Excess Winter Deaths - Facts and Figures

This Q&A sheet contains information on some commonly asked questions relating to Excess Winter Deaths and the impact on individuals, communities and organisations in the Yorkshire and Humber region. The facts and figures have been collated by the Yorkshire and Humber Public Health Observatory and can be used in reports, briefings or presentations.

What does Excess Winter Death (EWD) actually mean?

These are deaths which are directly related to the cold weather. These are people who generally have underlying health problems but would not have been expected to die during this period. This is why we call them 'excess winter deaths' (EWD).

How are the figures calculated?

The figures are calculated by taking into account the people who may have died anyway. The current Office for National Statistics (ONS) standard method defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in the preceding August to November and the following April to July.

Winter deaths – average non-winter deaths = EWD

Excess Winter Deaths Index (EWD index) is calculated so that comparisons can be made between sexes, age groups and regions, and is calculated as the number of excess winter deaths divided by the average non-winter deaths, expressed as a percentage:

EWD Index = (EWD /average non-winter deaths) x 100

Who is at risk?

Many different groups within society can be considered 'vulnerable' to the adverse affects of cold weather. However, some people are most at risk of serious illness or even death.

The person may be;	They may have health problems including;	Their circumstances may include;
Over 75 years old Elderly and living alone	Frail Pre-existing cardiovascular or respiratory illnesses and other chronic medical conditions Severe mental illness or Dementia	Living in deprived circumstances Living in a home with mould Being fuel poor (needing to spend 10% or more of household income on heating the home)

These deaths are caused by the cold making underlying health problems much worse for example; **heart disease, strokes and breathing problems**.

Being too cold can also increase the risk of trips and falls, which can be very dangerous for the elderly and frail.

What are the causes of EWD?

Evidence suggests **a strong link between EWDs and cold homes** but not socio-economic deprivation. EWDs do not just occur in the poorest households, all of **the most vulnerable are at risk if they live in a cold home**.

EWD rates in England still do not compare well with the rest of Europe. Some Northern European countries, which experience colder winters, have half the EWD rate of the UK. This is largely because people in these countries are **better prepared for the cold**. Countries which have lower EWDs have **more energy efficient housing**.

What are the statistics?

- On average over the last 3 years, **around 27,000 people died in England over the winter** months because of cold weather when compared to other times of the year.
- EWDs from cardiovascular disease are almost three times higher in the coldest quarter of housing than in the warmest quarter and it has been suggested that 21.5% of all these EWDs are attributable to the coldest quarter of housing.
- Circulatory diseases cause around 40% of excess winter deaths and respiratory diseases about a third.

In Britain a cold spell during a mild winter is followed:

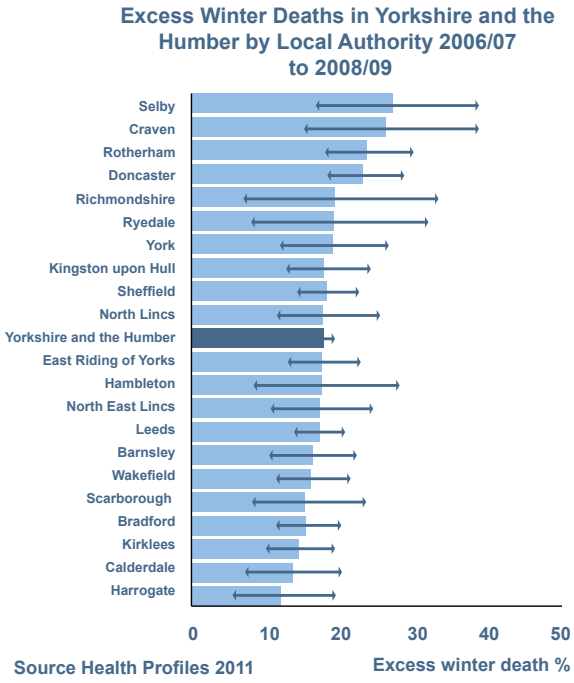
- Two days later by a sudden rise in heart attacks
- Five days later by a big rise in the number of strokes
- Twelve days later by a big rise in respiratory illness

What does this mean in Yorkshire and the Humber?

- There were **2,500** EWDs in Yorkshire and the Humber in 2010/11.
- There were nearly 3 times as many EWDs as there are deaths from accidents (there were 880 accidental deaths in Yorkshire and the Humber 2010).
- In those aged 75 and over there were 1,800 EWDs (over 70% of all EWDS) in this region in 2010/11.
- The EWD Index in Yorkshire and the Humber in 2010/11 shows that there were 16% more deaths in the winter period compared with the average non-winter deaths.

How does this break down in my area?

Figure 3



3 year 200/7 to 2008/9 Average number of winter deaths	
Local Authority	EWDs
Selby	59
Craven	50
Rotherham	188
Doncaster	215
Richmondshire	27
Ryedale	34
York	101
Kingston upon Hull	144
Sheffield	284
North Lincs	93
Yorkshire and the Humber	2754
East Riding of Yorks	192
Hambleton	44
North East Lincs	93
Leeds	350
Barnsley	122
Wakefield	163
Scarborough	66
Bradford	217
Kirklees	171
Calderdale	82
Harrogate	61

Three-year averages for EWDs produced by Local Authority (LA) nationally by WMPHO demonstrate that even with 3 years worth of data at LA level it is difficult to find outliers as the 95% confidence intervals are wide.

What is the impact?

The impact on individual suffering, families and communities is tremendous. The impact on service delivery organisations and care providers is also vast. An example of the financial cost to society can be seen in the cost of excess winter admissions for the period of **£23,843,532**.

That is enough to fund the salaries of 600 nurses* or for 34,000 houses to be insulated!**

Where can I get more detailed information and practical tools?

The Winter Warmth Toolkit provides a set of practical resources and links to sources of information including detailed reports and statistics, templates for communication materials with the public and other organisations, practical planning aids and a set of design resources.

To access the tools simply create an account at www.winterwarmthengland.co.uk

www.winterwarmthengland.co.uk

*Based on a NHS band 7 salary
**Based on a three bedroom semi for wall and loft insulation