

REPORT TO THE HEALTH AND WELLBEING BOARD

13 October 2015

EXCESS WINTER DEATHS

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1. Purpose of Report

- 1.1 To provide an opportunity for Health & Wellbeing Board to consider the issue of Excess Winter Deaths in Barnsley, given that a system wide co-ordinated planning and action is required by many agencies to tackle this agenda.
- 1.2 To respond to a number of key points raised by Mr Dan Jarvis MP regarding the plans in place to tackle excess winter deaths for 2015/16. This included the commitment to protect the elderly and vulnerable and details of targeted programmes to impact on excess winter deaths, fuel poverty and protecting vulnerable groups.

2. Recommendations

- 2.1 Health and Wellbeing Board members are asked to:-
 - Note the content of the report and recommendations
 - Provide any feedback
 - Agree next steps for action and communication of the report

3. Introduction/ Background

- 3.1 More people in Barnsley die in the winter than in the summer, in line with the rest of England and other European counties.

Excess winter deaths are a statistical measure to quantify the effect of winter months for 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 of deaths 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 due to the number of deaths at other times of the year going up. The figures

take no account of the age structure of the population, which makes comparison with other areas or the national average difficult. Comparing the picture in Barnsley can be equally challenging, as the age structure of the population may change year on year, for example with the influx of population due to new housing developments.

3.2 There is a wealth of evidence demonstrating 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 cardio-vascular and respiratory conditions. 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 blood's 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 the 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

These risk factors are preventable through a range of measures including: home insulation and adequate heating; protective behaviours (adequate clothing, eating well, staying active); flu vaccination and alertness on the part of individuals and their caregivers to the increased risk of becoming unwell and seeking medical help early.

It is important to consider the impact of living in fuel poverty and the household heating bills in proportion to its income, in order to keep the indoor temperature at a health-protecting level alongside these risk factors.

4. Data

4.1 The indicative number of excess winter deaths for Barnsley in the three year period for all persons (all ages) from August 2010 to July 2013 was 401 extra deaths during the three year period, an average of 133 excess winter deaths per year. This is not statistically significant from the England average.

4.2 Most excess winter deaths in Barnsley occur in the 65-84 year age group. Given that the over 65 population of Barnsley is expected to increase by 17.2% between 2012 and 2020, 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 causes.

- 4.3 Approximately a third of excess winter deaths in Barnsley between 2004 and 2011 were caused by circulatory diseases and another third by respiratory diseases. The excess winter mortality indices clearly show that while circulatory deaths are certainly more common in winter than at other times of the year, it is respiratory illnesses in which the seasonal peak is most pronounced. Almost 60 % more people die of respiratory infections and 40 % of people die from decompensation of their existing lung disease in the winter months.
- 4.4 There is no clear cut explanation for excess winter mortality. It would appear to be due to a variety of factors, such as temperature, socio-economic circumstances, fuel poverty, vulnerable groups, housing tenure, housing condition and personal and social behaviours. Consequently, the response needs to be similarly multi-faceted.

5. Conclusion/ Next Steps

- 5.1 To discuss the progression of the report and agree next steps for action and communication of the report.

6. Financial Implications

- 6.1 There are no financial considerations at this time.

7. Consultation with stakeholders

- 7.1 The report has been drafted in consultation with Cllr Andrews and colleagues from the People, Place, Communities Directorates, Bernslai Homes, Barnsley CCG and South Yorkshire Housing Association.
- 7.2 The report has been discussed by Senior Strategic Development Group and approved for scheduling at Health & Wellbeing Board.

8. Appendices

- 8.1 Appendix 1 – Excess Winter Deaths report

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