

## 1. Background

In common with the rest of England and other countries across Europe, more people die in the winter in the borough of Rossendale than in the summer. Very broadly, excess winter deaths, is thought to depend upon the level of disease in the population, as well as other factors.

Excess Winter Deaths, also called excess winter mortality, is a statistical measure which attempts to quantify how big the effect of the winter months is in a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number that occur at other times of the year.

These are crude measures. People die unnecessarily all year round and it is possible for the apparent number of excess winter deaths to go down simply because the number of deaths at other times of the year has gone up. Moreover the figures take no account of the age structure of the population, which makes comparison with other areas or the national average impossible. Even comparing the picture in Rossendale over time is difficult, because the age structure of the population may change substantially year to year, for example with an influx of population due to a new housing development being built.

The indicative number for the borough of Rossendale in the year from December 2015 to March 2016 was 70 extra deaths during the winter, (equates to Excess Winter Mortality Index = 36.6). There were also 70 extra deaths in the same period in the previous year (2014/15), but the EWMI was not as high at 35.1, but with many other boroughs identified as being higher. This is the most recent data available at the time of this report being written (April 2018). The value of measuring excess winter deaths is not so much in the figures themselves, but in the principles underlying them.

Nationally in the period 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 of 20.9%. Rossendale were identified as having the highest EWMI in the UK at 36.6. Also nationally although there has been an increase in EWDs, the number of EWDs does not exceed the peak that was observed in the 2014/15 winter period.

It is well known that death rates are higher in the winter months and these deaths are largely due to predictable causes:-

- Long term conditions: cold temperatures pose a particular risk to people living with long term cardiovascular and respiratory conditions, because these diseases reduce the body's ability to make the natural physiological responses required to keep warm and well in the cold.
- Thrombosis: cold temperatures increase blood pressure and the bloods tendency to clot, which is exacerbated by physical inactivity and causes heart attacks and strokes.
- Influenza: and other viral infections: incidence of seasonal flu, respiratory syncytial virus and norovirus all peak in the winter months.
- Injuries: People of all ages are affected by increases in falls and road traffic accidents in winter weather.

Certain groups are most at risk:-

- Older people, especially those living alone
- People with long term illnesses
- People with disabilities
- Households with low income, living in poor housing or in rural areas
- Younger people who live alone

- People who are homeless

A measure of excess winter deaths shows only the tip of the iceberg in terms of the total health burden associated with cold weather and the winter months. As well as the non-fatal impacts of the diseases listed above, cold temperatures and particularly living in a cold home also give rise to:-

- Anxiety and depression, in young people as well as in adults
- Slower physical growth and cognitive development in children
- More childhood infections with resulting absence from school
- Poor mobility and worsening arthritis in older people, increasing the risk of falls

Leading to important consequences for healthcare and the wider system:

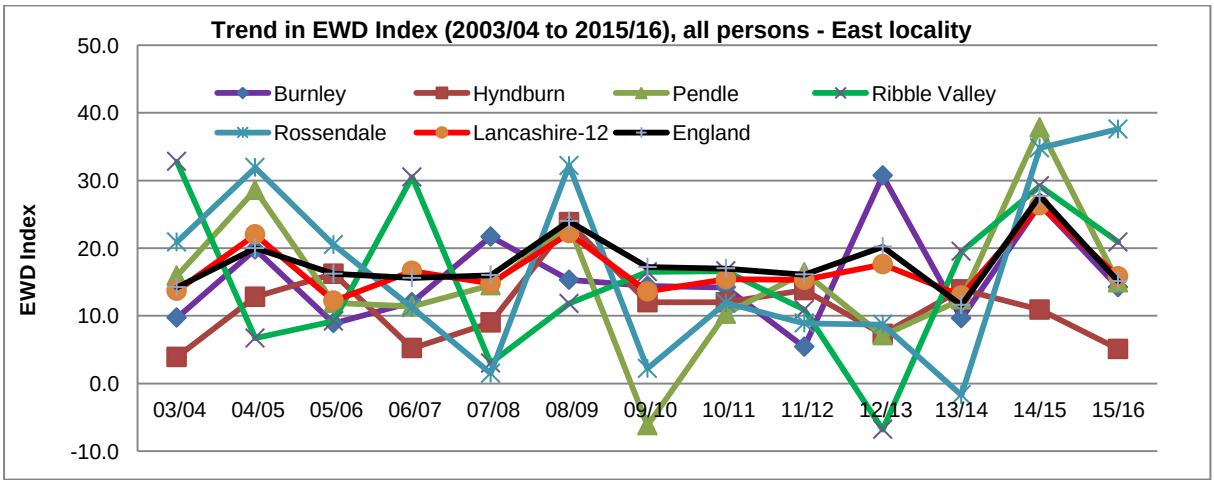
- Time off work
- More consultations in primary care
- More emergency admissions to hospital
- Increased need for social care and rehabilitation services following major, non-fatal illnesses

The most important point to note is that the risk factors for illness and death in the winter are eminently preventable, using simple measures such as protective behaviours (adequate clothing, eating well, staying active), home insulation and adequate heating, flu vaccination and alertness on the part of people and their caregivers to the increased risk of becoming unwell and the need to seek medical help early.

## 2. Facts, Figures and trends affecting Rossendale

The first point to note is that over the last twenty five years the number of excess winter deaths in Rossendale has varied between –10 and 80 excess deaths each year and in fact over the last three years the Rossendale rate is not significantly higher than the England rate. The Office of National Statistics (ONS), which publishes the figures, acknowledges that because the numbers involved are relatively small (statistically speaking), they are subject to random fluctuations and there is no consistent pattern across local authorities in different areas. The average is currently around 82 extra deaths each winter (around 21% more than the rest of the year) with a clear trend for decrease over time.

Looking specifically at East Lancashire the variations of the other boroughs is shown in the table below:-




It is also of use to look at the total figures and therefore examine the breakdown by age group again expressed across both East Lancashire and Lancashire as a whole for comparison between neighbours:-

**Excess winter deaths index, single year (August 2015-July 2016) and three year aggregated (August 2013-July 2016), all ages and 85+ years, Lancashire-14 area**

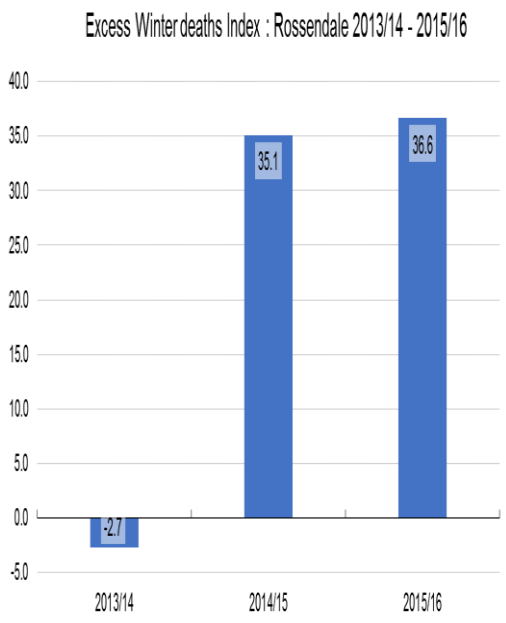
| Indicator | Burnley | Chorley | Fylde | Hyndburn | Lancaster | Pendle | Preston | Ribble Valley | Rossendale | South Ribble | West Lancashire | Wyre | Lancashire 12 area | BwD | Blackpool | England |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.15i - Excess Winter Deaths Index (Single year, all ages) (persons) | 14.2 | 19.3 | 25.0 | 5.1 | 22.8 | 14.9 | 4.3 | 20.9 | 37.6 | 17.7 | -1.1 | 21.4 | 15.8 | 7.7 | 12.9 | 15.1 |
| 4.15i - Excess Winter Deaths Index (Single year, all ages) (male) | 21.2 | 10.1 | 27.4 | 22.4 | 12.0 | 14.1 | -8.4 | 18.5 | 7.6 | 28.4 | 2.1 | 17.5 | 13.5 | -5.4 | 14.5 | 13.9 |
| 4.15i - Excess Winter Deaths Index (Single year, all ages) (female) | 7.4 | 28.2 | 22.9 | -11.2 | 34.1 | 15.9 | 17.1 | 22.8 | 69.1 | 7.8 | -4.0 | 25.1 | 18.1 | 21.9 | 11.3 | 16.2 |
| 4.15ii - Excess Winter Deaths Index (single year, age 85+) (persons) | 18.4 | 31.0 | 14.7 | 12.1 | 24.6 | -2.7 | 11.1 | 18.7 | 46.6 | 17.1 | -9.0 | 28.1 | 16.9 | 10.1 | 16.9 | 17.7 |
| 4.15ii - Excess Winter Deaths Index (single year, age 85+) (male) | 26.0 | 30.9 | 10.9 | 58.7 | 13.4 | -8.3 | -15.3 | 18.4 | 0.0 | 48.2 | 10.2 | 29.5 | 17.6 | -17.4 | 22.0 | 17.5 |
| 4.15ii - Excess Winter Deaths Index (single year, age 85+) (female) | 13.8 | 31.1 | 17.1 | -12.6 | 31.5 | 0.9 | 29.4 | 18.8 | 73.5 | 0.6 | -18.4 | 27.2 | 16.5 | 26.5 | 14.3 | 17.8 |
| 4.15iii - Excess Winter Deaths Index (3 years, all ages) (persons) | 16.8 | 29.5 | 24.9 | 9.6 | 16.9 | 21.2 | 14.8 | 23.2 | 22.8 | 17.3 | 8.3 | 18.4 | 18.1 | 16.3 | 17.5 | 17.9 |
| 4.15iii - Excess Winter Deaths Index (3 years, all ages) (male) | 13.7 | 24.6 | 23.8 | 17.6 | 8.6 | 16.7 | 10.9 | 19.8 | 3.2 | 16.5 | 1.0 | 15.6 | 13.8 | 15.8 | 16.8 | 15.4 |
| 4.15iii - Excess Winter Deaths Index (3 years, all ages) (female) | 19.8 | 34.2 | 25.9 | 1.5 | 25.0 | 25.6 | 18.8 | 26.1 | 44.2 | 18.2 | 15.4 | 21.1 | 22.3 | 16.8 | 18.2 | 20.2 |
| 4.15iv - Excess Winter Deaths Index (3 years, age 85+) (persons) | 22.4 | 37.0 | 29.4 | 15.8 | 24.1 | 15.3 | 23.4 | 24.2 | 25.5 | 12.4 | 8.8 | 23.8 | 22.0 | 16.6 | 31.5 | 24.6 |
| 4.15iv - Excess Winter Deaths Index (3 years, age 85+) (male) | 27.4 | 27.9 | 29.8 | 33.7 | 16.8 | 15.8 | 18.2 | 17.0 | -6.4 | 12.0 | 1.7 | 23.9 | 18.7 | 11.5 | 33.7 | 23.3 |
| 4.15iv - Excess Winter Deaths Index (3 years, age 85+) (female) | 19.6 | 41.9 | 29.1 | 5.6 | 28.7 | 15.0 | 26.6 | 28.5 | 44.6 | 12.7 | 12.9 | 23.8 | 23.9 | 19.3 | 30.4 | 25.3 |

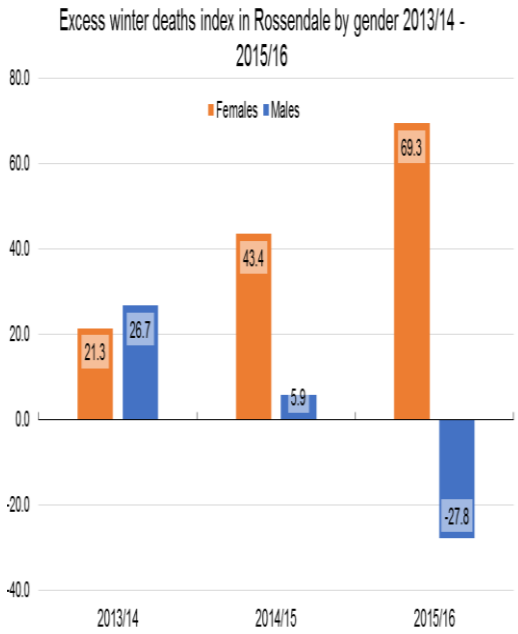
Source: http://www.phoutcomes.info/

Better than England
Similar to England
Worse than England

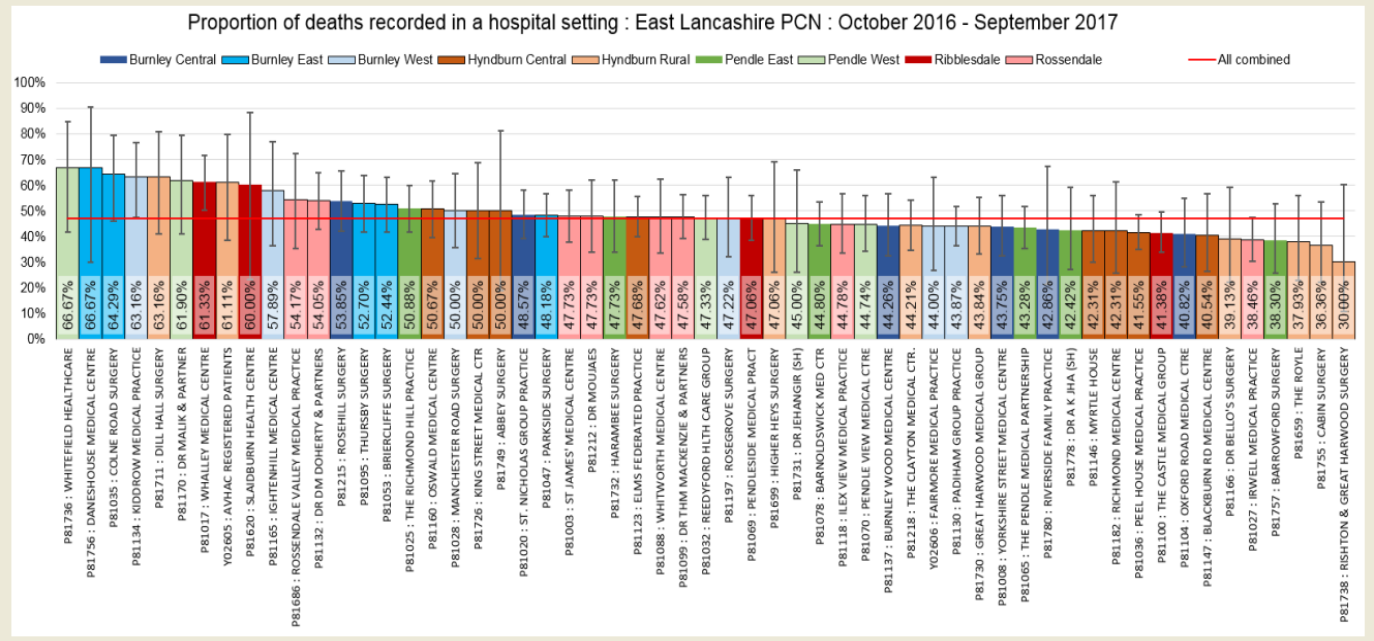
Those aged 85 and over are particularly disproportionately affected. Given that the over 65 population of Rossendale is expected to increase by 33% between 2018 and 2038 and the over 85 population by 136% over the same period, it is reasonable to expect that the number of excess winter deaths will also increase substantially if action is not taken to address the root cause.

Further analysis identifies females in the above age groups rather than males as representing the highest risk:-




Consideration was made as to which GP Practices were most affected by excess winter deaths. From the table below it is clear that there are no usual trends at any of the eight Rossendale practices (shown in pink below):-




## 3. Contributing Factors

### a. – General

Public Health England has investigated the national pattern of excess winter deaths week to week over the winter months Their analysis demonstrates that weekly peaks in excess deaths coincide with cold snaps and high circulating levels of respiratory viruses ie influenza and respiratory syncytial virus.

The effects of cold temperatures are not felt exclusively by people living in cold homes, but most of the people in the vulnerable groups (over 65s, those living with long term conditions or disabilities) will spend the majority of their time at home. The landmark Marmot review ''Fair Society Healthy Lives '' and the more recent Kings Fund report into health inequalities both identify warm homes as crucial to reducing the risk of death from the cold.

### b. – Fuel Poverty

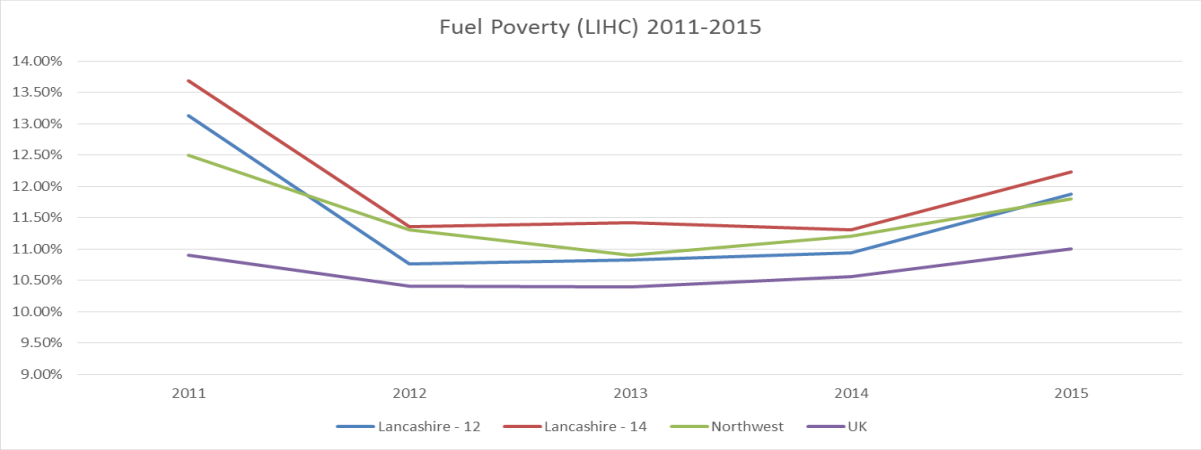
Fuel Poverty describes the circumstances of a household having such high heating bills in proportion to its income, in order to keep the indoor temperature at a health protecting level, that the household is living in poverty as a result. Statistically it is defined as a household which:-

- has required fuel costs that are above average (the national median level)
- were they to spend that amount they would be left with a residual income below the official poverty line

This definition is new and is felt to be more robust than the previous definition in which a household was in fuel poverty if more than 10% of income needed to be spent on fuel. Households can find themselves in fuel poverty because of a low income, poor energy efficiency, high unit energy costs or a combination of the three. Households at particularly high risk are those living in private rented accommodation and those who are unemployed.

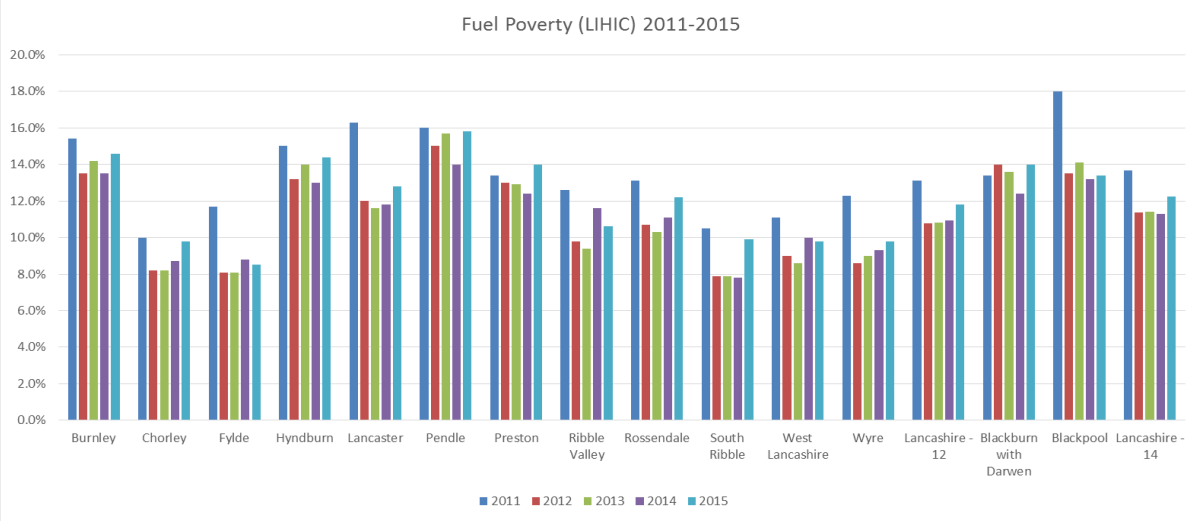
It is important to note that, like the excess winter deaths measure, fuel poverty is estimated rather than counted accurately. Statistics are published annually and are calculated using a complex model, which is based on survey findings about the size and age structure of households, the type and tenure of their dwellings, average energy prices and self-reported income.

The overall picture of fuel poverty at a Lancashire, Northwest and UK level is shown in the table below (LIHC Data for period 2011 to 2015):-




The position for Lancashire (Blue and Red) shows a consistently higher prevalence of fuel poverty than both the regional (Green) and national average (Purple).

According to the latest government fuel poverty data (2015) 12.2% of Rossendale households are living in fuel poverty. This compares to 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 – See both the table above and more detailed table below:-



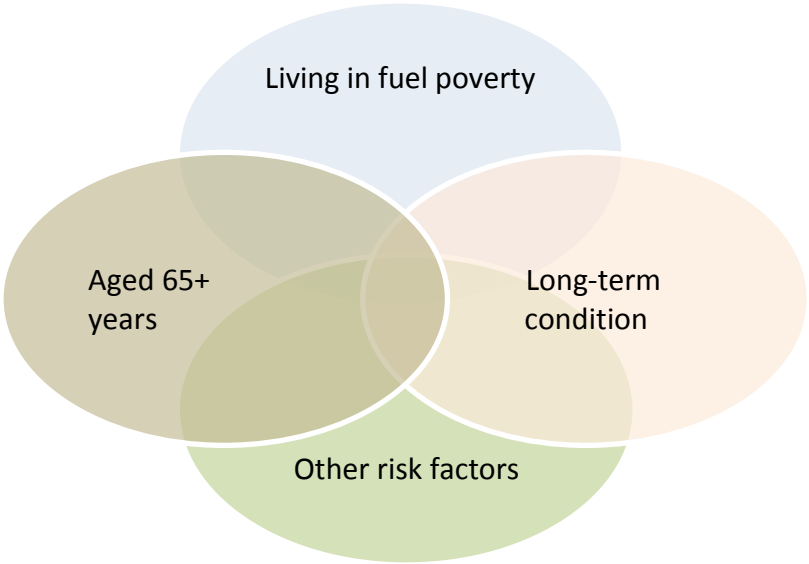

At a locality level, fuel poverty across Lancashire boroughs range from 7.6% South Ribble to 18.0% Blackpool. The indicator is based on low income and high cost. A household is fuel poor if:-

*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% of excess winter deaths could conservatively be attributed directly to fuel poverty. Diseases particularly affected by the cold are circulatory and respiratory. The table below shows relative positions of Lancashire boroughs:-

| LA Code | LA Name | Percent Fuel Poor | | | | |
|---|---|---|---|---|---|---|
| | | 2011 | 2012 | 2013 | 2014 | 2015 |
| 30UD | Burnley | 15.4% | 13.5% | 14.20% | 13.5% | 14.6% |
| 30UE | Chorley | 10.0% | 8.2% | 8.20% | 8.7% | 9.8% |
| 30UF | Fylde | 11.7% | 8.1% | 8.10% | 8.8% | 8.5% |
| 30UG | Hyndburn | 15.0% | 13.2% | 14.00% | 13.0% | 14.4% |
| 30UH | Lancaster | 16.3% | 12.0% | 11.60% | 11.8% | 12.8% |
| 30UJ | Pendle | 16.0% | 15.0% | 15.70% | 14.0% | 15.8% |
| 30UK | Preston | 13.4% | 13.0% | 12.90% | 12.4% | 14.0% |
| 30UL | Ribble Valley | 12.6% | 9.8% | 9.40% | 11.6% | 10.6% |
| **30UM** | **Rossendale** | **13.1%** | **10.7%** | **10.30%** | **11.1%** | **12.2%** |
| 30UN | South Ribble | 10.5% | 7.9% | 7.90% | 7.8% | 9.9% |
| 30UP | West Lancashire | 11.1% | 9.0% | 8.60% | 10.0% | 9.8% |
| 30UQ | Wyre | 12.3% | 8.6% | 9.00% | 9.3% | 9.8% |
| | **Lancashire - 12** | **13.13%** | **10.77%** | **10.82%** | **10.94%** | **11.8%** |
| 00EX | Blackburn with Darwen | 13.4% | 14.0% | 13.60% | 12.4% | 14.0% |
| 00EY | Blackpool | 18.0% | 13.5% | 14.10% | 13.2% | 13.4% |
| | **Lancashire - 14** | **13.68%** | **11.35%** | **11.43%** | **11.31%** | **12.2%** |

Although fuel poverty is a recognised risk factor for excess winter deaths, fuel poverty and other risk factors do not necessarily co-exist (see table below) and the key to preventing excess winter deaths will be to solve fuel poverty first in those households where the risk is greatest.




The magnitude of risk increases with the number of ovals that an individual falls into. Other risk factors include being in one of the vulnerable groups (listed at the beginning of this paper) and behavioural factors such as wearing appropriate clothing and keeping windows open in the home.

### c. – The role of flu

The analysis by Public Health England referred to above takes account of the fact that circulating rates of respiratory viruses tend to co-incide with periods of cold temperature. Using regression analysis to control for the interplay between these factors, the report demonstrates that influenza in and of itself makes a major contribution to the incidence of excess winter deaths.

At best, flu causes a severe fever illness which last for several days and necessitates time off work or school. At worst, it can cause hospitalisation and death through the illness itself, by causing decompensation of other long standing conditions or through developing into pneumonia.

For 2016/17 nationally over 28,000 people who were eligible for flu vaccination last winter did not take up the offer and approximately 8,000 people over the age of 65 have not been vaccinated

against pneumococcal pneumonia. The eligible groups are, by definition, at risk of severe respiratory illness if they contract flu or pneumonia and are therefore at risk of death in the winter months.

**d. – The effect of population change**

Excess winter deaths affect older people disproportionately and the number of people in the older age groups is expected to increase dramatically over the next 10 years (see table below). It is reasonable to expect that the number of excess deaths will increase accordingly.

| **Projected population aged 65 and older, Rossendale Borough 2018 to 2028** | | | | |
|---|---|---|---|---|
| Age group | 2018 | 2026 | 2038 | Percentage increase |
| 65 to 84 years | 11,513 | 13,362 | 15,295 | 33% |
| 85 and older | 1,526 | 1,953 | 3,603 | 136% |
| Source: Lancashire County Council | | | | |

**e. – Life Expectancy**

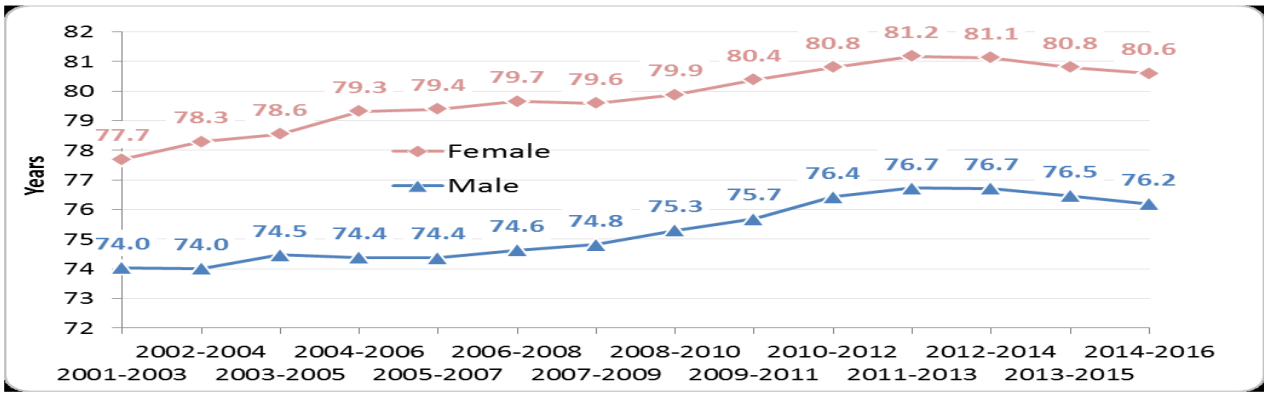
The Director of Public Health at Blackburn with Darwen Borough Council (Dominic Harrison) has recently completed a review of the changes in life expectancy affecting his borough. However much of what Dominic has identified is equally applicable to the majority of Lancashire Boroughs including Rossendale.

Life expectancy is calculated on a three year rolling average and in December 2017, ONS issued the 'Life Expectancies' data for English Local Authorities for 2014-16.

| Local Authority Area | Falls in life expectancy between 2011-13 and 2014-16 |
|---|---|
| BwD | -0.6 years |
| Blackpool | -0.6 years |
| Barrow in Furness | -0.8 years |
| Hyndburn | -0.2 years |
| Pendle | -0.2 years |
| West Lancashire | -0.1 years |
| Ribble Valley | -1.0 years |

- Life expectancy for Rossendale has in the same period not got any worse but could in the future follow the same pattern as some of the other neighbouring boroughs listed above.
- England's life expectancy for 2014-16 for females is now 83.1 years and for Rossendale its 82.3 years, For males England's life expectancy is 79.5 years and for Rossendale it is 78.2 years
- The inequality in life expectancy between the English average and Rossendale residents having closed for a number of years is now widening again. For both males and females, the gap did widen in 2013-15 only to reduce once again in 2014-16. However, both female and male life expectancy at birth remains significantly below the England average.
- In England, life expectancy having (generally risen year on year since 1948 is now plateauing for a second year and consequently, a growing number of Local Authorities like Rossendale are now static or declining and reflecting this picture.

The table below, although relating directly to Blackburn with Darwen, also applies to Rossendale and shows the trend in life expectancy between 2001 to 2016




**f. – The effect on health and wellbeing**

The measuring of excess winter deaths and the focus on mortality that it naturally creates underestimates the total health impact of cold temperatures and the seasonal pattern of respiratory infections. Many people whose health worsens in winter will feel the personal effects, need healthcare, take time off work and/or require the care of someone else who needs to take time off work to provide it, but none of this is measured by counting excess winter deaths.

**g. – Smoking Prevalence in adults who smoke**

Since 2010 Rossendale have had a smoking prevalence that is above the England average and is close to being one of the worst areas in the country. It is also above average for smoking status at time of delivery / smoking in pregnancy. Both of these public health indicators have been recognised as priority areas by the Rossendale Strategic Health Partnership.

## 4. Current activity and resources

**a. – Stay Well this Winter Campaign**

This initiative promotes some important information from the NHS to help an individual stay well over the winter period for those who have a long term condition or are over 65. The advice includes preparation for the winter period, the importance of a flu vaccination, keeping warm and what to do if you feel unwell.

**b. – Cosy Homes in Lancashire (CHiL)**

Rossendale Borough Council is part of the consortium of Local Authority's working with Cosy Homes in Lancashire (CHiL). The cosy homes initiative has a number of objectives:-

- Improve the energy efficiency and thermal comfort of Lancashire Homes
- Address health inequalities exacerbated by living in cold damp homes and help tackle access winter deaths
- Reduce fuel activity
- Reduce carbon emissions from the domestic sector

**c. – Affordable Warmth**

From 2016/17 Lancashire County Council made funding available to district councils to deliver high impact affordable warmth interventions. Rossendale Borough Council have delivered this project in partnership with Mosscare St Vincent's, Homecare and Repair. This initiative aims to reduce levels of death and illness over the winter months and to improve people's wellbeing and as a consequence see a reduction in hospital admissions and a demand for health and social care services.

### d. - Rossendale Citizens Advice Bureau

Rossendale Citizens Advice Bureau (CAB) provides face to face, telephone or web-based advice on a broad range of issues including income maximisation, debt management and housing problems. Unaffordable energy bills are a frequent reason for clients to seek support. Anecdotally enquiries are common amongst single men in their 40s and 50s and particularly from households who pay for their power through pre-payment meters. The CAB can support clients to switch to cheaper energy tariffs but there are practical barriers to overcome such as the best tariffs only being available to those who are able to pay monthly by direct debit.

### e. – Age UK Lancashire

Age UK across East Lancashire offer support to a number of vulnerable groups. Some of the services provided by Age UK include:-

- Age UK Advice Line
- Age UL Day Time Support Service
- Age UK East Lancashire Hospital Aftercare
- Age UK Lancashire Older Veterans Service

### f. – Flu Vaccinations

Vaccination against seasonal flu is available each year, free on the NHS, for several eligible groups of people (those who are at highest risk of severe illness and death if they were to contract flu):-

- Everyone aged 65 and over
- People of any age with certain long term conditions, including heart disease, lung disease and diabetes
- Pregnant women
- Children aged 2,3,4,5 and 6 years old (not already in an ‘’at risk’’ group)
- People who receive carers allowance and anyone who is the main carer for an older or disabled person

A flu vaccination is available through the patients GP Practice or at some pharmacies.

### g. – Rossendale Hospice at Home Service

Rossendale Hospice provide a Hospice at Home service to two important cohorts of patient / client groups as follows:-

- Patients who have a palliative diagnosis and thought to be in the last 12 months of life. They may require weekly / fortnightly emotional support visits, weekly respite visits or weekly personal care visits.
- Patients who fit continuing care criteria (CHC) and require a ‘package of care’ and thought to be in the last days / weeks of life. These patients may require regular visits throughout the day (up to 4 visits a day).

### h. – Rossendale Hospice Befriending Service

The Rossendale Hospice Befriending Service aims to reduce social isolation for people and if applicable, their partners or carers by arranging for a volunteer befriender to visit their home and provide some company. The service is available for people who are registered with a Rossendale GP Practice and are elderly or have serious health problems. Volunteer befrienders are carefully selected and care is taken to match the needs of the befriendee.

### i. – Free NHS Health Checks

A free NHS Health check is available to everyone over the age of forty even though they may not be feeling unwell. The check can advise on how to reduce the risks of heart disease, stroke, kidney disease, diabetes and dementia. Typically the check lasts between 20 to 30 minutes. The patient is asked some simple health related questions about family history and lifestyle choices which may put the patients health at risk. In addition the patients height, weight, age, sex and ethnicity as well as blood pressure and cholesterol are checked.

### j. – Stop Smoking Initiatives

Both locally and throughout East Lancashire the quit squad www.quitsquad.nhs.uk are available to patients with sessions run from convenient locations such as the Health Centres. Clients are 4 times more likely to stop smoking with the help of the quit squad. These services are run by Lancashire Care NHS Foundation Trust and supported by Lancashire County Council.

## 5. Rossendale Strategy & Action Plan

### a. – National view

The multi-agency Cold Weather Plan for England published in 2016strongly recommends that long term planning and commissioning to reduce cold related harm is considered core business by health and wellbeing boards and is included in JSNA and joint health and wellbeing strategies. It advocates a year round approach and emphasises the importance of cold homes as mediator of winter illness and deaths. Strategic planning for future events, ie emergency preparedness, resilience and response is the responsibility of the local health resilience partnership.

The National Institute for Health and Clinical Excellence (NICE) published a guideline in 2015 on reducing excess winter deaths and illnesses due to cold homes, based on an exhaustive evidence review of both the peer reviewed and grey literature. It recommendations were reviewed by the Rossendale team as part of its scrutiny day and each of the 12 recommendations form the basis of the Rossendale strategy.

### b. – Rossendale

Following a Scrutiny Day led by local Rossendale councillors in March 2018, the locality team tasked with looking at how to reduce the number Excess Winter Deaths agreed that the 12 recommendation of the NICE 2015 Guidance should form the basis of their call to action. All 12 recommendations are listed in the Rossendale Winter Deaths Review – **Action Plan on Appendix** 1, however interpretation of the main ones for Rossendale are:-

- The Rossendale Strategic Health Partnership and Rossendale Health and Wellbeing partnership should consider the effects of cold homes in their JSNA and develop a strategy / Action Plan.
- The Strategy / Action Plan should identify a local referral service which directs people who are at risk towards multidisciplinary help to reduce their risk factors for winter illness and death.
- All professionals who see people who may be at risk should be trained and alert to ask about how warm their homes are, to record their answers and to refer accordingly.
- New technology should be exploited to reduce the risks from cold homes (such as temperature alert systems).
- When home energy efficiency improvements are made, technicians should ensure that vulnerable people know how to use their equipment.
- Local Authorities should use their enforcement powers to require improvements to private rented accommodation which is putting vulnerable tenants at risk.

The principle of multidisciplinary service to protect people from being cold in their homes is strongly supported and has been implemented in many areas. This principle will be adopted in Rossendale whereby a single point of access (Rossendale Integrated Neighbourhood Team) will utilise an affordable warmth access referral mechanism similar to the one used in Greater Manchester and the seasonal health interventions network in Islington, London.

The evidence review on which the Kings Fund guidance and Rossendale strategy are based proposes that the multidisciplinary service should encompass where well described in a ''How to'' guide for

reducing the risk of seasonal excess deaths in vulnerable older people compiled by the Department of Health's Health Inequalities National Support Team in 2010 and the following actions:-

- Assessment for affordable warmth interventions, including energy efficiency, household income and fuel cost.
- Regular review of benefits entitlement and uptake
- Annual flu and pneumococcal vaccination
- Provision of an annual medication review (every six months if taking four+ medicines)
- Provision of an annual medicines utilisation review (MUR) and follow up support for adherence to therapy
- Implementation of a personal brief health interventions plan that includes advice and support to stop smoking, sensible drinking, healthy eating, adequate hydration and daily active living
- Assessment and support programme to prevent falls
- Assessment for appropriate assistive technologies eg alarm pendants to call for help
- Help develop a personal crisis contingency plan (eg including buddy scheme, where no close friends or family, to watch for danger signs and provide someone to call)

**A vulnerability assessment checklist is shown at Appendix 2** which can be used by all people who have a requirement to enter a persons property. The form can then be forwarded to the Rossendale INT for MDT discussion / consideration.

**c. – Recommendations for partner organisations**

Underpinning the partnership or multidisciplinary approach of Rossendale the following partner organisation recommendations have been identified:-

- All partner organisations led by the Rossendale Strategic Health Partnership should:-
  - Understand the synergy between their work programme to address excess winter deaths doth directly and through the wider determinants of health
  - Appreciate that preparation for the winter months is a year round exercise and that early planning will increase the success of time limited interventions such as flu vaccination
  - Recognise that many vulnerable people already exist on several client lists
- The Rossendale Strategic Health Partnership should review the recommendations of the Cold Weather Plan and, the NICE guidance and the DH Health Inequalities National Support Team guidance and consider the business case for an integrated service to help people at risk of winter illness and death who are living in cold homes
- Frontline workers in general practices and Rossendale Borough Council should apply the principle of Making Every Contact Count to the issues of fuel poverty and flu vaccination with all their vulnerable clients. Moreover, people receiving their flu vaccination should be prompted to consider whether they quality for the help with fuel poverty and signposted appropriately and vice versa
- Locality teams in Rossendale and GP Practices should work with Public Health to implement best practice recommendations to increase coverage of the flu vaccination in forthcoming flu campaign years.
- East Lancashire CCG and Rossendale Borough Council should work with secondary care providers to encourage referrals into fuel poverty services for example through Accident & Emergency, Care of the Elderly wards and the Discharge Planning Teams

## 6. Summary

Excess winter mortality is a weak indicator for a complex problem. The profound effect of cold temperatures on health is well described and is a source of health inequalities in and of itself. Older people and those living with long term conditions are most at risk, particularly those with

cardiovascular disease and lung disease. Living in a cold home is a major risk factor, people who live on low incomes or are vulnerable for other reasons are less likely to be able to heat their homes to an adequate level. The geographical distribution of fuel poverty shows a clear link with urban and rural isolation. Local experience in the voluntary sector confirms these patterns.

Through the assessment of vulnerable individuals ensuing that they have access to any affordable warmth information such as those covering energy efficiency, household income or fuel cost; Access to an organisation that will help with the review of benefits entitlements and uptake; Annual Flu and pneumococcal vaccinations; Medication reviews; Medicines utilisation review (MUR) and follow up for adherence to therapy; Support to stop smoking if appropriate and any other appropriate medical interventions such as those associated with hydration, health eating, sensible use of alcohol and keeping active.

Addressing the health impacts of cold homes in partnership (multidisciplinary approach) has the rare quality of meeting the triple bottom line of improvements to health, reductions in carbon emissions and financial savings, while also by definition helping to reduce health inequalities.

**Andy Laverty – ELCCG – Rossendale Locality Manager**
**Chris Lee – LCC – Public Health Specialist**

**April 2018**

# Rossendale Winter Deaths Review – Action Plan Appendix 1

Based on - NICE (National Institute for Health and Care Excellence) Guideline:-

''Excess winter deaths and the health risks associated with cold homes''

| No | Description | Involved | Progress |
|---|---|---|---|
| 1 | Develop a Strategy / Action Plan | RSHP, RH&WP | Review Drafted |
| 2 | Ensure a single point of contact for health and housing referral service for those living in cold homes | RSHP, RH&WP | Identified Ross INT as the single point of contact for vulnerable patients to be referred in to.<br><br>Need to link to RBC Housing Team (advice on warmth etc) CAB to be involved as a partner to the INT |
| 3 | Provide tailored solutions via the single point of access for health and housing referral service | RSHP, RH&WP, RBC, Housing Providers, Energy Utility & Distribution Co's, Faith & Voluntary sector | At risk checklist and referral form to be developed |
| 4 | Identify people at risk of ill health from living in a cold home | Primary Health Providers , Care Homes, & NWAS | Checklist and referral form after development to be distributed to partner organisations. Basically anyone who is entering peoples properties and able to be aware of vulnerability |
| 5 | Make every contact count by assessing the health needs of people using primary health and home care services | Primary Healthcare Providers & Care Homes | Checklist and referral form after development and distribution to be used by partner organisations |
| 6 | Non health and social care workers who visit people at home should assess their heating needs | Anyone that visits people at home in addition to those listed above | As above using yet to be developed checklist and following referral process |

| No | Description | Involved | Progress |
|---|---|---|---|
| | | | |
| 7 | Discharge vulnerable people from health or social care settings to a warm home | Secondary Healthcare Providers & Care Homes. ELHT & LCFT awareness of assessment tool | After assessment & signposting or intervention by Rossendale INT |
| 8 | Train health and social care practitioners to help people whose homes are too cold | NHS England, Universities& Other training providers | Specific training to be developed and given to health and social care practitioners. |
| 9 | Train housing professionals and faith and voluntary sector workers to help people whose homes are cold | Training providers – Environmental Health, Voluntary Orgs, Further Education etc | Specific training to be developed and given to faith and voluntary sector. |
| 10 | Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home | Employers who install & maintain heating systems | Specific training to be developed and given to heating engineers, meter installers and those providing insulation to vulnerable people. |
| 11 | Raise awareness among practitioners and the public about how to keep warm at home | RSHP, RH&WP, PHE, DE&CC. Media campaign | Locality wide guide to be developed to awareness both with professionals and general public |
| 12 | Ensure buildings meet ventilation and other building and trading standards | Building Control Officers, Housing Officers, Environmental Health and Trading Standard Officers | Specific training to be developed and given housing inspectors |

| | | | |
|---|---|---|---|
| Ross INT | Rossendale Integrated Neighbourhood Team | RSHP | Rossendale Strategic Health Partnership |
| RH&WP | Rossendale Health & Wellbeing partnership | NHSE | NHS England |
| PHE | Public Health England | DE&C | Dept of Energy & Climate Change |
| NWAS | North West Ambulance Service | | |

**APRIL 2018**

**Appendix 2**

# ROSSENDALE INTEGRATED NEIGHBOURHOOD TEAM

# AFFORABLE WARMTH CHECKLIST

**Groups of Vulnerable to the effects of fuel poverty:-**
**Over 60 years of age; Under 16 years of age; Disabled people; Single parents; People with long terms sickness and Unemployed people**

| Area of Vulnerability | Vulnerable (Yes √ or No x) |
|---|---|
| House feeling cold | |
| Evidence of damp or mould | |
| Heating system looks old, inefficient or expensive to use | |
| The person is inactive | |
| Use of portable heaters | |
| Household and other residents suffering from respiratory ailments | |
| Suspicion that the person has not been taking prescribed medication | |
| Annual Flu vaccination missed | |
| Review of medication use appropriate | |

| Area of Support | Appropriate support (Yes √ or No x) |
|---|---|
| Advice on maximising benefits and dealing with debt | |
| Assistance and advice with home repairs and improvements (such as draught proofing) | |
| Energy Efficiency Advice | |
| Access to subsidised cavity wall and loft insulation | |
| Support with accessing grants for heating repairs and replacements | |
| Fire Safety checks | |

Submit to – Rossendale Integrated Neighbourhood Team