

## Ageing Well

### Excess Winter Deaths

Revised: 30/08/2017

#### Introduction

Winter is a harsh time for many older people, particularly those most vulnerable who may also be isolated. Issues of fuel poverty, long term conditions and other illnesses add further to this misery and hardship. This period can also lead to tragic circumstances for those poorly prepared for adverse seasonal adjustments.

#### What do we know?

Excess winter deaths (EWD) are an important public health issue in the UK linked to cold weather. These can be reduced through implementing preventative approaches with vulnerable groups, for example, older people and those with long term conditions. It has been observed that other countries in Europe, especially the colder Scandinavian countries, have relatively fewer excess winter deaths in winter compared to the UK.

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Research carried out by the Euro winter Group and Curwen found that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

Whilst individuals must also take responsibility for their health and wellbeing in the winter months, not everyone is well equipped to cope with the drop in temperature and may have limited or restricted income for heating. Some factors are beyond their control such as inadequate heating, poorly insulated homes, and fluctuating fuel prices.

Those who are more at risk from severe cold weather are listed in [Public Health England's Cold Weather Plan](#) equality analysis and include the following:

- People over 75 years old
- Otherwise "frail" older people
- Children under the age of five

- People with pre-existing chronic medical conditions such as heart disease, stroke or tia, asthma, copd or diabetes
- People with mental ill-health that reduces individual's ability to self-care
- People with dementia
- People with learning difficulties
- Those assessed as being at risk of or have had recurrent falls
- People who are housebound or otherwise have low mobility
- People living in deprived circumstances
- People living in houses with mould
- Those who are fuel poor (i.e. Those who have a low income but have high energy costs)
- Elderly people who live alone and do not have additional social services support
- Homeless or people sleeping rough

**Flu vaccinations** are part of a wider preventative and winter preparation programme to reduce winter deaths. A [review of evidence](#) that looked at the take up of flu vaccinations in people aged 65+ suggests the 65-74 age groups experiences lower take up than other older age groups. Raising awareness of relevance to this group will therefore be beneficial. People who are also at risk from severe cold include those with long term illnesses. They should also be encouraged to receive A number of clinical risk groups who should receive influenza immunisation: people with chronic respiratory, heart, kidney, liver or neurological disease (e.g. Stroke, transient ischaemic attack (TIA), diabetes, immunosuppression (due to disease or treatment), asplenia or dysfunction of the spleen, pregnant women and those who are morbidly obese.

## Fuel Poverty

Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2011	●	4,289	6.8	6.6	7.0	8.2	10.9
2012	●	4,118	6.6	6.4	6.8	7.8	10.4
2013	●	4,264	6.6	6.5	6.8	8.1	10.4

Source: Department of Energy and Climate Change (DECC)

Levels of fuel poverty are below the South East levels and the national levels and have remained relatively unchanged. The drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures as discussed above.

An estimated 18,200 excess winter deaths occurred in England and Wales in 2013/14 – the lowest number of excess winter deaths since records began in 1950/51.

11.6% more people died in the winter months compared with the non-winter months in 2013/14.

There were more excess winter deaths in females than in males in 2013/14 as in previous years.

In England and Wales male excess winter deaths decreased from 13,040 to 7,900, and female deaths from 18,240 to 10,300 between 2012/13 and 2013/14.

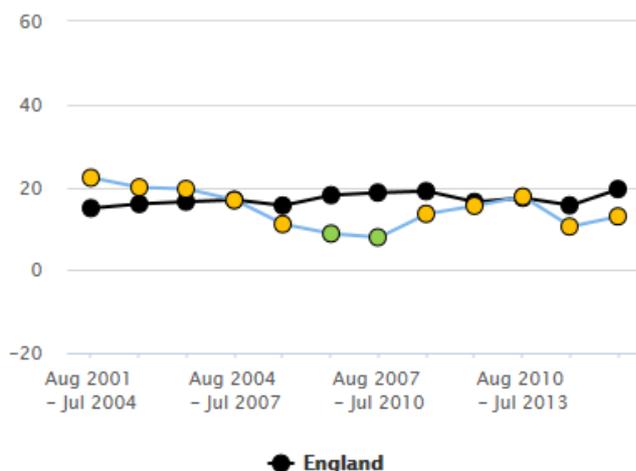
The majority of deaths occurred among those aged 75 and over; there were an estimated 14,000 excess winter deaths in this age group in 2013/14 compared with 4,000 in people aged fewer than 75.

The excess winter mortality index was highest in the West Midlands and lowest in the North East in 2013/14.

Excess winter deaths are calculated from the excess of deaths in winter (December to March) compared with non-winter months (August to November) and are expressed as a percentage. Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

Deaths in West Berkshire decreased from 15.44 in 2012 to 13 in 2014 during the winter months compared to the other seasons of the year. Excess winter deaths in West Berkshire have been consistently below the England rate since 2005; although in 2011 and 2012 the figure rose to be similar to the England value.

### Excess Winter Deaths in West Berkshire (All Ages) 2001-2015



Source: *Public Health Outcomes Framework (October 2016)*

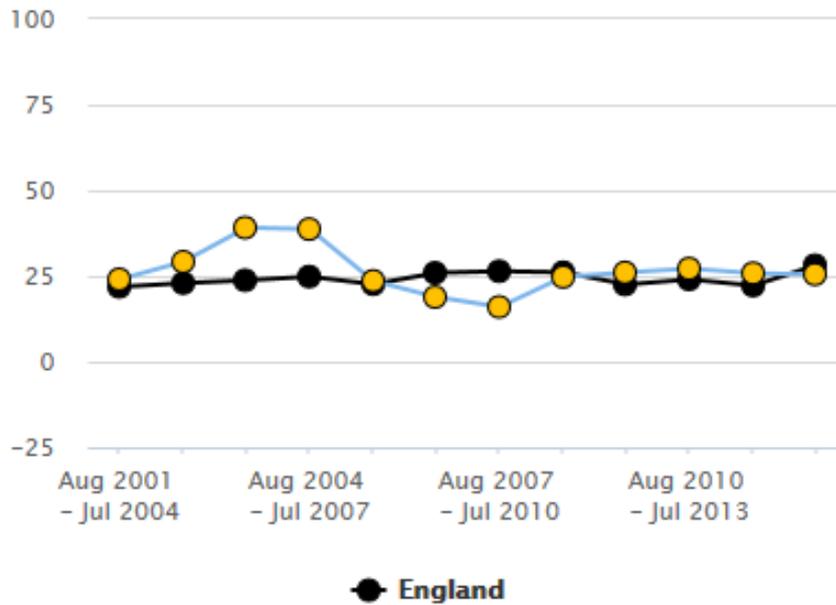
# West Berkshire Council Joint Strategic Needs Assessment

Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
Aug 2001 - Jul 2004	●	235	22.3	14.1	31.1	14.8	15.0
Aug 2002 - Jul 2005	●	211	20.0	11.9	28.6	15.5	16.0
Aug 2003 - Jul 2006	●	203	19.6	11.5	28.3	17.2	16.5
Aug 2004 - Jul 2007	●	174	16.9	8.9	25.5	17.2	17.0
Aug 2005 - Jul 2008	●	116	11.1	3.4	19.4	15.7	15.6
Aug 2006 - Jul 2009	●	93	8.8	1.2	16.9	17.8	18.1
Aug 2007 - Jul 2010	●	84	7.9	0.4	16.0	19.6	18.7
Aug 2008 - Jul 2011	●	143	13.6	5.8	21.9	20.3	19.0
Aug 2009 - Jul 2012	●	162	15.5	7.6	24.0	17.8	16.4
Aug 2010 - Jul 2013	●	193	17.7	9.9	26.2	18.2	17.4
Aug 2011 - Jul 2014	●	116	10.5	3.1	18.5	15.9	15.6
Aug 2012 - Jul 2015	●	148	13.0	5.5	21.0	18.8	19.6

Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts

## Excess Winter Deaths in West Berkshire (85+) 2001 - 2015



Source: Public Health Outcomes Framework (October 2016)

## West Berkshire Council Joint Strategic Needs Assessment

Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
Aug 2001 - Jul 2004	●	85	24.1	10.1	39.9	22.0	21.9
Aug 2002 - Jul 2005	●	97	29.2	14.5	45.9	22.0	23.0
Aug 2003 - Jul 2006	●	123	39.2	23.2	57.2	24.1	23.8
Aug 2004 - Jul 2007	●	124	38.8	22.9	56.6	24.6	24.9
Aug 2005 - Jul 2008	●	82	23.6	9.6	39.4	22.6	22.7
Aug 2006 - Jul 2009	●	70	18.9	5.6	33.8	25.4	26.0
Aug 2007 - Jul 2010	●	62	16.0	3.3	30.4	27.3	26.5
Aug 2008 - Jul 2011	●	94	24.8	11.2	40.0	27.8	26.1
Aug 2009 - Jul 2012	●	100	26.1	12.5	41.3	24.0	22.6
Aug 2010 - Jul 2013	●	110	27.2	13.9	42.1	24.6	24.1
Aug 2011 - Jul 2014	●	108	25.9	12.8	40.4	21.4	22.3
Aug 2012 - Jul 2015	●	111	25.5	12.8	39.8	26.4	28.2

Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts

The rate in West Berkshire for excess winter deaths for 85+ residents was 25.5 between 2012 - 2015. This is below the national value of 28.2. The trend for excess winter deaths for this age group increased gradually from 2006. The rate in 2011-2014 is similar at 25.9

### What is the data telling us?

Excess winter deaths in West Berkshire for all ages are below the national and regional averages. Despite an increase from 2008-2011 up until 2010 – 2013, there was a decrease in the following 3 year period from August 2011 to July 2015 down to 10.5, well below regional and national averages. This may be due to milder temperatures, but needs to be monitored due to the increasing number of older people in the district.

The excess winter deaths for 85 year olds continues to stay above regional and national averages.

### Recommendations for consideration

More joint collaboration with different teams and organisations within local authorities and the voluntary sector, to support vulnerable people, provide advice and information is needed.

Building community resilience to ensure that older and vulnerable residents are supported during colder months, promoting flu vaccinations to older people > 65 and high risk groups and combating fuel poverty

**Other services and partner organisations**

Newbury and District CCG  
North and West Reading CCG  
West Berkshire Council Adult Social Care  
WBC Environmental Health Service, Community Pharmacies  
Building Communities Together  
Volunteer Centre West Berkshire

**National and local strategies**

[Cold weather plan equality analysis \(2013\)](#)

**Other chapters you might be interested in**

End of life care  
Preventable Sight Loss

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on [publichealthandwellbeing@westberks.gov.uk](mailto:publichealthandwellbeing@westberks.gov.uk) or 01635 503437