

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 11th September 2014

Report of: Corporate Manager Health Improvement (on behalf of the Winter Wellbeing Partnership)

Subject/Title: Winter Wellbeing and Winter Planning

Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

- 1.1 The multi-agency Winter Wellbeing working group was formed in October 2012. This followed a workshop that had highlighted that Cheshire East had higher than average numbers of excess winter deaths and a recognition that an effective partnership approach was required to try and improve this situation. Putting the health and wellbeing of residents first is a priority for the Council and the Winter Wellbeing Group is working towards this.
- 1.2 There has been significantly improved partnership working as a result of the Winter Wellbeing working group and a raising of awareness in relation to the risks associated with cold weather. In addition we are better placed to identify those who are most vulnerable to the impacts of colder weather.
- 1.3 There is, however, still more to be done and the group continues to meet to both co-ordinate activity for this winter and to work on longer term issues. In addition there is now a recognition of the need to co-ordinate activity in relation to hot weather and this work is just getting underway.

2.0 Recommendation

- 2.1 That Members consider the report and the arrangements for co-ordinated Winter Wellbeing currently in place.

3.0 Reasons for Recommendations

- 3.1 To ensure that Members of the Committee are aware of recent work to raise awareness of and prevent excess winter deaths.

4.0 Background

- 4.1 Excess winter deaths are defined by the Office of National Statistics as the difference between the number of deaths during the four winter months (December – March) and the average number of deaths during the preceding four months (August – November) and the following four months (April – July). In November 2012 the figures published for 2010 – 2011 indicated that Cheshire East had worse than average excess winter deaths (221 deaths). Winter deaths in Cheshire East were 26% higher among people over the age of 85 compared to 17.2% for those aged 65 to 84 and 9.8% for those aged under 65. The equivalent figures for England were 24.4% for people over the age of 85, 15.1% for those aged 65 to 84, and 7.1% for under 65's. Although there was a slight improvement in 2011 - 2012, the CEC figures were still worst quartile. Appendix One is the JSNA page on Excess winter Deaths.
- 4.2 There is strong evidence that a large number of these deaths are preventable. The evidence also suggests that isolated elderly people are particularly vulnerable, whatever their social background. Poverty/fuel poverty, poor quality or un-insulated housing, chronic disease and multiple long term conditions are all relevant factors as well.
- 4.3 Research has established that for every £1.00 spent on tackling fuel poverty, the health service saved 42p as a by-product. By working to address fuel poverty through achieving affordable warmth, local partnerships can help to:
- Achieve safer, warmer and better insulated homes;
 - Support the local carbon reduction targets
 - Address child poverty
 - Support older people to live at home for longer
- 4.4 In March 2010 the Department of Health's Health Inequalities National Support Team (HINST) published best practice guidance on 'How to reduce the risk of seasonal excess deaths...' Three stages were key:
- Preparation – understanding the local situation, developing a shared understanding, engaging appropriate partners and initiating joint working.
 - Identifying vulnerable people – developing a register of key workers who know who their vulnerable clients are (a list of lists) and criteria for prioritisation.
 - Systematically offer interventions
- 4.5 Age UK has published a number of reports related to Excess Winter Deaths including 'The Cost of Cold' and 'Excess Winter Deaths - Preventing an avoidable tragedy'. They calculate the cost to the NHS of cold homes as being in the region of £1.3 billion. Social Services costs will also be significant.
- 4.6 The impacts of cold on the health of older people are:

- Exposure to cold through the hands, feet, face or head can rapidly lead to a drop in core body temperature;
 - Cold air can narrow airways, making it harder to breathe;
 - Cold air increases the risk of respiratory infection;
 - Cold lowers heart rate but raises blood pressure much more;
 - In older people raised blood pressure may last many hours;
 - Cold increases the risk of blood clotting;
 - Blood clotting and raised blood pressure both increase the risk of heart attack or stroke;
 - The longer someone is exposed to cold, the more at risk they are of all these effects.
- 4.7 Knowing the risks is important and raising awareness of these impacts and the risks of being cold is a priority. There is also evidence that during the winter months older people feel more isolated and lonely due to a variety of factors including reduced day light hours which has an effect on their contact with neighbours and their willingness to drive in the evening, and anxiety about falling during icy weather.
- 4.8 Age UK recommended five areas in which local authorities can take action:
- Map the extent of the problem and identify those at risk
 - Plan for cold weather each winter
 - Prioritise excess winter deaths and associated ill health as a public health concern;
 - Improve the energy efficiency of vulnerable older people's homes;
 - Work in partnership with local older people's groups to protect the health of older people in winter.

5. Progress to date

- 5.1 The Winter Wellbeing partnership was initiated in October 2012. It is led by Cheshire East Council, but has representation from a wide range of Council services, public sector and community, voluntary and faith sector partners. This includes amongst others, Adult Social Services, Public Health, Partnerships and Communities, Highways, Strategic Housing, housing providers, the Fire and Rescue Service, Cheshire Emergency Planning Team, Snow Angels CIC, Cheshire Community Action, Age UK Cheshire East, the NHS Clinical Commissioning Groups and NW Ambulance Service. A full list forms Appendix Two.
- 5.2 For Winter 2012 / 2013 the Group was able to co-ordinate a successful funding bid for resources to help keep people warm and begin the more effective co-ordination of on the ground activity. However the work to follow the HINST best practice and Age UK recommended areas for action got underway at the same time which significantly improved the planning for Winter 2013 / 2014.
- 5.3 An early decision made, was that the Group needed to meet throughout the year to really build understanding and momentum. The Joint Strategic Needs

Assessment was used to map occurrences of winter deaths and areas of fuel poverty (September 2012 information). This was cross referenced to information from housing about properties that were energy inefficient and off the main gas supply system. The results demonstrated a correlation between the different sets of data that highlighted the rural areas around Nantwich as being an area where excess winter deaths and fuel poverty appeared closely linked. Crewe and Knutsford LAP areas demonstrated higher level of fuel poverty and Nantwich, Wilmslow and Poynton were where the levels of excess winter deaths were higher than the CEC average. Interestingly the November 2013 update (information for 2011 – 2012) showed a shift, with Wilmslow, Macclesfield and Congleton being the three areas with the highest levels of excess winter deaths.

- 5.4 Identifying the more vulnerable people was a priority and the initial mapping allowed more targeted activity to take place. In addition the Assisted Bin Lift List was used to identify households that might contain vulnerable individuals and a mail out was sent to those households inviting the householders to get in touch if more information was required on keeping warm, energy efficiency and insulation or other aspects of coping with colder weather.
- 5.5 Colleagues in Adult Social Care initiated a pilot piece of work cross – referencing and data matching information from the Council’s databases and Mid Cheshire Hospitals NHS Foundation Trust in relation to individuals over 75 with respiratory or heart conditions admitted to A&E between 1st November 2012 and 30th April 2013.
- 5.6 This work identified 5069 admissions (10% of all A&E admissions) at an estimated cost to the Trust of £9.5 million. 3791 patients were involved in these admissions with 925 being admitted at least twice in the six month period (71 individuals were admitted five or more times). 1200 of the people were living alone. Mapping of address data identified admission hotspots.
- 5.7 This analysis has provided a lot of information that can now be used to help inform the integration work underway through the Caring Together and Connecting Care Programmes to more effectively join up services. It also provides information to assist with targeting preventative activity.
- 5.8 A Winter Wellbeing Plan was prepared for 2013 – 2014 to help co-ordinate the activity of the Council and partners. A Winter Wellbeing portal was also developed as an information hub.
- 5.9 In preparing this report I asked partners for their thoughts on what the Winter Wellbeing partnership has achieved and what still needs to be improved. A summary of responses is below:

Achievements -

- Better co-ordinated approach to tackling excess winter deaths / cold homes and vastly improved partnership working;

- Engagement with a significant number of vulnerable households to be able to talk to them about how to improve their energy efficiency;
- Better understanding in CCG of the Partners' work and opportunities to work together;
- Under the weather Conference organised and held for partners;
- Identification of vulnerable people now more clearly understood;
- Partnership development and co-ordination of plans;
- Encouraged partnership funding bids that would otherwise not have happened;
- Raised awareness of who does what and contacts within the different organisations;

Further improvement needed:

- Continue to improve data sharing;
- Further develop the research in relation to admissions and vulnerability;
- Being able to act quickly when a vulnerable person is identified at a time of crisis;
- Improved joint communications and engagement to ensure key messages are co-ordinated;
- Overcoming data protection issues relating to sharing data about individuals if that data sharing is in their best interest;
- Ensure robust plans are in place in case of severe weather events.

5.10 So although much has been achieved there is still more to be done. The 'Under the Weather' Conference held in July was designed to provide a direction of travel for future work and the summary of the Conference is attached as Appendix Three for information. The Working group will now use this to focus its activity for Winter 2014 – 2015 and beyond and for the warm weather and flood risk planning.

6.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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