

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

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To: Adult Social Care and Health Cabinet Committee

26th September 2014

Subject: Delivery Plan for reducing Excess Winter Deaths in Kent

Classification: Unrestricted

Summary

More people die in the winter period (December to March) than during the warmer months. Local data analysis has highlighted no significant correlation between winter deaths and deprivation, but some local interpretation suggests that there is a likely relationship between asset rich, but cash poor people.

The Kent programme aims to work in partnership with other KCC directorates, GPs, District Authorities and other health and care colleagues across the entire system, to identify those populations which are most at risk due to colder weather, with the aim of supporting them through a series of interventions. The paper outlines programme delivery plans for 2014-2015.

Recommendations

Members of the Adult Social Care and Health Cabinet Committee are asked to consider the programme delivery schedule for 2014/15 and to promote the programme within local and strategic forums.

1. Background

More people die in the winter months (December to March) in comparison to the summer months. These deaths are classed as excess winter deaths (EWD). England has higher rates of excess winter deaths than some countries with much more severe winters, such as Finland and the Netherlands, and a Eurowinter study suggests this is linked to colder homes and lack of warm clothing when outside¹. The United Kingdom also performs poorly in relation to other Western European countries for fuel poverty, homes in a poor state of repair and poor insulation². Excess Winter Deaths occur mostly in older populations and can be attributed to a combination of factors including a pre-existing medical condition, a cold home environment and poor uptake of flu vaccination.

¹ Eurowinter Group (1997) Lancet 349: 1341-6

² Factfile: The cold man of Europe (2013) Association for the conservation of energy

2. Kent approach

The County Council coordinates a programme (Keep Warm, Keep Well) for reducing adverse effects of cold weather during winter months, particularly for vulnerable populations. A Public Health programme over the last two years has complemented this programme with the aim of reducing the impact of cold weather on health, in particular admissions to hospitals. A media campaign to raise awareness of the importance of keeping warm was accompanied by referrals by the health, social care and voluntary sector. Home visits were provided by the Home Improvement Agency (HIA) to assess the patient's risk of falls or difficulties in staying warm. The HIA held a Public Health Grant for each district to provide emergency support, such as radiators, blankets, small home repairs, such as draft exclusion.

Additionally, over the last year, the Kent and Medway Sustainable Energy Partnership (KMSEP) has led on delivery of the Energy Company Obligation aspect of the Green Deal programme. The Public Health department complemented this programme by providing additional funding, alongside the Kent County Council commissioned housing retrofit framework, to part-fund interventions for those over 65, with a diagnosed health condition, living in a cold home. These interventions included loft and cavity wall insulations, heating systems and draught proof adaptations.

3. Strategic Fit

This programme supports the delivery of the following policies:

- Helps to implement Better Care Fund Plans as this intervention is a key component of integrated care pathways that help people to stay well in their own homes, whilst increasing their quality of life and reducing demand on residential care;
- Supports NHS England and Clinical Commissioning Groups 'Surge Plans' to reduce demands on hospital admissions, particularly at periods of high demand ;
- Addresses fuel poverty through sustainable solutions outlined by Kent and Medway Sustainable Energy Partnership; The Public Health Outcomes Framework to reduce premature death due to cold weather (indicators 4.15i/ii/iii/iv)

4. The Scale of the Problem

Nationally, there are approximately 24,000 excess winter deaths per year³ and in Kent the average annual number is 865⁴. These deaths are difficult to predict as they occur quite randomly by geographical area, therefore in a district they can be

³ <http://www.nice.org.uk/guidance/gid-phg70/resources/excess-winter-deaths-and-illnesses-guideline-consultation-draft-guideline-2>

⁴ Kent and Medway Public Health Observatory

high in a particular period and then drop significantly in the next (see Figure 1, Appendix I). However, local data analysis found 53 electoral wards with a consistently higher ratio of excess winter deaths than the overall Kent and Medway level over the past 10 years (See Figure 2, Appendix I). This analysis also found:

- No consistent relationship between excess winter deaths and deprivation. The data highlighted that EWDs occur in wards with high deprivation but also occur in wards with low deprivation;
- In the last five-year period excess winter deaths fell in Maidstone, Canterbury and Gravesham. However, Tunbridge Wells, Swale, Thanet and Tonbridge and Malling experienced substantial increases in the same period, the largest increase being in Tunbridge Wells
- The largest concentration of wards with high excess winter death rates are in Sevenoaks (7) and Canterbury (7), whilst the lowest are found in Thanet (2).

5. Programme Delivery for 2014-15

Programme delivery will commence in October 2014, it will be managed by Public Health and will be supported by District Housing Teams, reporting through the Kent and Medway Sustainable Energy Partnership group.

Kent will build the 2014-15 Winter Warmth programme on previous success, using NICE (draft) guidelines (Appendix II) for recommended practice to include:

- Media campaign, advice and support in cold weather through HIA to support KCC Better Care plan (November to March)
- Work with NHS England, Clinical Commissioning Groups, health and social care professionals and the voluntary sector to identify those at most risk in cold weather, to support 'Surge Planning'
- Work with KCC to develop a single point of access for referrals
- Support the Kent and Medway Sustainable Energy Partnerships by providing sustainable warm home solutions such as insulation and heating, therefore reducing fuel poverty for the most vulnerable. Project reporting and monitoring will be through the Kent and Medway Sustainable Energy Partnerships and the Joint Policy Planning Board.
- Evaluation methods will be identified and undertaken by the Kent and Medway Public Health Observatory

Proposed Interventions supported by Public Health and the local authority can include the following:

A - Heating and Insulation Improvements:

- A1. Boiler Repairs – vulnerable patients & low energy rating properties
- A2. Boiler Service – hospital discharge patients & low energy rating properties

- A3. Boiler Replacements
- A4. Loft Insulation
- A5. Cavity/solid Wall Insulation

B - Advice and Support:

- B1. Home Visits & Telephone Advice Service
- B2. Flu Vaccinations
- B3. Winter Checks – prepares homes for winter and mitigates trip hazards
- B4. Welfare Benefits Advice and Check
- B5. Staff Training – for frontline staff to identify customers living in cold homes
- B6. Fuel Bill Grants for Vulnerable People (Surviving Winter Campaign)
- B7. Falls Screening and referral into appropriate Falls Prevention Programme

C - Awareness Raising:

- C1. Thermometer Cards
- C2. Media Campaign
- C3. Promotion and Community Group Meetings

D – Adaptations and Assistive Technology:

- D1. Provision of Cold Alarms
- D2. Home adjustments to prevent falls

6. Identifying those at risk during cold weather

Most recent Public Health England research found that excess winter death is⁵:

- highest in those with a pre-existing condition, such as cardiovascular or respiratory, or who have a disability, or those with mental health conditions, such as dementia, are living alone, are frail and having difficulty to keep warm at home
- most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza

⁵ Excess winter mortality 2012-13 Public Health England

- found predominantly in the over-65 age group, of which over-85 was the highest group

These individuals can be identified through a variety of routes as they are often under the care of a trusted health and social care professionals including:

- GPs
- Primary Care Nurses
- Social Workers
- Community Nurses
- Care Navigators
- The Voluntary Sector
- Home Improvement Agencies
- Specialist Nurses

The referral pathway for this programme is outlined in the diagram below:

Referrals from →	To →	→	→
GP/Primary Care specialist Nurses (heart/ respiratory) Social care Home Improvement Agency Kent Fire and Rescue Housing	Kent Call Centre	District Housing Team	Kent & Medway Sustainable Energy Partnership (ECO) /Home Improvement Agency /Voluntary Sector
Role	Role	Role	Role
Screen for vulnerable patients from existing data and knowledge and refer into central Call Centre	Single point of access on behalf of District Housing teams. Record details, screen and refer into District Housing teams	Budget holder Means testing Liaising Referral monitoring	Intervention

Work has commenced with respective teams in the health and care system to identify these individuals, with the aim of reaching those populations who are likely to benefit most through programme intervention.

A detailed Kent action plan outlining the County Council's approach to NICE (Draft 2014-15) guidelines for addressing excess winter deaths and ill health can be found as Appendix II

7. Conclusion

Being unable to afford to adequately heat a home increases the risk of ill health for families and children. It is also believed to be the reason for extra 'winter deaths', particularly for older people or those with disabilities and long term conditions, many of which could be avoided. The Keep Warm, Keep Well programme has successfully been implemented as part of the KCC Winter planning programme. The partnership programme, working with Kent and Medway Sustainable Energy Partnership, will increase energy efficiency and consequently reduce heating costs for the most vulnerable, providing a long-term solution to preventing the cycle of ill-health and demand on services due to cold homes.

8. Recommendation

Members of the Adult Social Care and Health Cabinet Committee are asked to consider the programme delivery schedule for 2014/15 and to promote the programme within local and strategic forums.

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Background documents: none

Appendix I

Figure I (Below) illustrates the changes in excess winter deaths over the last 10 years in Districts. For example in the first five years Canterbury shows a high number in the first five years, followed by a low number of deaths in the next five years.

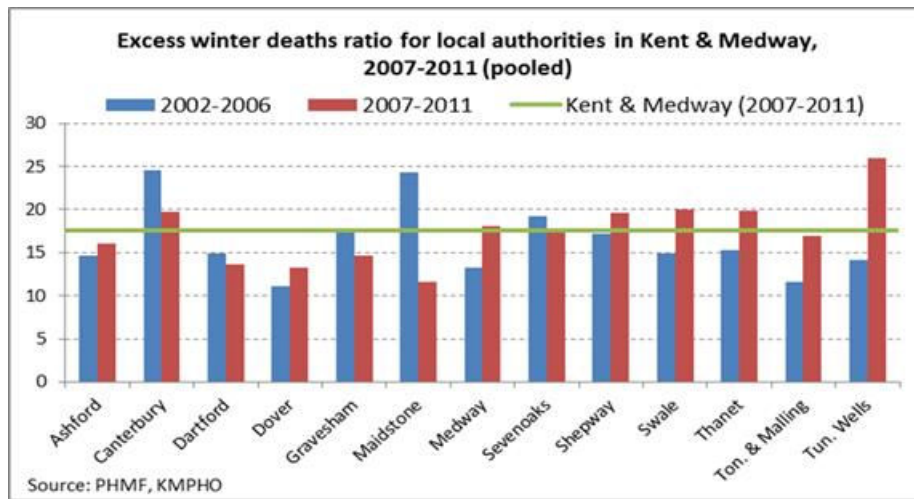
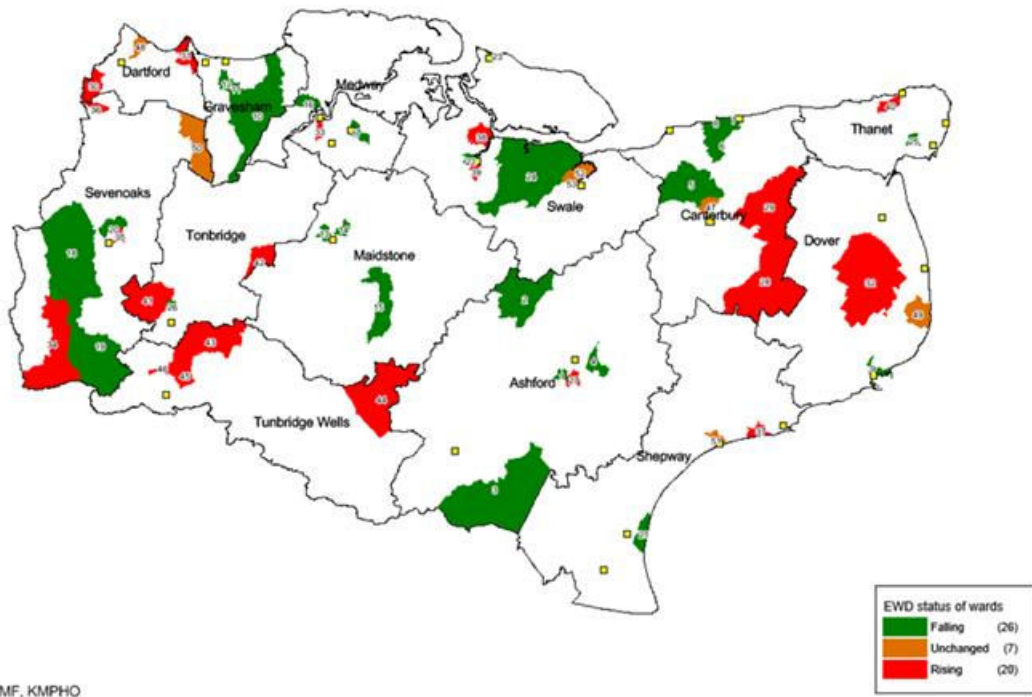


Figure 2 (below) Over the last 10 year period (2002 – 2011) 53 wards had higher than the Kent and Medway average number of excess winter deaths. Although consistently higher than the Kent and Medway average, the status of wards has fluctuated in the last five years as illustrated by colour codes below (Falling; Unchanged; Rising).

Electoral wards where excess winter deaths (EWD) were high in both periods (2002-2006 and 2007-2011)



Source: PHMF, KMPHO

Appendix II - Kent Excess Winter Death Action Plan 2014-15 based on NICE Guidance⁶

NICE (Draft Recommendation)	Stakeholders	Action
1. Strategic Planning	Health and Wellbeing Boards	High level commitment
2. Provide a local health and housing referral service for people living in cold homes	Health and Wellbeing Boards/ Voluntary Sector	Engage partners and develop pathway for referrals
3. Provide services via a one-stop local health and housing referral service for people living in cold homes	Health and Wellbeing Boards/ Local Authorities/Partners	Develop a Kent wide call centre for single point of access
4. Identify people at risk of ill-health from living in a cold home	Health and Social Care Professionals	Identify those at risk in cold homes
5. Health and social care professionals should 'make every contact count' by assessing the heating needs of vulnerable people using their service	Health and Social Care Professionals	Ensure that heating the home is discussed at every opportunity
6. Others visiting vulnerable people should assess their heating needs	Statutory/KFRS/Voluntary Sector	Ensure that heating the home is discussed at every opportunity
7. Use new technology to help reduce the risks from cold homes	Energy Companies/Local Authorities	Identify and promote technology
8. Ensure vulnerable hospital patients are not discharged to a cold home	Public Health / CCGs/Acute NHS Trusts	Pilot project in West Kent with West Kent CCG/MTW NHS Trust
9. Train health and social care professionals to help people whose homes may be too cold for their health and wellbeing	Public Health/Local Authorities	Ensure winter warmth training is provided for professionals
10. Train housing professionals and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	Public Health/Home Improvement Agencies	Provide winter warmth training as widely as possible to Housing and Voluntary Sector
11. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home	Kent and Medway Sustainable Energy Partnership/Public Health	Training for Energy Company providers through KCC contracts
12. Raise awareness among professionals and the public about how to keep warm at home	KCC Communications team	Media Campaign (as in previous years)
13. Ensure buildings meet ventilation and other building and trading standards	Kent and Medway Sustainable Energy Partnership/Housing	Ensure all housing retrofit meets safe standards for safety

⁶ <http://www.nice.org.uk/guidance/gid-phg70/resources/excess-winter-deaths-and-illnesses-guideline-consultation-draft-guideline-2>