

**AGENDA MANAGEMENT SHEET**

**Name of Committee** Cabinet

**Date of Committee** 23rd April 2009

**Report Title** **Joint Review of Winter Deaths and Fuel Poverty**

**Summary** Health OSC have undertaken a joint review with Coventry City Council and Solihull Metropolitan Borough Council in relation to winter deaths and fuel poverty. This report seeks Cabinet approval for the Health OSC recommendations resulting from the joint review.

**For further information please contact:**

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**Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]**

No.

**Background papers** None

**CONSULTATION ALREADY UNDERTAKEN:-** Details to be specified

- Other Committees  .....
- Local Member(s)  .....
- Other Elected Members  .....
- Cabinet Member  Cllr Stevens, Cllr Heatley, Cllr Hayfield
- Chief Executive  .....
- Legal  Jane Pollard
- Finance  .....
- Other Chief Officers  Strategic Directors for Performance and Development, Environment and Economy and Adult, Health and Community Services

District Councils  .....

Health Authority  .....

Police  .....

Other Bodies/Individuals  Produced in partnership with Coventry City Council and Solihull Metropolitan Borough Council

**FINAL DECISION YES**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by this Committee  .....

To Council  .....

To Cabinet  .....

To an O & S Committee  .....

To an Area Committee  .....

Further Consultation  .....

**Cabinet - 23rd April 2009.**

**Joint Review of Winter Deaths and Fuel Poverty  
Report of the Chair of Health Overview and Scrutiny  
Committee**

**Recommendation**

That Cabinet endorse for implementation the recommendations of the Health OSC

1. In October 2008 the Centre for Public Scrutiny invited bids from English local authorities with the power to review health services under the NHS Act 2006 for up to £10,000 for “innovative scrutiny reviews relating to wider well-being issues that impact the health of communities or groups or sections of communities”. It was proposed that the White Paper “Strong and Prosperous Communities” should be the main context for the purpose of the review.
- 2 A number of principles for any reviews to be supported were stipulated. These were,
  - Focused on outcomes which improve the health and well-being of local people
  - Providing the conditions for effective public accountability to local people in relation to their health and well-being through a coherent and proportionate programme which takes account of other audits and reviews
  - Taking account of and seeking to address health inequalities
  - Resulting in local action and improvements in local service delivery
  - Promoting health and well-being in response to local circumstances and the needs of local people
  - An informed joint enterprise between health overview and scrutiny committees and partners in the health and care economy
  - Reflecting the complex solutions required for cross-cutting issues which impact on health and well-being
  - Constructively informing and shaping t proposed changes to health service provision which affect residents of the local authority area
  - Reflecting a proper balance between “mainstream” scrutiny of public health issues and scrutiny of specialist areas of health and care
  - Recognising the range of settings and providers on “the patient journey” including the contribution of the voluntary and private sectors.

- 3 Warwickshire County Council supported by Coventry City Council and Solihull Metropolitan Borough Council submitted a bid relating to the incidence of excess winter deaths and fuel poverty in the sub-region covered by the three authorities.
- 4 Elected Members and officers from the three local authorities aware of some concerning statistics around excess winter deaths decided that in order to reduce them action was required. Early in January 2009 the consortium of three authorities was informed that it had been successful in its bid and was eligible for the maximum funding of £10,000. A panel of elected Members was established comprising 1 from Coventry, 3 from Solihull and 6 from Warwickshire. The review was also contributed to by an elected Member from Rugby Borough Council.
5. The Centre for Public Scrutiny applied a very tight timescale to this review. As a result the panel has been required to absorb a significant amount of evidence from as many people and organisations as possible in perhaps less time than it would have liked. Nevertheless the panel is confident that its recommendations either for early action or for further work to be undertaken will contribute to a reduction in excess winter deaths.
6. It would be inappropriate to set out in detail the evidence considered in this covering report as the panel's main report is appended. For ease of reference, however, the panel's recommendations are given below.
7. At the time of writing this report, it is expected that Health OSC will consider the panel's conclusions and recommendations at its meeting of 22<sup>nd</sup> April. As this is the day before Cabinet it will be necessary for Cabinet to receive an oral update from the Chair of Health OSC or his nominee.

## **Recommendations**

### **Recommendation 1**

That by the end of May 2009 the Chair of the joint Winter Deaths and Fuel Poverty panel writes to the Secretary of State for Energy and Climate Change, local MPs and the Local Government Association to express the concerns of the review panel relating to Warm Front.

### **Recommendation 2**

That by July 2009 each of the three councils engaged in this review should identify one officer and one elected Member to be responsible for coordinating efforts in their authority aimed at reducing excess winter deaths and fuel poverty. The six people identified will form a joint working group to a) organise an annual "Winter Deaths and Fuel Poverty summit (See Recommendation 3) and b) identify ways in which the three authorities can work effectively to reduce the incidence of excess winter deaths.

### **Recommendation 3**

That before the end of July 2009 (earlier in subsequent years) the officer /Member Steering Group to have organised and held the first annual summit aimed at

addressing winter deaths and fuel poverty. This summit should be attended by senior representatives of organisations such as,

- Coventry City Council
- Solihull Metropolitan Borough
- Warwickshire County Council
- District and Borough Councils (Housing and Leisure)
- Warwickshire Association of Local Councils
- NHS/PCT/Care Trusts
- Voluntary Sector (Age Concern/CAB/British Legion)
- Act On Energy
- NEA
- LINKs
- Government agencies eg Pensions Service
- Energy Providers

The principal objective of the summit should be agreement on a co-ordinated winter warmth and fuel poverty campaign for the subsequent winter. In addition it should consider the following,

- An exploration of ways in which the voluntary sector can be supported in its work around this issue.
- Opportunities for use of the media to relay key messages
- The need for GPs and pharmacies to recognise their potential contribution in disseminating advice and early identification of potential victims.
- Nutrition
- Ways to encourage higher take-up of Flu jabs by the over 65s.
- How to increase take-up of benefits and grants

#### **Recommendation 4**

That by September 2009 the officer/Member steering group to have organised for training sessions to be held in each of the three local authority areas for elected Members and officers. This training should encompass the identification of need, the availability of help and support and the means by which that help can be obtained.

CLLR JERRY ROODHOUSE

Shire Hall  
Warwick

25 March 2009

**COVENTRY CITY COUNCIL**

**SOLIHULL METROPOLITAN  
BOROUGH COUNCIL**

**WARWICKSHIRE COUNTY  
COUNCIL**

**JOINT REVIEW OF WINTER  
DEATHS AND FUEL POVERTY**

**APRIL 2009**



## Index

<b>Para.</b>	<b>Section</b>	<b>Subsection</b>	<b>Page</b>
	Foreword		1
1.0	Introduction & Background		2
		Recommendations	4
2.0	Main Report		6
2.2		The Panel's Findings	6
2.5		A General Introduction to the Twin issues of Winter Deaths and Fuel Poverty	6
2.31		Prevention, Awareness and Information	11
2.45		Community Support	14
2.48		Joint Working	14
2.65		National and Local Policies and Initiatives	17
3.0		Conclusions and Recommendations of the Panel	18
	Appendices		21

**Foreword by Councillor Jerry Roodhouse,  
Chair of Panel**



It is fair to say that most people in Britain live reasonably comfortable lives. Granted, the current financial crisis has led us to reassess our spending but in the majority of cases we are not going hungry or thirsty because of the economic downturn. Every winter, however, we see a significant increase in the number of people dying over the figure for the summer months. These are called “Excess Winter Deaths” and tend to affect the elderly and more vulnerable people living in our communities. In many instances these premature deaths are avoidable. A recent survey by Age Concern revealed that 4.5 million pensioners planned to spend the winter living in one room in their house or flat because they felt they couldn’t afford to pay their fuel bills. This situation is unacceptable and needs to be addressed.

This review undertaken jointly by Coventry City Council, Solihull Metropolitan Borough Council and Warwickshire County Council seeks to develop our understanding of excess winter deaths in our area and to identify ways in which we can work with our partners and the wider community to reduce their number. It has been supported by the Centre for Public Scrutiny and for that we are most grateful. One characteristic of this review is the relatively short amount of time made available to us to undertake it. Whilst this has limited the opportunities for us to be innovative it, along with the harsh weather we have experienced have provided the exercise with a relevance and urgency rarely encountered.

The recommendations contained in this report are focused principally on the public and voluntary agencies that work in the community. It is my belief, however, that communities themselves need to take more responsibility for those people living within them who through age or illness may not be able to cope as they have done previously. It is my hope, therefore, that this review and the enhancements to joint working that come from it will have a wider impact by encouraging people to look out for their friends and neighbours.

No scrutiny review can be completed without a great deal of hard work and dedication. I should like, therefore, to thank the officers, elected Members and individuals who have found the time to contribute to this important piece of work.

# Review of Winter Deaths and Fuel Poverty

## 1.0 Introduction and Background

- 1.1 In October 2008 the Centre for Public Scrutiny invited bids from English local authorities with the power to review health services under the NHS Act 2006 for up to £10,000 for “innovative scrutiny reviews relating to wider well-being issues that impact the health of communities or groups or sections of communities”. It was proposed that the White Paper “Strong and Prosperous Communities” should be the main context for the purpose of the review.
- 1.2 A number of principles for any reviews to be supported were stipulated. These were,
  - Focused on outcomes which improve the health and well-being of local people
  - Providing the conditions for effective public accountability to local people in relation to their health and well-being through a coherent and proportionate programme which takes account of other audits and reviews
  - Taking account of and seeking to address health inequalities
  - Resulting in local action and improvements in local service delivery
  - Promoting health and well-being in response to local circumstances and the needs of local people
  - An informed joint enterprise between health overview and scrutiny committees and partners in the health and care economy
  - Reflecting the complex solutions required for cross-cutting issues which impact on health and well-being
  - Constructively informing and shaping t proposed changes to health service provision which affect residents of the local authority area
  - Reflecting a proper balance between “mainstream” scrutiny of public health issues and scrutiny of specialist areas of health and care
  - Recognising the range of settings and providers on “the patient journey” including the contribution of the voluntary and private sectors.
- 1.3 Warwickshire County Council supported by Coventry City Council and Solihull Metropolitan Borough Council submitted a bid relating to the incidence of excess winters deaths and fuel poverty in the sub-region covered by the three authorities. (The bid submitted to the CfPS can be found at Appendix 1.)
- 1.4 The subject matter was chosen in the light of a range of interesting and concerning statistics regarding the growth in the number of older

people in the area and the high number of excess winter deaths being reported. These statistics are explored later in this report. In summary they show that in Warwickshire alone the number of older people will increase by over 17,000 between 2001 and 2011 with a further 24,000 by 2021. In addition around half of people over 65 years old have a life limiting illness. 5.2% of households in Warwickshire have no central heating whilst nationally the cost to the NHS of cold related health issues is estimated to be £1bn a year. Although they fluctuate from year to year, excess winter deaths in Warwickshire run at around 300, in Solihull they are 60 and in Coventry 100.

- 1.5 Elected Members and officers from the three local authorities aware of these statistics and of some of the work undertaken by the statutory and voluntary sector decided that in order to reduce the incidence of excess winter deaths action was required.
- 1.6 Early in January 2009 the consortium of three authorities was informed that it had been successful in its bid and was eligible for the maximum funding of £10,000. A panel of elected Members was established comprising 1 from Coventry, 3 from Solihull and 6 from Warwickshire. Councillor Claire Watson of Rugby Borough Council also contributed to the review. In recognition of that contribution she is included here as a member of the panel. The panel members are,



Coventry City Council  
Councillor Joe Clifford



Solihull MBC  
Councillor Mick Corser



Solihull MBC  
Councillor Robert Hall



Solihull MBC  
Councillor Ian Hedley



Warwickshire County  
Council  
Councillor Jon Appleton



Warwickshire County  
Council  
Councillor Sarah Boad



Warwickshire County  
Council  
Councillor Bob Hicks



Warwickshire County  
Council  
Councillor Helen McCarthy



Warwickshire County  
Council  
Councillor Frank  
McCarney



Warwickshire County  
Council  
Councillor Jerry  
Roodhouse (Chair)



Rugby Borough Council  
Councillor Claire Watson

- 1.7 The review has been undertaken over the three months from January to March 2009. Terms of Reference of the review can be found at Appendix 2. Ordinarily more time would have been made available but the proximity of local authority elections in June 2009 meant that the timescale for this review was severely compressed.
- 1.8 In February 2009 a select committee meeting was held to which a range of different organisations and individuals was invited. The notes of this meeting are included at Appendix 3 to this report. In March a stakeholder event was held with the intention of gathering evidence from a range of older people and organisations at the front line. Notes of that event are included at Appendix 4. There is a wealth of good practice from around the sub-region and beyond and samples of this were also considered.
- 1.9 The panel has, therefore, absorbed a significant body of evidence. This is included in this report and its appendices.
- 1.10 The panel met at the end of March to consider its recommendations. These are.



## Recommendations

### Recommendation 1

That by the end of June 2009 each of the three councils engaged in this review should identify one officer and one elected Member to be responsible for coordinating efforts in their authority aimed at reducing excess winter deaths and fuel poverty. The six people identified will form a joint working group to a) organise an annual “Winter Deaths and Fuel Poverty summit (See Recommendation 2), b) identify ways in which the three authorities can work effectively to reduce the incidence of excess winter deaths and c) organise a training package for elected Members and frontline officers.

### Recommendation 2

The officer /Member Steering Group to organise an annual summit aimed at addressing winter deaths and fuel poverty. This summit should be attended by senior representatives of organisations such as,

- Coventry City Council
- Solihull Metropolitan Borough
- Warwickshire County Council
- District and Borough Councils (Housing and Leisure)
- Solihull Community Housing
- Housing Associations
- Warwickshire Association of Local Councils
- NHS/PCT/Care Trusts

- Voluntary Sector eg Age Concern/CAB/British Legion
- Act On Energy
- NEA
- LINKs
- Government agencies eg Pensions Service, Benefits Agency
- Energy Providers

The principal objective of the summit should make arrangements for a co-ordinated winter warmth and fuel poverty campaign for the subsequent winter. In addition it should consider the following,

- An exploration of ways in which the voluntary sector can be supported in its work around this issue.
- Getting the right information to people including opportunities for use of the media to relay key messages.
- The need for GPs and pharmacies to recognise their potential contribution in disseminating advice and early identification of those in need.
- Nutrition
- Ways to encourage higher take-up of Flu jabs by the over 65s.
- How to increase take-up of benefits and grants

In 2009 this summit should be held in July but in subsequent years it should be held earlier.

### **Recommendation 3**

That by September 2009 the officer/Member steering group to have organised for training sessions to be held in each of the three local authority areas for elected Members and officers. This training should encompass the identification of need, the availability of help and support and the means by which that help can be obtained.

### **Recommendation 4**

That by the end of May 2009 the Chair of the joint Winter Deaths and Fuel Poverty panel writes to the Secretary of State for Energy and Climate Change, local MPs and the Local Government Association to express the concerns of the review panel relating to Warm Front.

## **2.0 Main Report**

2.1 The issue of winter deaths and fuel poverty is a major one in Britain today. The challenge for the joint member panel has been to do justice to the subject in the time available to it. This report summarises the findings of the panel whilst consciously avoiding the unnecessary reproduction of much of the literature and other evidence that has informed it. Whilst brevity and clarity have been sought by the authors it is still recognised that in order for the recommendations to be seen as relevant they need to be read in the context of the panel's findings.

## **2.2 The Panel's Findings**

2.3 This part is divided into five sections, namely

- A general introduction to the twin issues of winter deaths and fuel poverty
- Prevention, Awareness and Information
- Community Support
- Joint Working
- National and Local Policies and Initiatives

2.4 It is neither possible nor desirable for a review of this size to set out in detail every single initiative and policy that is being pursued by statutory and voluntary agencies. A list of those organisations whose work can impact on winter deaths would run to many pages. Rather, an attempt has been made to illustrate at least some of the work being undertaken.

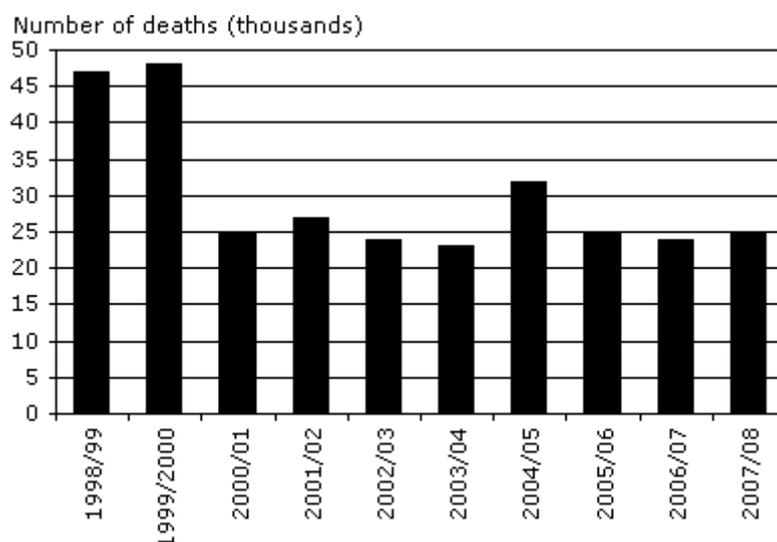
## **2.5 A General Introduction to the Twin Issues of Winter Deaths and Fuel Poverty**

## **2.6 What are Excess Winter Deaths?**

2.7 Excess Winter Deaths (EWD) have a clear definition. To establish the EWD rate for a given area it is first necessary to divide the calendar year into three equal parts. April to July, August to November and December to March. The mean of the mortality rates for the first two parts is then established. EWDs is the number of deaths in the period December to March over and above the mean from the previous two periods.

2.8 EWDs vary from year to year. This presents a challenge to those individuals or organisations needing to plan to minimise those deaths. Chart 1 below demonstrates how EWDs vary.

Chart 1 –Excess winter mortality, England and Wales, 1998/99 to 2007/08



2.9 In the winter period of December to March 2007/08 there were an estimated 25,300 more deaths in England and Wales when compared to the average for the non-winter period. This was a rise of 7 per cent compared to the number in the previous winter 2006/07. The highest excess winter deaths were in the winters of 1998/99 and 1999/2000, where excess winter mortality was around double that seen for 2007/08.

## 2.10 Causes of Excess Winter Deaths (EWDs)

2.11 The number of extra deaths occurring in winter varies depending on a number of factors, such as temperature and the level of disease in the population, as well as other factors. The elderly experience the greatest increase in deaths each winter. In England and Wales in the winter of 2007/08 there were 19,400 more deaths among those aged 75 and over, compared to levels in the non-winter period. In contrast, there were 5,900 more deaths among those under the age of 75.

2.12 Respiratory and circulatory diseases are responsible for most of the increase in deaths seen during the winter months. Influenza is often implicated in winter mortality as it can lead to bronchitis and pneumonia, especially in the elderly, although relatively few deaths are attributed directly to influenza itself. However, rates of influenza activity across the winter of 2007/08 were close to or below baseline levels. This contrasts to 1998/99 and 1999/2000 where there was epidemic flu activity according to the Health Protection Agency (HPA).

2.13 In contrast to the simple statistical definition of EWDs the factors that can influence them are many and varied. This complexity makes the identification of any solutions a major challenge.

2.14 The overall environment in which a person lives can, in many cases, have a greater influence on their life-chances than just temperature.

The factors that influence winter mortality are to a greater or lesser extent interrelated. They include the money that a person has, the price of fuel, the availability of jobs, housing conditions and the latest news. They can lead to debt problems and poverty, fuel poverty (see below), poor diet, anxiety and social isolation.

2.15 This review is concerned principally with older people. Older people, however, do not fall conveniently into a single category. For example, there are,

- Those who do not experience fuel poverty.
- Those who can get out of fuel poverty with help,
- Those who are very poor and require much greater help,
- The very vulnerable or frail eg people with mental health problems, people over 75 and those with long term limiting illness

2.16 In addition there are those people from seldom heard groups or people with disabilities.

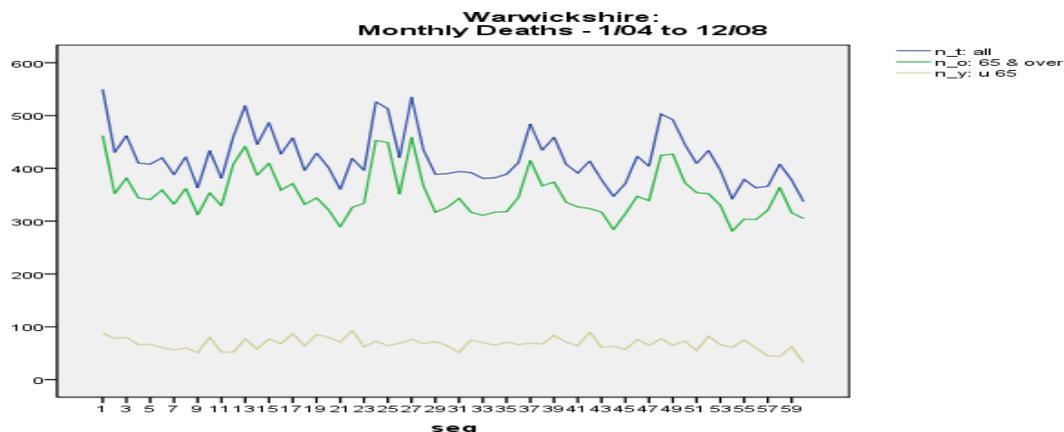
2.17 Just as the people this review seeks to help are varied so too are the solutions. Possible solutions are discussed in detail later in this report. They can however, be summarised as,

1. Identification of vulnerable people
2. Provision of information
3. Intervention

## 2.18 Excess Winter Deaths in Warwickshire

2.19 EWDs in Warwickshire reflect in general terms the national picture. Chart 2 below shows the winter peaks in mortality over a four year period in Warwickshire.

**Chart 2**



2.20 The number of EWDs varies around administrative areas. For example, Table 1 illustrates variation year on year across Warwickshire. Similar variations can be found in Solihull and Coventry.

**Table 1 Excess Winter Deaths in Warwickshire 2004 - 2008**

	04/05	05/06	06/07	07/08	District Population 2001
North Warwickshire	20	38	8	37	61860
Nuneaton and Bedworth	16	21	25	20	119132
Rugby	11	38	8	16	87453
Stratford-on-Avon	21	29	19	23	111484
Warwick	33	29	27	28	125931

## 2.21 Fuel Poverty

2.22 The definition of fuel poverty is when a household needs to spend more than 10% of their household income on all domestic fuel use including appliances to heat their home to an adequate level of warmth. In 2004, two million households in the UK were suffering from fuel poverty, with 1.2 million of these in England alone. Since 2004 fuel prices have risen significantly, leading to an increase in those unable to afford to heat their homes sufficiently. 83% of all households suffering fuel poverty are either privately rented or owner occupied. 65% of all households suffering fuel poverty have only one occupant whilst almost 50% of all households suffering fuel poverty are inhabited by people aged 60 or above.

2.23 Households may be suffering from fuel poverty as a result of one or several factors that determine their ability to heat their home:

- The energy efficiency of the house
- Occupancy level related to the size of the house
- Household income
- The cost of domestic fuels
- The external environment

2.24 People in fuel poverty tend to live in homes that are expensive to heat due to poor energy efficiency, often have low occupancy levels and are also on low incomes.

## 2.25 Fuel Poverty in Warwickshire, Coventry and Solihull

2.26 Table 2 below provides an indication of fuel poverty in Warwickshire listing the 10 areas with the highest incidence of fuel poverty and the lowest three.

Table 2 - Households in Fuel Poverty in Warwickshire				
Rank	Super Output Area Name	Ward	%	No. in Fuel Poverty
1	Ladbroke & Priors	SoA	11.48	54
2	Napton on the Hill	SoA	9.12	39
3	Fenny Compton, Farnborough & Avon Dassett	SoA	8.96	47
4	Abbey Priory	NB	8.88	56
5	Benn West	Ru	8.04	51
6	Southam South & Town Centre	SoA	7.95	62
7	Cattlemarket	Ru	7.83	51
8	Brunswick North East	Wk	7.78	46
9	Wem Brook Bridges	NB	7.57	48
10	Old Town West & Railway Bridge	Wk	7.54	59
324	Castle Green & Malthouse	Wk	3.18	20
325	Warwick Gates	Wk	3.17	17
326	Thickthorn & Castle End	Wk	3.15	21

2.27 It is worth noting that the top three super output areas are to be found in Stratford on Avon an area not normally associated with poverty. It is also worth noting that most of the SOAs with low levels of fuel poverty are to be found in Warwick District. Table 3 indicates instances of fuel poverty in Solihull whilst table 4 provides equivalent information for Coventry.

Table 3 - Households in Fuel Poverty in Solihull				
Rank	Super Output Area Name	Ward	%	No. in Fuel Poverty
1	KI/Yorkswood	Kingshurst	6.86	51
2	SM/The Birds North	Smiths Wood	6.81	38
3	FO/Bennetts Well	Fordbridge	6.53	39
4	BI/Alcott Hall	Bickenhill	6.15	36
5	KI/Babbs Mill North	Kingshurst	6.09	38
6	KI/The Trees	Kingshurst	6.02	38
7	CW/Bluebell	Chelmsley Wood	5.96	37
8	FO/Chapelhouse	Fordbridge	5.81	37
9	SM/Windward Way	Smiths Wood	5.7	37
10	KI/Central Kingshurst	Kingshurst	5.22	34
131	SA/Hillfield East	St Alphege	3.15	20
132	PA/Bentley Heath South	Packwood	3.15	18
133	PA/Central Dorrige	Packwood	3.13	22

Table 4 – Fuel Poverty in Coventry - Top ten and bottom three wards

Table 4 - Households in Fuel Poverty in Coventry				
Rank	Super Output Area Name	Ward	%	No. in Fuel Poverty
1	Foleshill – Broad Street	Foleshill	11	58
2	Gosford & Gulson Roads	St Michaels	11.2	73
3	Foleshill – Courtaulds Guild Road	Foleshill	11.07	53
4	Foleshill – Paragon Park Red Lane	Foleshill	10.41	65
5	Edgwick – Cana Road	Foleshill	11.38	62
6	The City Centre within the Ring Road	St Michaels	11.82	57
7	Hillfields – Swans Lane Thackhall Street	St Michaels	9.87	56
8	Daimler Green – Electric Wharf	Radford	10.2	62
9	City Farm North – Hillfields	St Michaels	11.41	55
10	Charterhouse – St Georges Road	St Michaels	9.47	58
195	Finham Triangle – Green Lane	Wainbody	3.33	27
196	Finham North Festival & Fenside	Earlsdon	3.92	31
197	Stivichall – Dewsbury Mantilla Avenues	Wainbody	2.94	17

## 2.28 Fuel Poverty and Energy Suppliers

2.29 Energy suppliers spend around £50m a year on energy assistance aimed at helping more vulnerable and needy people to meet their energy requirements. In April of last year the government brokered a deal with the six major energy providers British Gas, Scottish and Southern Energy (SSE), ScottishPower, E.ON, npower, and EDF under which the companies will increase spending on fuel poverty by £225m by 2011. It has been estimated that this initiative could take around 100,000 households out of fuel poverty. However, there remains some scepticism amongst charities and community groups around the ability of this extra funding to have a significant impact on levels of fuel poverty.

2.30 It is not intended here to list the approach taken by all fuel providers to issues around the payment of bills. However, one issue that was raised during the review has been the confusion and inconsistency surrounding social tariffs. It was reported that in the case of one suppliers whilst these had not been abolished, their availability was now restricted.

## 2.31 Prevention, Awareness and Information

2.32 The panel has learned that a great deal of work is undertaken year on year by voluntary and statutory bodies with the principal aim of reducing winter deaths and fuel poverty. Some of this work is referred to in the notes of the meetings included in the appendices to this report.

The following examples provide a flavour of some of the initiatives and opportunities being pursued.

### **2.33 Flu Jabs**

2.34 Every year pensioners and people considered “at risk” for health reasons are offered a free flu inoculation. In general, take up of the flu jab is very good. The Government’s target is for 70% or more people aged 65+ to receive the injection. In some areas this has been exceeded by up to 10%. The panel has learned that the flu jab has two major benefits to older or vulnerable people. Clearly it provides older people with the defence they may need against influenza but there is also a supplementary benefit from the flu jab programme. For many older people the visit to the GP surgery or health centre to receive their flu jab may be the only time in the year that they come into contact with the medical profession. They are, in the words of one contributor to this review a “captive audience”. Not only does this give medical staff the opportunity to assess the general wellbeing of an individual but it also has the potential for information on how to keep warm and well to be disseminated. Many GP surgeries are very good at ensuring that people receive the information that would benefit them. However, it is important that they have that information in adequate amounts and in a form that can be readily understood.

### **2.35 Keep Warm Keep Well**

2.36 Typical of the information readily available to people over 60 or the more vulnerable is the Keep Warm, Keep Well advice published by the Department of Health. Through this review that panel has been introduced to a number of very similar sets of literature that offer handy tips and advice about home temperature control and nutrition. The Keep Warm Keep Well leaflets focus on ensuring that eligible people receive the benefits available to them. For example it provides information on winter fuel payments, the Warm Front Scheme (See below), the Heating Rebate Scheme, Cold Weather Payments and help available from energy suppliers.

### **2.37 Act on Energy**

2.38 Act on Energy is a ‘not for profit’ organisation and a registered environmental charity. Its purpose is to promote energy conservation by providing free and impartial advice to householders and small businesses in Warwickshire, Worcestershire and Coventry and surrounding areas. Act on Energy was previously known as Warwickshire Energy Efficiency Advice Centre (WEEAC) and was part of the Energy Saving Trust network. The Solihull area is covered by the not for profit organisation Hestia, which provides similar services to Act on Energy.

2.39 Act on Energy provides a range of free energy advice and information services to the general public. These include:

- telephone advice and information on the best options for saving energy.
- information on national and local grants and discount schemes for improving homes to make them more energy efficient.
- home visits in certain circumstances.
- Attendance at local exhibitions and events to promote energy efficiency
- Provision of speakers for local community groups on energy efficiency and climate change
- Development of school projects that involve the whole community
- The carrying out of home energy surveys to provide Energy Performance Certificates
- Using a thermal image camera to identify problems with insulation.

## **2.40 The Work of the Pension Service**

2.41 The Pension Service Local Service provides a localised home visiting service for vulnerable customers over 60's on behalf of the Pensions, Disability and Carers Service (part of Department of Work and Pensions). There is a cluster that covers Warwickshire and a separate one which covers Coventry and Solihull. Local teams raise older peoples awareness of what is available to them, increase the take-up of entitlements and join up a wide range of services by working in partnership with local authorities and voluntary organisations, increasingly through integrated teams.

2.42 The 2008/09 target for home visits in Warwickshire is 5794 and for Coventry and Solihull is 7881. The service also has targets for Pension Credit claims, Attendance Allowance/Disability Living Allowance, Housing Benefit and Council Tax benefit and Carers Allowance.

- 2.43 At each visit staff advise customers regarding fuel if they identify a need. Referrals are made to Act on Energy and PHILLIS as appropriate in Warwickshire. Customers are advised to contact their fuel suppliers to see if they are on the best tariffs. DWP has joined with Help the Aged and British Gas in a Winter Warmth Campaign- this includes the offer of help with Benefit claims
- 2.44 Help in 2008/09 for most over 60 households has been £250/£400 winter fuel payment dependant on age. In addition because of the very cold weather in January/February 2009 those pensioners in receipt of Pension Credit also received Cold Weather payments of £25 for each week the payment was triggered. These are linked to weather stations/postcodes and most eligible customers received an additional £50 or £75 depending on where they live. SRP customers also had an additional Christmas bonus payment of £60.

## **2.45 Community Support**

- 2.46 Statutory and voluntary agencies along with fuel providers provide a great deal of support to older people. However, the panel has been keen to consider the role that the wider community can make in reducing winter deaths. The panel has relied heavily on older people contributing to this review either through the stakeholder event or through LINks to develop its understanding of the potential role of communities. The panel has heard that the general perception is that by and large neighbours in communities do not look out for each others welfare as they used to.
- 2.47 Households are out at work all day and in the evening have little time to spend on their neighbours. Fewer people visit dwellings as they did twenty or thirty years ago. For example fewer people have milk delivered whilst post men and women appear to have less time to consider whether a person on their round may be in need of help. The panel is aware that these are of course very general comments. Nevertheless this perception is borne out by a consultation into “social evils” undertaken by the Joseph Rowntree Foundation in 2007. That study placed the decline of community at the top of its list.

## **2.48 Joint Working**

- 2.49 At its select committee meeting the Panel was impressed by the work already being undertaken by various agencies to address people’s needs. Below are three examples that illustrate the kind of work that the panel has learned about.

## **2.50 Linking People – Solihull Age Concern**

- 2.51 Solihull Linking People is managed by Age Concern Solihull and delivered by a broad range of organisations working in partnership. It provides a gateway to a range of services available to anyone over the

age of 60 in Solihull, through a single contact with a worker or volunteer from a wide range of organisations in the borough who are partners of the Linking People network.

2.52 Solihull Linking People works by linking and co-ordinating a range of partner service providers working collaboratively in partnership and will enable the service user to receive all the help that is available to them through a seamless process. The scheme has two main entry methods:

- A proactive project for those 85+ in partnership with the Local Pension Service, contacting every person in Solihull over the age of 85 to undertake a needs analysis – 2432 people aged 85-89 and 1153 people aged 90 and over (2001 Census)
- Anyone over the age of 60 living in Solihull (with the exception of those living in residential care) through contact with a wide range of partner organisations.

2.53 Upon contact with either a member of staff from the Local Pension Service or any other partner of the project, a Contact Form is completed with the older person. The consent of the older person must be given. The Contact Form covers a whole range of issues such as:

- Welfare Benefits and Pension Credits advice.
- Winter Warmth/ Energy Efficiency issues
- Care and Repair issues
- Disability issues
- Home safety concerns
- Equipment and Adaptations
- Carers information
- Falls awareness
- Social isolation, loneliness and leisure
- General health and social care
- Specific health concerns, i.e. dementia care
- General information and advice for older people

2.54 The contact form asks a series of yes and no questions that directly relate to partner services. There is also room on the form to highlight any specific concerns, and whether there is any specific information required by the older person.

2.55 Completed Contact Forms with appropriate consents are sent to the Linking People Office which reviews the form and makes relevant referrals to partners and non-partner organisations and send out any information requested.

2.56 This project's success is dependent on a range of partner organisations making a full contribution. To illustrate the importance of partners they are listed below.

- Solihull Care Trust
- Solihull Metropolitan Borough Council's Home Improvement Agency
- SMBC's Private Sector Services Team & Central Midlands Energy Efficiency Advice Centre
- SMBC's Income and Awards
- Solihull Local Pension Service
- West Midlands Police
- West Midlands Fire Service
- Age Concern Solihull
- Solihull Community Housing
- Solihull CAB
- Shirley CAB
- Chelmsley Wood CAB
- Solihull Carers Centre
- Enable
- Alzheimer's Society
- Safe and Sound

2.57 The panel has learned that the Linking People Scheme has been operating effectively. For example in January 2009 there were 82 referrals to the scheme across Solihull with 246 referrals to partners for advice and support.

## **2.58 Public Agencies**

2.59 The panel heard from a number of individuals working in public agencies. The reader is referred to the appendices for the evidence given. The panel was not surprised to hear that a considerable amount of joint work is undertaken at both strategic and local level between agencies. The relationships that various statutory agencies have with each other and with the voluntary sector are complicated. This is because no single body works in isolation from its partners.

2.60 Different arms of local authorities from social care to housing and from energy efficiency to elected Members all play their part in improving people's quality of life. This review has served to reveal to a combined body of Councillors and officers the work that is being done independently and in collaboration across this range of services.

2.61 One thing that was abundantly clear to the panel is that the combined work of so many different agencies can potentially have a significant effect on the incidence of winter deaths. At the same time, however, the panel has seen a considerable body of literature and advice material that is duplicated many times over by organisations.

## **2.62 The Voluntary Sector**

- 2.63 The voluntary sector has played a key part in this review and has a major role to play in reducing winter deaths and fuel poverty. Reference is made above to the work of Age Concern. As well as being the driving force behind Linking People in Solihull, the Warwickshire branch has taken an interest in housing insulation and heating. Older People's Forums provide a mouth piece for older people to raise their concerns. The newly formed LINks fulfil a similar role although their remit is focused very much on health. Appendix 5 provides an illustration of some of the comments fed into this review from LINks members.
- 2.64 Citizen's Advice Bureaux, the Council for Voluntary Services, community groups, health charities and other organisations furnish modern society with a wealth of volunteers all of whom, by definition, give their time freely. Without the input of the voluntary sector it is very likely that winter deaths would increase significantly whilst the general quality of life of older and vulnerable people would decline.

## **2.65 National and Local Policies and Initiatives**

- 2.66 Mention has been made above of some of the advice and literature produced by central government departments such as the Department of Health and of the financial support available to older people during the winter. There are, however, further initiatives that are supported by government.
- 2.67 In 2003 Government introduced the Sustainable Energy Act and in 2004 it published its action plan which among other things included measures to improve the thermal efficiency of residential housing. Since that time a series of policy documents and guides have been published although most of these focus on the environmental benefits of reducing CO2 emissions. The exception to this was the publication in 2001 of the UK Fuel Poverty Strategy. This set a target for the eradication of fuel poverty for all vulnerable households by 2010 and all other households between 2016 -2018.
- 2.68 More practical assistance is available to households via Warm Front. This is a scheme by which householders can apply for insulation and repairs and updates to central heating systems. (It is worth noting that during this review a number of contributors have commented on shortcomings with the Warm Front scheme. Some of these concerns relate to contractors whilst others are regarding the bureaucracy that surrounds it. )
- 2.69 At a local level, district and borough councils produce "affordable warmth strategies". Housing departments work hard to ensure that people live in good quality housing. They work with the Department of Work and Pensions to identify people on benefits and then target those individuals for support.

### **3.0 Conclusions and Recommendations of the Panel**

#### **3.1 Conclusion 1**

- 3.2 The evidence presented to this review has led the panel to conclude not only that winter deaths and fuel poverty must urgently be reduced but also that through the combined and coordinated efforts of the public, private and voluntary sectors this can be achieved. In addition the panel has recognised that local authorities have a key role to play in reducing the incidence of excess winter deaths, but this can only be done in partnership with other organisations. It is apparent that whilst there are a number of facets of local authority service delivery that have the potential to reduce winter deaths there is no one person or section that has this specifically in their remits. The panel has concluded therefore that the best way of achieving results would be to establish a Member/officer steering group to oversee the necessary work.

#### **Recommendation 1**

That by the end of June 2009 each of the three councils engaged in this review should identify one officer and one elected Member to be responsible for coordinating efforts in their authority aimed at reducing excess winter deaths and fuel poverty. The six people identified will form a joint working group to a) organise an annual "Winter Deaths and Fuel Poverty summit (See Recommendation 2), b) identify ways in which the three authorities can work effectively to reduce the incidence of excess winter deaths and c) organise a training package for elected Members and frontline officers.

#### **3.3 Conclusion 2**

- 3.4 In order to have the maximum impact on winter deaths and fuel poverty everyone involved in their reduction must work in the most effective fashion. The panel is impressed by the considerable amount of work undertaken by a range of agencies, organisations, companies and individuals that either directly or indirectly can influence the incidence of winter deaths and fuel poverty. However, despite all the good work being undertaken the panel is concerned at the amount of duplication of effort that has been revealed. It is also concerned that opportunities are being missed through lack of communication between organisations. Finally the panel believes that if annual winter warmth campaigns are to be run they need to be started early in the year and coordinated effectively. To help address these concerns the panel considers that an annual summit should be jointly organised. The key for the success of such a summit will be to focus attention on the benefits of a joint approach and to ensure that those attending are able to make decisions regarding commitments as required.

## **Recommendation 2**

The officer /Member Steering Group to organise an annual summit aimed at addressing winter deaths and fuel poverty. This summit should be attended by senior representatives of organisations such as,

- Coventry City Council
- Solihull Metropolitan Borough
- Warwickshire County Council
- District and Borough Councils (Housing and Leisure)
- Solihull Community Housing
- Housing Associations
- Warwickshire Association of Local Councils
- NHS/PCT/Care Trusts
- Voluntary Sector eg Age Concern/CAB/British Legion
- Act On Energy
- NEA
- LINKs
- Government agencies eg Pensions Service, Benefits Agency
- Energy Providers

The principal objective of the summit should make arrangements for a co-ordinated winter warmth and fuel poverty campaign for the subsequent winter. In addition it should consider the following,

- An exploration of ways in which the voluntary sector can be supported in its work around this issue.
- Getting the right information to people including opportunities for use of the media to relay key messages.
- The need for GPs and pharmacies to recognise their potential contribution in disseminating advice and early identification of those in need.
- Nutrition
- Ways to encourage higher take-up of Flu jabs by the over 65s.
- How to increase take-up of benefits and grants

In 2009 this summit should be held in July but in subsequent years it should be held earlier.

### **3.5 Conclusion 3**

3.6 The panel recognises the key role that local councillors can have in identifying need in their communities. It also acknowledges that frontline staff are often in a position to recognise need and bring it to the attention of appropriate parties. It is however essential that Members and officers are adequately trained to identify this need and act accordingly. This joint review has highlighted the potential benefits of a combined approach

between authorities and has recommended the establishment of a working group to do this. The panel also considers that such an approach be taken to training. The panel's view was that the training should be delivered to each authority separately but that the content should be similar for each authority and ideally delivered by the same trainer.

### **Recommendation 3**

That by September 2009 the officer/Member steering group to have organised for training sessions to be held in each of the three local authority areas for elected Members and front line officers. This training should encompass the identification of need, the availability of help and support and the means by which that help can be obtained.

## **3.7 Conclusion 4**

- 3.8 The panel is surprised at the extent of the concern raised by several individuals and organisations about the Warm Front initiative run on behalf of the Department of Energy and Climate Change. It is also aware of the recently completed review into Warm Front by the National Audit Office. Since the review began Members have made their own enquiries of their constituents and discovered a general dissatisfaction with the way Warm Front operates. The panel has concluded that whilst it would not be appropriate to cite individual cases its concerns should be relayed to those responsible.

### **Recommendation 4**

That by the end of May 2009 the Chair of the joint Winter Deaths and Fuel Poverty panel writes to the Secretary of State for Energy and Climate Change, local MPs and the Local Government Association to express the concerns of the review panel relating to Warm Front.

## APPENDIX 1

### Warwickshire County Council Health OSC Project Bid Fuel Poverty & Winter Deaths in Warwickshire, Solihull & Coventry

<b>Section 1 – Lead Authority, Partners and Management/Governance Arrangements</b>	
<p><b>Lead Authority:</b> Warwickshire County Council</p>	<p><b>Contact Officer:</b> Alwin McGibbon - Health Scrutiny Officer <b>Telephone:</b> 01926 412075 <b>Email:</b> <a href="mailto:alwinmcgibbon@warwickshire.gov.uk">alwinmcgibbon@warwickshire.gov.uk</a> <b>Address:</b> Warwickshire County Council Performance &amp; Development Directorate Shire Hall Warwick CV34 4RR</p>
<p><b>Partners:</b> NHS Warwickshire (PCT) Public Health Director Warwickshire CC Directorates:-</p> <ul style="list-style-type: none"> <li>• Adult Health &amp; Community Services</li> <li>• Environment &amp; Economy</li> <li>• Performance &amp; Development</li> </ul> <p>Solihull Metropolitan Borough Council Warwickshire Fire &amp; Rescue Age Concern Help the Aged Warwickshire Older Peoples Forums Warwickshire Local Involvement Network Act on Energy (covers East &amp; West Midlands) Community Forums Warwickshire Observatory</p>	<p>Five Borough &amp; District Councils in Warwickshire:- North Warwickshire BC, Nuneaton &amp; Bedworth BC Rugby BC Warwick DC Stratford DC Warm Front PHILLIS – Promoting Health and Independence through Low Level Support <b>Under Consideration</b> Coventry City Council Worcestershire County Council Coventry University E-on British Gas</p>
<p><b>Management/Governance Arrangements:</b> It is proposed that the review be undertaken as a joint, cross party panel lead by Warwickshire County Council with an agreement in principal (because of the tight timescales involved) with Solihull Metropolitan Borough Council and Coventry City Council. Worcestershire County Council has expressed an interest, but will need to explore this further with councillors before agreeing to join this review. This review will determine the services and information of our partner local authorities and what their communities would find helpful. The aim will be that all those involved will be regarded as an equal partner in this review.</p> <p>The intention will be to have a working party (panel) represented by officers and councillors from all the authorities involved with this review and key partners. The number of councillors will be decided at the first meeting, but the intention is there should be 3 or 4 representatives from the partner authorities with Warwickshire taking the lead to ensure the review meets the objectives set out in section 2.</p> <p>The panel will be chaired by Cllr Jerry Roodhouse (Chair of Health Overview and Scrutiny Committee) and principal officer support will be provided by Alwin McGibbon (Health Scrutiny Officer) who will project manage the review, manage allocated budget, consolidate the key findings and outcomes into a report, and disseminate the findings to key stakeholders including CfPS.</p>	

Scrutiny officers from all local authorities have agreed to provide the review with information, make arrangements to involve key stakeholders and partners in their area and provide practical support as and when required. It is expected that meetings will be arranged within their local authority area to encourage engagement with their community.

The Strategic Directors from Warwickshire County Council – Adult Health and Community Services and Performance & Development have agreed to support this review and Environment and Economy Directorate will provide officer support from the Sustainability Team - Climate Change

NHS Warwickshire (Primary Care Trust) has agreed to a representative from public health and the joint Public Health Director as members of the panel throughout the review to provide information and support. Representatives from LINKs have been asked to be involved and provide members for the panel.

## **Section 2 – Project , Rationale, Scope, Terms of Reference, Timescale & Sharing the Learning**

### **Project Brief**

This review will primarily concentrate on older people and ‘winter deaths’, not only because the number of older people in Warwickshire is expected to increase significantly by 2021 (with the need for more health and social care support as they get older), but increasing fuel costs and the risk of not having adequate heating or nutrition may put older people at risk of becoming cold and falling ill as a consequence.

Current estimates (2006 mid year estimate) suggest there are some 87,000 older people (65 and over) currently living in Warwickshire. Almost a quarter of all households are made up of pensioners and of those almost two thirds are single people. This constitutes a total of around 30,000 lone pensioner households.

It is projected that the numbers of older people in the county will increase by over 17,000 between 2001 and 2011 with a further 24,000 by 2021. The greatest increase will be in the 85+ age group. Also the numbers of BME older people are expected to increase significantly, currently estimated by 50% in 2021 to 18,500. All increases in Warwickshire are projected to be higher than expected elsewhere in the country.

From the 2001 census around half of all over 65s stated they had a life limiting illness. Variation across the county was fairly small, but those in the north are more likely to identify themselves as suffering from ill health. Those with life limiting illnesses are at more risk of being admitted into hospital when there is insufficient heating at home. Health issues relating to cold weather cost the NHS is approximately £1 billion a year. The Faculty of Public Health estimates for every 1% C that the prevalent temperature is below the winter average there are 8,000 extra deaths and 5 extra admissions to hospital for every extra death (2003).

According to the 2001 census 5.2% of households in Warwickshire are without central heating. Many of these households are located in mining villages in the north of the county where households traditionally use coal as the main source of heating.

A report in December 2006 highlighted that there was still a significant excess of ‘winter deaths’ in Warwickshire and most of these are as a result of respiratory diseases. The 2008 draft Joint Strategic Needs Assessment (JSNA) for Warwickshire has identified, on average, there are 325 more deaths in the four winter months (December to March) than in the previous or subsequent four month periods. Solihull had 60 excess winter deaths in 2003/04. Warwickshire JSNA considers financial management will become an issue for older people with the increasing risk of fuel poverty.

This review provides the opportunity for OSCs and LINKs to engage with the local community to ensure they are informed, consulted and get involved so they can play an active role in shaping their own services and future either as individuals or representatives of organisations<sup>1</sup>. The review will respond to long-term challenges such as public health, climate change, demographic fluctuations, economic prosperity and environmental sustainability to build strong societies in which people want to work and live. The review will explore ways of working closely with local communities in order to define and work towards new patterns of sustainable living LAA NI 185 (One Tonne Challenge), Social Care & Public Health LAA NI 187 (Health &

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<sup>1</sup> Creating Strong, Safe and Prosperous Communities

Social Care providers identifying fuel poverty within the community) and county council's priority to narrow the gap. Winter deaths have also been highlighted as an area of concern in the draft JSNA for Warwickshire. Part of this review will be to establish the level of services and information in our partner local authorities.

The intention is for this review to involve and work in partnership with local authorities the NHS, energy providers, voluntary groups, older people's agencies, and Local Involvement Networks to raise awareness of fuel poverty in urban and rural areas, the risks to health and what collaborative arrangements are required to ensure that older people can access the appropriate services, benefits and grants to help to reduce this risk. This review provides the potential to look at the newly established 30 community forums across Warwickshire, which bring together key public sector partners in a single place which provide the public with an accessible means to influence decision making and determine local priorities.

Going out into the community, holding a select committee meeting and stakeholder event provides an opportunity 'to raise the visibility of the overview and scrutiny function'<sup>2</sup> with the local community, which enables them to talk directly with councillors about any concerns they have about local services provided by the NHS, the local authorities or other service providers to suggest ways in which these could be improved.

### **Rationale**

This review provides an opportunity to look at many of the wider determinants of health such as providing a high quality environment in the home, social inclusion - reducing the isolation of older people, raising awareness of public health issues – importance of flu jabs, to support older people to live in their own homes and promoting independence. The partners that have expressed an interest in being involved are from a variety of disciplines and are keen to engage with the local community. It also supports the importance of the role of the local authority in improving health and well being and working in partnership with others to achieve this aim. The review supports Warwickshire County Council's 4 corporate priorities - putting customers first, caring for older people, pursuing a sustainable environment & raising levels of educational attainment. It also supports the county council's narrowing the gap priorities to reduce inequalities in health and ensure there is equity of access to services.

With increasing fuel costs this review is well timed in establishing whether a significant increase in the number of households in fuel poverty will increase winter deaths. A house is in fuel poverty if it needs to spend more than 10% of its household income in order to maintain a satisfactory heating regime. In 2006 10,675 houses were identified as fuel poor in Solihull, 4180 homes in North Warwickshire failed the decent homes standards mostly due to lack of adequate insulation. Fuel poverty damages the health of those living in cold homes and affects their quality of life. The old, children, those that are disabled or have a long term conditions are especially vulnerable.

Cold homes not only increase health risks of those with existing conditions, but can cause heart attacks, strokes, worsening arthritis, bronchitis, pneumonia, mental health problems, contribute to accidents at home (increased falls) have adverse effects on children's education and cause social isolation. It can also have adverse effects on nutrition by having to choose - whether to keep warm or spend on other essentials.

Excess 'winter deaths' are potentially amenable to effective interventions such as insulation and effective heating systems. The Department of Health winter guide, Keep Warm, Keep Well recommends four broad areas

- Staying Healthy by having free flu jabs, coping with flu, giving up smoking and seeking free advice from NHS Direct
- Living well by preparing and having good food, warm clothing and exercise
- Keeping warm by getting homes ready for winter, heating homes, paying bills, insulation and home improvement
- Accessing available financial support

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<sup>2</sup> White Paper – Communities in Control – Real People, Real Power

With increasing fuel costs this is likely to put pressure on the money available in poorer households with the potential for winter deaths to increase. There needs to be a greater emphasis on financial support and provision of benefits advice, along with diet and preventative measures. This review raises the possibility for the NHS and the Local Authorities to work together to raise awareness of the health consequences of being cold, improving access to information to obtain benefit entitlements and grants for insulation, plus an opportunity for community engagement using community, local voluntary groups to raise awareness to older people needs and help reduce isolation. There is also an opportunity to involve the respective Local Involvement Networks (LINKs) for each area in the review in joint working arrangements.

A further benefit of this review is not only reducing fuel costs for older people and caring for older people, but its contribution towards building a sustainable environment by saving energy and thereby reducing carbon emissions. The work required insulating homes & improving heating could also be of benefit to the local economy by providing local employment. Warmer homes could help improve the educational attainment of children when doing their homework - all of which are part of the county council's corporate priorities.

Further to this are the needs of the Black and Minority Ethnic (BME) the review will assess how older people in BME population are made aware of health issues relating to the cold, how they access the benefits and grants available and whether this information can be obtained in appropriate languages.

### **Scope**

The aim of this review is to ensure the needs of older people are being met by ensuring they have equity of access to information, to obtain benefits and grants, receive services from the NHS or social care, which help older people to maintain their health and well being to remain independent. The information from this review can provide a baseline to set targets such as the number of people benefiting from information given, reduction in those experiencing fuel poverty, a reduction in the number of winter deaths, the contribution to older people's health and well being, for which objective output measures will be prepared.

In order to achieve the aims set out above, the scope will include an analysis of:

- The extent of winter deaths in Warwickshire, Solihull, Coventry
- The impact of increasing fuel costs
- What NHS and local authority services including public health measures are available to improve the health and well being of older people to reduce the number of winter deaths
- Opportunities for partnership working to use services effectively to reduce the number of winter deaths
- Identify any gaps in service to help remove inequity of access to NHS, social care and benefits
- To assess the condition of housing in Warwickshire, Solihull and Coventry to identify areas where greater insulation heating improvement is required to reduce costs and create a more sustainable environment. Scope to use thermal imaging cameras to identify cold houses – indication of fuel poverty
- Assess the different needs of urban and rural communities – forms of heating available, quality of housing, level of services available to identify what services are required locally to meet these needs.
- The benefits, grants and financial help available in Warwickshire, Solihull and Coventry that can help reduce fuel poverty
- How the older people access the information above – to assess where this could be improved
- The views of older people including BME groups on what information & services they would find helpful
- Views of agencies & voluntary groups on how to reduce the social isolation of older people – community cohesion
- To identify best practice that can be implemented at a regional & national level to reduce winter deaths

### **Principal Witnesses**

Act on Energy already work in partnership with Coventry City Council and Worcestershire County Council and will be able to provide a regional perspective to this review. They have agreed to contact many of the other partners they work with such as the Borough and District councils, Help the Aged on behalf of the working party and provide information and support throughout the review

The other partners outlined in section 1 such as PHILLIS are currently considering how they will provide information and support during the review.

Older people - LINKs using Community Voices Online and Survey, Older Peoples Forums, plus one to one sessions at venues located within community settings such as markets or post offices.

### **Methodology**

- Desktop Research
- Partners, key witnesses to provide information and support
- Engagement with the community - select committee meeting and stakeholder event, mobile display trailer and Local Involvement Networks (LINKs)
- Obtain views on fuel poverty and NHS & LA services in winter months via discussion group – Community Voices Online, talking to BME & hard to reach groups out in the community
- A survey using SNAP – to be agreed by LINKs
- Provide a report on findings from the review with recommendations
- Research - post evaluation of review to share the learning

### **Terms of Reference**

To meet the aims and objectives the review will be undertaken as a joint, cross party panel led by Warwickshire County Council with Solihull Metropolitan Borough Council and Coventry City Council as an equal partner. Worcestershire County Council has expressed an interest, but will need to explore this further with councillors before agreeing to join this review.

The intention that there will be 3 or 4 representatives from the partner authorities with Warwickshire taking the lead to ensure the review meets the objectives set out in section 2. The panel will be chaired by Cllr Jerry Roodhouse (Chair of Health Overview and Scrutiny Committee).

Scrutiny officers from all local authorities will provide information and practical support, with Warwickshire as the lead. NHS Warwickshire (Primary Care Trust) will provide an officer, plus the joint Public Health Director to be members of the panel throughout the review. There will be spaces for representatives of LINKs to be involved developing the new 'duty to involve' – Local Government & Public Involvement in Health Act 2007.

### **Sharing the Learning**

Share the learning with other LAs, NHS, Central Government. Place the report on the CfPS & Warwickshire County Council & partner websites. Attend relevant conferences to present the findings & recommendations from the review - what worked well, the recommendations accepted and implemented with further actions.

### **Timescales**

**End Jan 2009** – Scoping exercise with councillors/key stakeholders/partners to agree scope and arrange select committee style meeting in February.

**Jan/Feb/Mar** – Fire & Rescue Mobile Unit/Trailer to obtain the views of local people (including BME & hard to reach groups) at locations throughout bid area. These will provide information about benefits and grants which help reduce fuel costs, public health measures - access to flu jabs, risk of fires in the home in winter etc. The Local Involvement Networks - use of their Community Voices Online to set up a discussion group to obtain views from users, carers and families on health and well-being during winter months, increased fuel costs, access public health measures to reduce ill health e.g. flu jabs? LINK officer to provide alternative means of access to this discussion by talking directly with BME & hard to reach groups within a community setting. Also explore the possibility of LINKs to conduct a survey using SNAP software.

**Mid Feb** – Select Committee style meeting with key stakeholders. Key stakeholders to provide questions in advance to be themed for meeting. Key stakeholders to be represented at this meeting for further discussion on any issues/concerns raised and suggest further areas for investigation. The key findings from this meeting to inform the Stakeholder Event.

**Mid Mar** – Stakeholder Event with key speakers and workshops to take forward findings from select committee meeting and come up with key outcomes to support recommendations to be included in the final report.

**Early Apr** – Meeting with councillors/key stakeholders/partners to discuss draft report

**End April** – Final Report & Recommendations to go to Warwickshire Health OSC and partner local authorities

**May/June** – Post evaluation with partners to identify best practice, lessons learned, ways of sharing the learning, the development of process and practice and target and outcome measures

**July onwards** – share the learning with CfPS and local authorities at appropriate events

### **Section 3 – How it meets the evaluation criteria**

The review will meet the evaluation criteria by:-

- Ensuring the needs of older people are being met by providing equity of access to information, to obtain benefits and grants, to receive services from the NHS or social care that help them to maintain their health and well being to remain independent.
- Seeing an increased number of older people accessing services from the NHS such as flu jabs, information about benefits and grants to improve insulation or obtain effective heating systems, a reduction in those experiencing fuel poverty and a reduction in the number of winter deaths. An additional benefit will be to contribute to building a sustainable environment by saving energy and thereby reducing carbon emissions. All of these will contribute to older people's health and well being, for which objective output measures will be prepared.
- Securing patient and public engagement – new 'duty to involve' by using the new Local Involvement Networks. They have expressed an interest in becoming involved and this review will provide an opportunity for LINKs to take the first step in looking at not only health, but the services provided by the local authority and to develop joint working arrangements with other LINKs. To use the LINKs - Community Voices Online to set up discussion groups about fuel costs and keeping warm in winter, what concerns they have and what they would find helpful. There may be the potential to use the SNAP survey tool, which the host for Warwickshire and Solihull can make available to LINKs.
- Ensuring the engagement and involvement of older people to identify their needs in winter would be the learning element of this review. The intention is to take a trailer into their community where they are likely to frequent – post offices/markets etc. to ask what services they would find helpful & raise awareness of what grants and benefits they may be entitled to receive.
- Meeting the criteria for working collaboratively with partner authorities, local NHS bodies and other agencies to support 'Creating Strong, Safe and Prosperous Communities' objectives that all key partners work together to address risk and challenges facing the areas, using their combined resources to best effect. Partner authorities are very keen to be involved as it meets many of their targets and priorities both locally and nationally.
- Looking at local public health issues relating to possible causes of winter deaths and the wider determinants of health such as, poorer quality homes & environment, low incomes, inequity of access to services from both NHS and LA and what would help to improve these.
- Addressing some of the concerns highlighted in the report by The National Audit Commission -

Health Inequalities in Warwickshire 2008. Warwickshire and Solihull both have areas where there is marked deprivation and health outcomes are poor when compared to the national average.

- Increasing local employment (to insulate homes) which could benefit the local economy. Information provided could help more than older people such as lone parents and children. The improved conditions for children, when doing homework, could increase their level of educational attainment. It is hoped that the review could also help raise awareness of the consequences of fuel poverty to political leaders both locally and nationally to bring about changes in policy.
- Bringing local health and care together to work on this review it is hoped will provide innovative ways of providing services for older people to remain independent, which will benefit both the health and social care economy by enabling older people to remain at home as long as possible and reduce the need for health and social care interventions.

The arrangements for sharing the learning will be to conduct an evaluation of the process with partners, what went well, what could have been done better. The report of the review & evaluation to be made available via the WCC, CfPS and partners websites, articles placed in publications and to attend appropriate conferences to share the learning with other local authorities, NHS partners etc plus any other arrangements that are considered necessary for sharing the learning from the review.

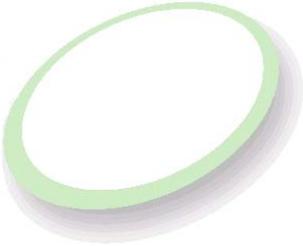
The Comprehensive Area Assessment will look at how well local services are working together and this review provides an opportunity to look at how health and social care services work together to improve the quality of life for older people. It is hoped that this will develop process and practice as a framework for CAA

#### Section 4 – Costs and Charging Arrangements

	£
CfPS advisors @ £600 a day x 3	1,800
Room hire in alternative locations to assist joint working arrangements	*200
Stakeholder Event with workshops - for approx 150 delegates @ £30.00 each for lunch and refreshments, plus £175.00 for hire of flip charts and PA system. To be DDA compliant.	4,675
Publicity costs for event – including invites, delegate packs, photographs & press coverage	*1,000
Community engagement – Community Voices Online, LINKs survey, mobile display trailers in shopping areas. Fire & Rescue has offered the trailers free of charge may be fuel & insurance costs.	*325
LINKs activity – community voices online & survey (Set up costs & evaluation of results)	*400
Research – post evaluation with partners to identify best practice, lessons learned, development of process and practice, targets and outcome measures @ £280 a day x 4	1,120
Support for learning and sharing – attendance at conferences, articles, copies of report & publicity.	*480
<b>Total</b>	<b>10,000</b>

\* Estimated costs

Charging Arrangements - BACs payment to Performance & Development Directorate, Warwickshire County Council marked for the Attn: Alwin McGibbon



**Coventry City Council  
Solihull Metropolitan Borough Council  
Warwickshire County Council**

**Winter Deaths & Fuel Poverty  
Draft Terms of Reference**

**February 2009**

**Background/Rationale behind Review**

1. Concern over high level of mortality and morbidity in winter
2. Concern about increasing levels of fuel poverty due to economic climate
3. Pressure on the acute sector and social care
4. Poor quality of life of many older people

**Objectives of Review**

1. To develop a clear understanding of winter-related deaths and morbidity in older people.
2. To appreciate the effect on winter mortality and morbidity of:
  - a. Poverty and debt problems for older people
  - b. High fuel costs and fuel poverty
  - c. Housing (General standards and insulation)
  - d. Poor diet
  - e. Social isolation
3. To establish what support is already available across agencies and in communities.
4. To identify ways in which help, advice and support can be given in a more effective manner.
5. To consider whether a collective approach is required to obtain greater resources

**Scope of the Review**

- A. Analysis of:
- 1) Winter deaths and morbidity in Solihull, Coventry and Warwickshire

- 2) The impact of increasing fuel costs
- 3) Existing services
- 4) Housing conditions
- 5) How people access information
- 6) Best practice from around the country

B. Identification of:

- 1) Gaps in service
- 2) Benefits, grants and financial help
- 3) Views of older people

C. Consideration of distinction between groups of older people. Eg

- 1) Those who can get out of fuel poverty with help
- 2) Those who are very poor and need much greater help
- 3) The very vulnerable or frail eg
  - People with mental health problems
  - People over 75
  - Long term limiting illness
- 4) Seldom heard groups e.g. BME communities, people with disabilities.

D. Training opportunities for people who go into older peoples' homes to identify problems

E. Identification of help for people to select a cost effective fuel supplier and highlight issues re: national policies on fuel costs (but focus most of time on what we can do locally)

F. Identify where vulnerable people live and examine ways to make it easier for people to access information and benefits eg advice and information on:

- Diet
- Budgeting, understanding bills
- Insulation
- Efficient use of heating system
- Debt advice
- Exercise
- Health maintenance (flu jab, GP)
- Services available

G. Consideration of the role of communities eg

- Looking out for your neighbour: ~
- Neighbourhood watch, Parish Councils, Faith Groups, Housing Authorities and Pension agency

### **Critical success factors**

- Reduced morbidity and mortality (Respiratory)
- Reduced emergency re-admission rates, number of occupied bed days – mapped against met office data
- Increased access to information e.g. Helpline use
- Reduction in numbers in fuel poverty

### **Evidence Sources**

Published data (local and national) relating to

1. Older people
2. Incidence of fuel poverty
3. Mortality and morbidity rates
4. Hospital and care home admissions
5. Resource commitment by health and social care

Examination of previously published reports.

### **Suggested Witness/Experts**

- Directors of Public Health
- Work through carers
- Mike Graveney – Data on old people – aggregated to post code level
- Age Concern
- Social Services
- Older Peoples Forum
- GP rep (LMC)
- Energy companies
- RSL, Housing Authorities
- Carers
- Crossroads
- Credit Unions
- C.A.B.
- LINKs
- CVS's
- Dept. Of Energy

### **Site Visits**

- F&R mobile caravan
- Library vans
- Community bus
- Demonstrator houses (insulation, energy saving)

### **Publicity**

- Press releases
- Community Voices on-line
- Web sites
- CFPS Web site

### **Barriers/dangers/risks**

- Raising expectations too high
- Uneven cover over the 3 areas
- Going off at a tangent
- Not all agencies aware and signed up
- Recommendations not SMART.
- Failure to make business case for shift of resources

### **Panel Membership**

Councillor Jerry Roodhouse (WCC) – Chair of Panel  
 Councillor Sarah Boad (WCC)  
 Councillor John Appleton (WCC)  
 Councillor Sue Main (WCC)  
 Councillor Frank McCarney (WCC)  
 Councillor Bob Hicks (WCC)  
 Councillor Claire Watson (RBC)  
 Councillor Mick Corser (SMBC)  
 Councillor Bob Hall (SMBC)  
 Councillor Ian Hedley (SMBC)  
 Councillor Joe Clifford (CCC)

### **Scrutiny Officer Report**

Alwin McGibbon / Paul Williams - Warwickshire County Council  
 Rebecca Clarke - Solihull Metropolitan Borough Council  
 Simon Brake - Coventry City Council

### **Timetable**

- Start date – 02/02/09
- Draft report deadline – end of April 2009
- Project completion date – May 2009
- Meeting frequency – 2 meetings
- Date to evaluate impact – 2 years to allow for full implementation
- Methods of tracking/evaluating – see indicators of success

## APPENDIX 3

### Coventry City Council, Solihull Metropolitan Borough Council, Warwickshire County Council – Joint Review of Winter Deaths and Fuel Poverty

#### Notes of Select Committee Meeting Friday 20<sup>th</sup> February 2009, Shire Hall, Warwick

##### Present

Councillor Joe Clifford	Coventry City Council
Councillor Claire Watson	Rugby Borough Council
Councillor Bob Hall	Solihull Metropolitan Borough Council
Councillor Ian Hedley	Solihull Metropolitan Borough Council
Councillor Mick Corser	Solihull Metropolitan Borough Council
Councillor Jerry Roodhouse	Warwickshire County Council
Councillor John Appleton	Warwickshire County Council
Councillor Frank McCarney	Warwickshire County Council
Councillor Sarah Boad	Warwickshire County Council
Andrew Lawrence	CFPS
Barbara Farndon	The Pension Service, Warwickshire
Brendy Hardy	Warwickshire Older People's Forum
Corinne Steele	Coventry City Council
Emma Clarke	Warwickshire County Council
Zoe Bogg	Warwickshire County Council
Julie Humphries	Warwickshire County Council
Lisa Roskell	Act on Energy
Lucy Cotton	Age Concern – Solihull
Steve Thomsen	Age Concern - Warwickshire
Mike Campbell	Coventry City Council
Neil Eaton	Coventry City Council
Mike Graveney	Warwickshire PCT
Mike Hoyland	Coventry and Warwickshire Co-operative Development Agency
Robin Dunlevy	Solihull Metropolitan Borough Council
Jacqueline Jones -Jackson	Link
Rebecca Clarke	Solihull Metropolitan Borough Council
Paul Williams	Warwickshire County Council

##### Apologies

Councillor Bob Hicks	Warwickshire County Council
Councillor Sue Main	Warwickshire County Council
Penny Collard	Crossroads

Councillor Roodhouse opened the meeting by welcoming the delegates and explaining some of the background to the review. He made it clear to the delegates that the purpose of the meeting was not to hold anyone to account but rather to share knowledge and experience.

The following bullet points set out the key points raised by each speaker in each session. Contributions made by other speakers are included but do not have bullets next to them.

### **Dr Mike Graveney – Warwickshire PCT**

- Winter deaths is not a complicated matter to understand. It is not just changes in temperature that can affect the rate of winter deaths. Wealth, prices, jobs and the news can also have an influence and whilst these factors can have an influence throughout the whole year they are of particular importance in the winter.
- Excess winter mortality is the difference between the number of deaths which occurred in winter and the average number of deaths which occurred in the preceding and subsequent seasons.
- Statistical evidence shows that deaths clearly increase during the winter months.
- When considering the factors that determine winter deaths it should be noted that medicine and medical intervention do not feature strongly.
- There is plenty of good practice around the country and a great deal of work has been done to understand the impact of poverty, high fuel costs, housing, poor diet and social isolation on mortality rates.
- Admission and readmission rates to hospitals can help to inform our understanding of the issue
- GPs are potentially very useful in particular when it comes to understanding the needs of seldom heard groups. One particular means by which people can be identified and assisted is through the flu jab.
- There are three groups of people who may require assistance. These are,
  1. Those who can get out of fuel poverty with help.
  2. Those who are very poor and need much greater help.
  3. The very vulnerable and frail
- Matching temperature (weather) and hospital bed occupancy is not a good measure as the issue is more complicated than that.
- Dudley PCT is considered a leader in working to reduce winter deaths. It has promoted its “Health through Warmth” scheme. This includes provision of heaters and advice on dressing and seeks to make the best use of government grants.
- There is a concern that there is too much reliance on the internet to disseminate information. The general advice is to use the flu jab mechanism to spread information. At present most GP practices have very little information on staying warm.

- The latest figures for excess winter mortality show that 304 more people died in Warwickshire in a twelve month period than should otherwise have done.
- As well as those factors that have been identified there is a view that there are others that remain to be so. The data available is useful only up to a point. It is difficult to obtain deep clinical data from the information available. The data fluctuates from year to year although not to a point considered statistically significant.
- Cancers are not significantly affected by seasonal variation. Most winter related deaths are respiratory.
- In 22 years from 1981 there was no noticeable fluctuation in overall winter deaths. However, deaths from circulatory diseases have decreased whilst deaths from respiratory diseases and other causes have increased. Deaths from respiratory diseases have a particularly unstable pattern.
- The patterns are consistent across Warwickshire and do not show any association with deprivation at district level.
- Recent milder winters do not appear to have had an impact. This suggests that there may be other unidentified factors.
- Coventry PCT has stated that in England there are on average 25,000 winter deaths each year. 40% are cardiovascular and 30% respiratory. The greatest increase in winter deaths is in those over 85. The PCT suggests that excess winter mortality is not associated with deprivation or rurality. There does, however, appear to be an association with difficult to heat housing.
- In summary relationships between fuel poverty and excess winter mortality are difficult to interpret. Factors include
  1. Cold strain
  2. biological
  3. genetic
  4. gender
  5. physiological
  6. thermoregulation
  7. environmental
  8. meteorological
  9. socio-economic
  10. healthcare provision/expenditure
  11. lifestyle
  12. co-morbidity aspects

During the ensuing question session it was acknowledged that some winter deaths may be attributable to problems encountered in the summer. Councillor Appleton's noted that in his view the treatment for respiratory problems is poor amongst all age groups. He added that some parts of the county that are particularly damp may see a higher incidence of respiratory problems. In addition the number of older people in the county is increasing.

Dr Graveney stated that 65 is not a good age to consider people as old. He felt that geography may only be a tertiary factor and acknowledged that the treatment of respiratory illness is a Cinderella arm of medicine.

Councillor McCarney felt that changes to the health service have made it difficult for people to see their GPs. He felt that it is necessary to develop systems that enable people to see GPs and nurses more readily.

The meeting agreed that it may be possible for older people to be too hot in their homes and that many new houses have inadequate ventilation.

In conclusion Doctor Graveney stated that there may be some easy to find solutions to be found in the procedures followed by health practitioners and emphasised that due to the complex factors contributing to excess winter deaths, focusing on the statistical data is not all that useful to the purposes of this review.

### **Zoe Bogg – Service Manager, Local Provider Services, Warwickshire County Council**

- Local Provider Services is responsible for residential care, the operation of ten care homes, community support for people with learning difficulties and home care.
- Home care is centred on North Warwickshire, Nuneaton and Bedworth, Leamington, Warwick, Kenilworth and Rugby.
- The service provides 20% of the home care supplied across Warwickshire.
- The service comprises three elements.
  1. Fast response or crisis intervention. This service is aimed at providing assistance for vulnerable people who are looked after by a partner/carer. If the carer becomes ill and cannot provide the support they would normally do then this service intervenes on a short term basis to fill that gap. This service is free although other services are charged for.
  2. Hospital discharge support. This operates over six weeks and is aimed at helping the client who has just been discharged from hospital to readjust to a more independent style of living. Workers operate to a task plan the aim being to avoid readmission to hospital. If at the end of six weeks further support is required then clients are referred to other providers.
  3. Mainstream home care. This is longer term support with daily living tasks. These include help with shopping, medication paying bills and personal care. Help is also provided for people with dementia. This is commissioned in blocks of hours and provides a more holistic level of support.
- In many instance the home care service is the first service to identify areas of concern with vulnerable people.
- A team of social workers is allocated to each home care unit.

- Whilst there are concerns locally around excess winter deaths it is worth noting that none have been recorded by the service in the last 3 months. However, it is acknowledged that once under the care of the service the people being helped are almost by definition less vulnerable. There will be people who for whatever reason have not been referred to the service and who will remain vulnerable.
- During the recent bad weather home care continued to deliver its service. Colleagues with 4x4 vehicles were used to ensure that care workers were able to reach clients.
- Many clients are reluctant to claim the benefits they are entitled to. The service works closely with clients to ensure that they do claim their entitlement.
- People receive support from other providers eg district nurses. The service also works with Age Concern.
- For the sharing of good practice Zoe attends meetings of the National Home Care Council. Most people at frontline do not have the opportunity to link up. It would be useful to develop such links.
- The service operates between 7am and 10pm. Outside of those times there is an emergency access team and staff are on call. However, if a referral is made in the night then it is picked up in the morning.
- The development of the “personalisation agenda” will have implications for the way the service is provided. There is a shift toward a reablement. This is about promoting independence. It is acknowledged that many customers will be reluctant to move over to this new model but in terms of cost it is the most effective model found.

Concerns have been expressed over personal safety as independent providers have been set up. This view was echoed by Lucy Coton of Age Concern.

- Zoe continued stating that a pilot project is being run in Rugby with clients accessing personalised services.
- One concern expressed has been around the fact that money may be given to vulnerable people who will struggle to manage it. It may be possible to get around this using virtual budgets whereby the money is kept elsewhere.

**Lucy Coton – Age Concern, Solihull**

**Steve Thomsen – Age Concern, Warwickshire**

**Brenda Hardy – Warwickshire Older People’s Forum**

Lucy Coton

- The incidence of winter deaths in Solihull has fluctuated over the last few years. A previous average of around 130 excess winter deaths a year was reduced to 56 in 2006/7 when organisations made a concerted effort to address the matter. However when the combined plans were stopped in 2007/08 the figure rose to 118. An emergency meeting of agencies was held 1 December 2008 to examine this.
- Every year Age Concern Solihull works in partnership with others to address issues around winter warmth. In December 2008 it held a

press launch campaigning to reduce the number of households in a state of fuel poverty.

- A project called Linking People. Everyone over 65 is contacted as part of this initiative. This constitutes a low level assessment of need and vulnerability. 16,000 posters and thermometers were sent out to people over 60 on benefits.
- A winter warmth helpline is operated by Solihull MBC's contact centre.
- Age Concern bought hats, gloves and scarves to distribute to older people who they encountered and who appeared ill-prepared for the weather. 10 oil fired radiators have been provided to vulnerable people in instances where for any reason they have been unable to heat their home. The charity will also undertake emergency shopping and has done this in one instance. There is a £2000 emergency fund set aside for these initiatives.
- One major concern is that the government's Warm Front initiative is too slow to respond to people's problems. Warm Front was set up to increase the energy efficiency of houses and where appropriate, to install central heating systems, boilers etc. Warm Front will insulate a loft but will not empty it first or replace the items removed from it.

Mike Campbell from Coventry City Council reported that the Audit Commission had deemed Warm Front not fit for purpose. 25% of people seeking support from Warm Front do not receive it whilst many are asked for financial contributions towards work undertaken by contractors. Robin Dunlevy from Solihull MBC informed the meeting that the authority contributes £500 to assist people meet the cost of Warm Front. Consideration is being given to the transference of Warm Front money to local authorities.

- It has been found that many older people have plenty of money in the bank but are reluctant to spend it. This is either because they are worried that it will all be used up or because they wish to leave something to their children and grandchildren. Some people, on the other hand, know how to claim all the benefits to which they are entitled.

Steve Thomsen

- Age Concern Warwickshire also acts as a home improvement agency selling items that will assist in energy efficiency.
- One concern is that an increasing number of older people are turning to Age Concern for advice about energy providers. In some instances they have signed up with more than one provider and the situation has become very confused.
- In many instances people turn to Age Concern for help with their property but it is apparent that there are other issues that need to be addressed.

In response to a question from the Chair Lucy informed the meeting that to date there has been little joined up work between branches of Age Concern. Age Concern works with the Pensions Service but struggles to get information from government. Barbara Farndon from the Pensions Service stated that the situation was improving following an embargo on information sharing. This is

important when it comes to identifying people in need. It was suggested that posters and thermometers could be circulated via the Older People's Forum.

#### Brenda Hardy – Warwickshire Older People's Forum

- 65 should not be considered as old.
- Statistics should not be taken too seriously. They are there as a guide only.
- The five Older People's Forums in Warwickshire hold regular meetings. An open day was recently held at which literature concerning winter warmth was made available.
- People need to be kept active. We do one thing but create problems in other areas. Diet is also important
- A lot of outreach work has been stopped in recent years. This, however, is very important.
- Many older people fear social workers.
- Some use winter fuel allowance to pay for Christmas presents. £400 is a lot of money to many older people. Winter fuel payments should be given out gradually rather than in one lump sum.
- GP surgeries need to take more responsibility for distributing information and identifying people at risk.
- Neighbours do not look out for each other like they used to.
- Older people need advocates if they are to receive all the benefits to which they are entitled.

Steve Thomsen added that Age Concern has this year focussed on Rugby because of concerns about high levels of winter deaths. A SWOOP home safety event had been organised but it fell on the day when the heavy snow fell. Robin Dunlevy commented that information packs often end up in the bin. He also felt that people are suspicious when offered anything for free.

- Local authorities are often seen as enforcers rather than someone who can help. BME communities often do not want to know. This could become more of an issue with commissioning.
- More services are required to ensure that older people are not left to get lonely.
- Local councillors are seen as a last resort and could proactively share information about winter warmth with older people in their divisions/wards.
- When government initiatives fail to work the public's trust is undermined.
- Initial assessment is the key to the personalisation agenda.
- Neighbours could take more responsibility for checking whether their elderly neighbours need any assistance (eg shopping) during periods of cold weather.

#### **Mike Hoyland – Coventry and Warwickshire Co-operative Development Agency**

- A challenge for credit unions is that people do not use them enough. This is particularly the case with older people.

- The most business that the C&W CDA has performed in one week is £4000 of loans.
- Credit union loans are much cheaper than others although they are obliged to charge a default rate of 25%.
- Work is being done with Warwickshire Direct to assist people in managing their bill payments.
- It has not been possible to date to plug into older peoples forums, Age Concern or the CAB network.
- Credit union loans are available to all members at the same rate of interest. Most credit unions require saving for three months as a way of building up "Credit Worthiness". Growth Fund loans which are instant loans, are at 35% apr as the default rate for such loans is 25% and in order to sustain funding it is necessary to charge the 35% rate.
- Regulations can hinder the growth of credit unions. They are the most regulated form of banking in the UK.
- Benefits from the DWP can be reduced to pay for loans.
- Partnership working between agencies should be developed and include credit unions.

### **Barbara Farndon – The Pensions Service Warwickshire**

- The Pensions Service is part of the Department for Work and Pensions.
- It aims to assist the over 60's in claiming their entitlements. This involves home visits.
- Formal service level agreements have been developed.
- The Pensions Service works with PHILLIS and the Fairer Charging Team.
- The combined (Solihull/Coventry/Warwickshire) target for visits for the year is 14,000.
- The service helps with claims for pension credit, attendance allowance and living allowance and living allowance.
- Many older people fail to appreciate that if they receive any pension credit they do not need to pay Council Tax.
- The DWP has joined with British Gas and Help the Aged on winter warmth.
- Winter heating support is £250 for a single household over 65 and £400 for a single household over 80. Cold weather payments of £25 a week are determined by postcode. This is in turn determined by weather station reports. This means that some people miss out.
- Payments are managed by Job Centre Plus but there is no publicity to say that the trigger point has been reached
- Older people fear high bills and debts. They are not aware how much it will cost them to increase the temperature of their house.
- The overall target is to increase take up of benefits. There are, however, many people who can't or wont claim. Many people do not know where they can go to for help.

- GIS is used to identify and understand deprivation. It is important to look at areas of low deprivation as this is where there is a danger that people will fall through the net.
- Winter planning needs to be started as early as possible.

Lucy Coton informed the meeting that

- Age Concern's Linking People initiative was a good mechanism for engaging with people although to date it has not worked with credit unions.
- When advising people on their entitlements this has to be done face to face.
- People do not know what help is available.

Councillor Appleton added that whilst Age Concern Southam was not active in the community the Senior Citizens' Action Network was.

**Robin Dunlevy – Solihull Metropolitan Borough Council**  
**Mike Campbell/Neil Eaton – Coventry City Council**  
**Lisa Roskell – Act On Energy**

Robin Dunlevy

- It is important to build up partnerships with organisations
- Staff are good at doing their own job but might require more training to be able to see the wider picture.
- There is a case for looking to other ways to heat people's houses eg solar panels.
- People do not trust local authorities. The best way to spread information on initiatives is to rely on word of mouth and use organisations that have existing relationships with older people.
- The way in which fuel poverty is measured needs to be considered. The government has assessed Solihull as having 2,000 in fuel poverty. The council's estimation suggests 14,000.
- Many properties cannot benefit from insulation
- It is important that if data on fuel poverty is gathered it should be acted upon.
- Help is available but needs to be communicated.

Mike Campbell

- There are 44,000 fuel poor people in Coventry.
- Mike's work concentrates making decent homes (Affordable warmth for health).
- Thermal imaging has been used to identify poorly lagged properties with "hot" roofs. However, an attempt to match poor insulation and people on benefits elicited a very low response.

- A government grant was made available to the city council as part of the Carbon Energy Reduction target. There have been 2000 referrals for insulation or Warm Front assistance.
- There may be a case for providing homeowners with a copy of their thermal image. This might prompt action

Lisa Roskell

- An affordable warmth strategy has been developed for each district.
- A project was run with Redditch Borough Council to provide an advice clinic. However, this was not advertised widely enough and turnout was poor.
- Another project was run in conjunction with GPs. This sought to link up at the time flu jabs were being given. Advice was given on insulation and energy efficiency.
- Affordable warmth is done on a small budget.
- Help is available but needs to be communicated.
- It is important that people are trained to identify the signs of fuel poverty.

Neil Eaton

- Coventry City Council is uncertain how many people it has lifted out of fuel poverty through its initiatives. This needs to be surveyed.
- It is important to use the council logo as people see this as reassuring.
- Thermal imaging was used to pepperpot. The approach taken by Solihull of focusing on streets or neighbourhoods would appear to be better.
- Help is available but needs to be communicated.

Councillor Hedley observed that it is not good to offer something for free. People do not believe it. A better approach would be to offer a 100% grant. The old grant scheme used to be based on benefits. Now they are available on an age basis. This has reduced the stigma felt before. However, there are many people who are just above the fuel poverty limit.

Councillor Roodhouse observed that training in this matter may be required for elected Members.

It was observed that increasing fuel prices will increase the incidence of fuel poverty. Age Concern reported an increase in enquiries.

## Output from Stakeholder Event, 12<sup>th</sup> March 2009

### Introduction

Participants were divided into six groups of about five people per group to discuss six key questions about their knowledge, opinions and experiences in relation to the review topic. This note records the output of their discussions. Answers to the questions are given below as bullet points. The number in brackets records the number of groups that gave the same or similar answer to each question. (Top choices in the boxes)

### 1) What characteristics and conditions make people most vulnerable to poor health or death in winter?

- Loneliness, isolation and lack of community support (6 groups)
- Poor nutrition (4)
- Poor housing (3)
- Old age – particularly over 80 (2 but some groups said later that they took, as given, the assumption that age is a key factor).
- Deprivation (2)
- Poor access to GPs (1)
- Respiratory conditions caused by long exposure to industrial processes (1)
- Air humidity (1)
- Problems of multiple medication for a range of different conditions (1)
- People being unknown to “the system” (1)
- Poor mobility (1)

### 2) What health and care services do you think are most valuable in reducing winter morbidity and mortality?

- Prevention e.g. flu jabs, meals on wheels etc. (4)
- GPs as the lynch pin (3)
- Health and Social care working in partnership (2)
- Friends, neighbours, community support – casual but organised (2)
- Voluntary groups including faith groups (2)
- System for identifying vulnerable people (1)
- Information – on weather, diet, where to get help etc. (1)
- Need to have regular health visits for over 70s (1)
- Structured follow up (1)
- Home adaptations (1)
- Quick access to services and information, good emergency services (1)
- Early warning by vigilant people who visit people’s homes e.g. postal workers, district nurses etc (1)

**3) What barriers prevent vulnerable people from receiving the services they need and how do you think those barriers can be overcome?**

- Fear of bureaucracy, pride (reluctance to ask for help), Lack of trust of officialdom, reluctance to be subject to complex bureaucratic checks like CRB, insurance etc. “Forms need to be simplified” (5)
  - Poverty (many old people are capital rich but income poor) (4)
  - Lack of information about what services are available and how to access them (4)
  - Cultural or language barriers (2)
- Low expectations (1)
  - Patchy availability of voluntary services (1)
  - Poor access to services, poor rural transport (1)
  - Lack of accountability of GPs (1)
  - Lack of information about grants (1)
  - Public service broadcasts need to be revived (1)
  - Need for better organisation for older people’s voices e.g. Older people’s forums should be in all areas (1)

**4) What are your experiences and thoughts about why people can’t keep warm in cold winter weather?**

- High energy costs (4)
  - Poor insulation (and some criticism of effectiveness of “Warm Front”) (3)
  - Scare mongering in the media (2)
  - Individual behaviour – clothing, exercise, equipment etc. (2)
  - Psychological barriers – thrift, reluctance to spend money if poor (2)
- Low income (1)
  - Single households – no one to cuddle up to. (1)
  - Lack of mobility (1)
  - House too big. Can’t heat it. (1)
  - Frailty (1)
  - Lack of information (1)
  - Inefficient heating systems (1)

**5) What experiences do you have of good practice in energy and efficiency?**

- Fire service safety checks (3)
- “Beat the Cold” – a one stop shop voluntary sector scheme in Stoke on Trent (1)
- “Warm zones”, Sandwell (1)
- “Health through warmth”, Wolverhampton (1)
- “Act on Energy”, Warwickshire (1)

- Internet advice about changing energy supplier (1)
- Some great transport schemes for elderly and disabled (1)
- Travelling shops (1)
- Home safety checks (1)
- Local information schemes – e.g. Bidford parish council

**6) What single change would have the greatest impact?**

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Everyone needs to be part of a support group, e.g. older people helping other older people. (2)</li> <li>• Cheaper fuel costs and government fiscal policies that reduce costs (2)</li> <li>• A robust system to identify vulnerable people with regular follow-up by key workers taking actions to meet people's needs, supported by joint working between agencies. "Holding the hands of vulnerable people " (2)</li> </ul> |
|---|
- Any such scheme needs to be Local Authority branded so people know they can trust it (1)
  - Avoid duplication. Agencies need to plan, budget and work together (1)
  - Need to identify service gaps (1)
  - Communicating and providing information e.g. one stop shops (1)
  - Improved care pathways for people with respiratory illness (1)
  - Improved transport (1)
  - Volunteers are crucial. They need to be valued (Identified by one group but lots of nods and agreement when reported!)

### **Input into Review by LINKs Members**

I feel that winter fuel payments should be made on the basis of a person's clinical condition, not simply on the basis of age. Many people of above pension age are able to leave their homes in winter, & reduce the heating while they are out, whereas a person of under pension age with a severe medical condition (even a child) may not be able to do so.

My husband has MS & I have severe osteoporosis. We are now pensioners but for many years we have had to stay indoors over the winter months & heating costs have been very high & difficult for us to meet. The cost was not met by my husband's benefits & my carer's allowance

**Margaret Ackroyd**  
**Vice Chair**  
**Rugby MS Society**

The event on winter fuel poverty and deaths was interesting as it revealed a general consensus on the causes, i.e. lack of money, poor insulation, reluctance to spend money, isolation and underlying disease. The ways of resolving these issues were discussed revolving mainly around more finance, increased monitoring of vulnerable people and better insulation. Several suggestions for sources of help in Warwickshire were mentioned some of which were not widely known.

In all it was an interesting morning and could I feel be followed up by collating our thoughts with those of individuals who were at risk from the cold and fuel poverty.

The meeting was run smoothly, little "waffle", and progressed at a good pace. Thanks to all involved.

### **Mark Furber.**

County Councillor Jerry Roodhouse welcomed those present and said that in parts of Warwickshire there is a predominance of Respiratory and Cardiac diseases which results in an alarming increase in deaths to old people during the winter months. Today's meeting, he said, was to explore the views of those present, to identify reasons for these tragic occurrences and to suggest possible remedies or services to improve the situation.

Andrew Lawrence was introduced to chair and organise the debate. He said six Questions had been identified for those present to discuss in their respective groups, each of at least six members.

I intend to concentrate only on the first question of the day - regarding which contributory factors could be the cause of these deaths.

Only one group, from the North where such deaths are the highest in the county, highlighted 'Deprivation' (or Disadvantaged) as the number one reason for these deaths. None of the other groups showed agreement with this - it did not reflect their own areas. However another less predominant

reason, a mere element of Deprivation, was highlighted by the majority of the other groups.

In summary, the Chair came to a democratic decision that the reason supported by the larger number of groups must be the more serious reason for this high incidence of deaths in the County. This to me showed a huge flaw in the way local government can arrive at decisions which affect their population. It may satisfy the majority but it does not solve the problem. I sincerely hope this was an isolated example of such decision making. However the answer must surely be to identify the source and size of a problem and to focus in towards a solution in the area where it occurs.

Towards meeting the requirement 'To Close the Gap' (between South and North) the enclosed attachment copied from the (*first*) 'Warwickshire Joint Strategic Needs Assessment', identifies the critical health areas where need is most needed to close Warwickshire's gap, with parts of Nuneaton and Bedworth, in the North, highlighted as being of greatest need.

**Roy Green**

## Staying Healthy

### *Length and Quality of Life in Warwickshire*

Life expectancy is a useful summary measure of how long people in a particular place might live. In technical terms, it uses mortality rates (death rates in a population) to estimate how long a person would live if they experienced the local mortality pattern over their lifetime. For the purpose of this JSNA we have calculated this for each district in the County.

In 2007, the County's districts had a range of life expectancy at birth for men. Of the most common causes of death, only circulatory disease (and all cause death rates) in Nuneaton and Bedworth, have been persistently higher than the national average.

Nuneaton and Bedworth has comparatively low life expectancy for men (bottom 25%). Nuneaton and Bedworth (together with North Warwickshire) has comparatively low life expectancy for women (bottom 25%). For Nuneaton & Bedworth rates of improvement are low, and for North Warwickshire and Rugby female life expectancy is, at best, not improving. The mortality rate amenable to healthcare is high in Nuneaton and Bedworth (top 25%).

The table below shows the relative contributions of different diseases to the inequalities in life expectancy experienced by people in Nuneaton and Bedworth. This suggests that circulatory disease is comparatively more important, particularly stroke. In addition, infectious diseases make a significant contribution for both sexes.

For men, colorectal cancer, traffic accidents, and neurological diseases are important contributors to premature death.

For women, breast cancer, metabolic disorders, heart failure, peptic ulcers, neonatal and congenital conditions, and mental disorders are comparatively important. Respiratory diseases and cancers appear to make less of a contribution than in other Spearhead Group areas.

Healthy life expectancy is different to overall life expectancy. In layman's terms, it is the length of time people will enjoy a good standard of health and relative independence rather than their total lifespan.

Healthy life expectancy in the UK has tended to increase at a lower rate than overall life expectancy, suggesting that people are spending much of their extending lives with some form of ill-health, possibly disability. The gap between healthy life expectancy and overall life expectancy is greater in Nuneaton and Bedworth (7.5 years for men and 8.9 years for women) than in Warwickshire as a whole.

Life expectancy gap by disease (2003-05)				England Spearhead Group	
Disease	Number of deaths	Male	Female	Male	Female
Infectious and parasitic diseases	81	8.1%	6.7%	1.6%	1.7%
Oesophageal cancer	41	..	..	1.1%	0.8%
Stomach cancer	33	..	..	1.9%	1.7%
Colorectal cancer	107	11.0%	0.6%	1.7%	0.1%
Lung cancer	200	4.8%	..	11.1%	12.4%
Breast cancer	88	0.1%	5.5%	0.0%	0.0%
Other cancers	452	..	5.1%	5.3%	6.5%
Endocrine, nutritional, metabolic diseases	82	0.6%	8.0%	1.6%	2.4%
Mental and behavioural disorders	99	..	5.0%	2.2%	2.0%
Diseases of nervous system	88	7.0%	..	1.2%	0.3%
Coronary Heart Disease	642	23.8%	8.9%	22.1%	18.5%
Heart failure	74	0.7%	2.6%	0.5%	1.0%
Stroke	402	16.1%	13.8%	6.9%	6.2%
Other cardiovascular disease	261	6.4%	5.6%	3.1%	3.4%
Pneumonia	211	..	4.0%	4.2%	5.1%
Chronic obstructive airways disease	160	3.1%	..	8.2%	11.1%
Other respiratory disease	104	0.0%	2.6%	3.4%	4.3%
Stomach/duodenum ulcer	30	..	4.4%	1.1%	0.7%
Chronic cirrhosis of the liver	33	..	..	5.3%	4.1%
Other digestive diseases	111	1.5%	2.8%	3.5%	4.5%
Musculoskeletal diseases	17	1.5%	..	0.2%	0.4%
Genitourinary diseases	71	2.9%	0.5%	0.9%	1.8%
Perinatal conditions	<5	0.7%	3.3%	0.3%	0.5%
Congenital anomalies	11	..	4.2%	0.3%	0.6%
Ill defined conditions	95	1.6%	6.9%	1.7%	1.3%
Road traffic accidents	28	9.3%	..	0.0%	0.0%
Other accidents	39	..	..	2.6%	2.4%
Suicide and undetermined injury	18	..	..	3.4%	1.4%
Other external causes	<5	0.7%	..	0.0%	0.0%
Other	35	..	2.1%	0.6%	0.9%
Deaths under 28 days	17	..	7.3%	4.0%	3.8%
<b>Total</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Nuneaton and Bedworth is the only area with health statistics that are generally poorer than the national average for the UK - referred to by the PCT as a spearhead district. It has:

- The highest estimated rates of smoking related deaths in the County at 16.8% of all deaths
- Comparatively high levels of low birth weight and rates are tending to increase year on year (top 25%)
- High rates of teenage conceptions (top 25%), with relatively low rates of termination of these conceptions (46.4% in 2003-05, compared to a County average of 50.4%) although the national average is 46.3%
- Perinatal mortality that was consistently above the national average from 2002-06
- Circulatory and coronary heart disease mortality in the top 25th centile

- The highest cancer death rates in the County
- Diabetes mortality in the top 10%, though this is improving rapidly

Specific electoral wards have been identified that have the poorest health. Abbey, Camp Hill and Wem Brook have been identified in the Draft Health Profile for the Borough as experiencing statistically significantly above average mortality rates.

General practice (GP) disease prevalence data has been collated at district and practice levels, under the Quality and Outcomes Framework. Although these figures may be incomplete, in Nuneaton and Bedworth prevalence's are generally similar to the PCT average. This is not the case in relation to diabetes and hypertension where higher rates are exhibited. This may suggest under-identification, given the high mortality rates, and is an area for possible further investigation.

The combination of social and health deprivation within the spearhead local authority area of Nuneaton and Bedworth represents a unique concentration of needs within the County. Small communities in other parts of the County also experience similar levels of social and health disadvantage and the PCT and local authorities will need to address their particular needs if overall health inequalities are to be reduced.

### **Winter Deaths and fuel poverty - Social tariffs**

Whilst out and about last week a member of the Community Voices Online team was approached by a member of the public who wanted to raise awareness of the fact that fuel poverty is especially hard for those people who are financially disadvantaged and who have oil fired central heating as opposed to gas or electric fired central heating.

The reason for this further exposure to fuel poverty? The majority of gas and electric suppliers offer "social tariffs" to customers that are on benefits where as oil suppliers do not offer this facility to their most hard up customers.

### **Fuel Poverty - Accessing price comparison data**

Another interesting view on fuel poverty from a pensioner that approached a member of the Community Voices Online communications team while he was out and about in Leamington last week.

"Many people in fuel poverty do not have a computer and hence do not use websites like uSwitch.com to compare fuel prices, how are we supposed to know if our existing energy supplier is the cheapest?"

We understand that it is still possible to switch supplier and save money without a computer. Contact Energywatch for its latest quarterly report on prices and quality of service which will allow people without computers to compare prices and get the best value from their energy supplier.

Could the council, energy suppliers or even the government make this information more widely available and easier to obtain? Should anybody who is

receiving a winter fuel payment automatically be provided with this information?

**Fuel Poverty - Is there another way of calculating how much winter payment benefit an individual should receive from the government?**

An interesting point of view from a member of the general public that approached a communications team member who was undertaking promotional work last week for the Warwickshire LINK.

Why can't the government link the winter fuel allowance to energy prices so that it rises as fuel prices rise (and falls as they fall)? This would be a way to ensure that the vulnerable are assured of the basics: food, warm housing and healthcare.