

New report reveals deadly impact of *Beast from the East* which left health and social care services ‘creaking at the seams’

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A new report by leading energy charities National Energy Action (NEA) and Energy Action Scotland (EAS) investigating the major challenges the UK experienced during the severe cold weather earlier this year says it caused a huge surge in preventable deaths amongst the frail and elderly and details how thousands more vulnerable households were left stranded without access to support. The report authors say that based on ONS data just in England there were as many as 1724 extra deaths during the Beast from the East (22nd Feb to 3rd March 2018), across the UK the number the number may even be as high as 2000. The causes vary but they estimate up to 570 of the excess deaths were attributable to respiratory diseases, 690 to cardio-vascular diseases and 520 vulnerable people may have perished in cold homes during the freezing weather. Other causes may have included influenza, trips and falls or in a small number of cases, hyperthermia. Many more thousands died in the weeks following the cold snap, with 37,020 Excess Winter Deaths predicted across the U.K for the whole 2017-18 winter, compared with a 5 year average of 32,200 (a difference of 4,820). Beyond preventable deaths the report highlights the impacts left national and local health and social care services ‘creaking at the seams’. The research is based on feedback from agencies ‘on the front line’ of the Beast from the East cold snap as well as key national departments. The authors say they hope to ensure key lessons can be learned in advance of this coming winter to save lives and health and care services money.

Dr Jamie-Leigh Ruse, principal author and Senior Research and Policy Officer at NEA comments:

“Most days in this period saw more deaths than the corresponding day than in any of the previous five years. Beyond the direct impact of the cold on existing health conditions, one of the key causes was relevant strategic frameworks for cold weather planning or other key actions to reduce cold related ill-health or deaths were not applied consistently across the UK nations or locally.

The authors highlight that as a result of poor planning or a lack of national resources people in the UK were almost 10 times more likely to die from a cold home than a road traffic accident. The report also warns that despite some winters being much milder, on average, there are still approximately 9,700 premature deaths a year due to vulnerable people, often struggling with existing ill-health, being unable to heat their homes adequately, if at all.

Ruse continues:

“Beyond the scale of preventable premature deaths, hospital patients were being discharged before they were ready and without sufficient in-home checks. We heard frequent reports of vulnerable people being discharged to homes with no light or heat. This is despite national guidance to the contrary and this left many frail patients stuck in a cycle of being admitted to hospital, discharged only to be readmitted as a

result of their poor housing conditions. With as many as one in twenty hospital admissions likely to follow these trends, no wonder health and care services were left 'creaking at the seams'.

The report also notes how volunteers and organisations worked round the clock to provide emergency support to low income families and elderly residents who would normally not ask for help but who did so in the face of a crisis. However, difficulties in getting help to people living in remote areas was common as was limited staff capacity which meant most areas failed to cope with demand for emergency heating, heating repairs, medical services and even food.

Norman Kerr OBE, Director of Energy Action Scotland (EAS) adds:

"Whilst it was welcome to see voluntary and community organisations stepping up to provide much needed help and support, in future, we need to learn from this dire experience. In Scotland we hope the Government's winter campaigns such as Ready Scotland will focus much more on preventative measures. As well as advice, the Government should provide additional direct support to keep homes warm this coming winter. With the publication of the new draft Fuel Poverty Strategy, this is also an opportune time for increased collaboration with health colleagues".

Pat Austin, Director of NEA Northern Ireland added:

"In Northern Ireland we saw enhanced demand for oil hardship payments but often this wasn't able to be delivered due to the treacherous roads and inconsistent priority being given to the most vulnerable households. The suppliers and fuel industry must up its game in future and we must ensure there is better coordination by developing a Northern Ireland Cold Weather Plan".

Carole Morgan-Jones, Director of NEA Cymru concludes:

"The cold weather in Wales increased the numbers of clients needing help and support due to broken heating systems and others needing emergency meter top ups or temporary electric heating. We hope the report is a wakeup call on the need for the Welsh Government to develop a crisis heating repair scheme and Cold Weather Plan to support vulnerable households at times of extreme weather to stop preventable excess winter deaths in Wales".

The report highlights a series of lessons learnt for practitioners as well as setting out national and UK wide policy recommendations. In Scotland, Northern Ireland and Wales the report calls for the development of comprehensive national Cold Weather Plans similar to that in England produced by Public Health England (PHE). Across each nation, the report urges all relevant public health agencies to enhance activity to promote or replicate existing national guidance from the National Institute for Health and Care Excellence (NICE) on how to address excess winter deaths and reduce cold homes. The report also calls for each nation to do more to facilitate and help fund the delivery of health prevention-based affordable warmth programmes. In the short-term, the authors say energy suppliers and local authorities can also improve access to adequate emergency credit for pre-payment customers and crisis loans during severe cold weather. They also highlight fuel providers of oil and LPG can do more to ensure the most vulnerable are not left without access to fuel during extreme cold weather. It is argued that if key lessons can be learned in advance of this coming winter it will save lives and health and care services money.

ENDS

Notes to the Editors

1. The UK Fuel Poverty Monitor is the annual investigative report on fuel poverty in the UK and within each of the four nations, published by [National Energy Action \(NEA\)](#) and [Energy Action Scotland \(EAS\)](#). Whilst the overlap between fuel poverty and cold related illness and premature mortality are not entirely symmetrical, the Monitor has investigated the key policies and practices that affect both overlapping issues and has made country-specific and UK wide recommendations in accordance with devolved or reserved powers.
2. Between 28th February and the 3rd March 2018 the UK suffered some of the most severe winter weather seen since 2010. Referred to in the media as “the Beast from the East”, the freezing conditions saw the Met Office issue two Red Warnings for snow, and multiple amber warnings for snow and ice across large swathes of the country. There was severe travel disruption, with some cars stranded overnight on major routes. Schools were closed across the country, and thousands of homes suffered power cuts. Some rural communities were entirely cut off, and had to receive supplies by helicopter. Wind chill factors dropped as low as -10 °C, and some areas saw as much as 50cm or more of snow. Day time temperatures dropped as low as -4°C. Across the UK, February and March 2018 saw 101 Cold Weather Payment triggers (£25 automatically paid to eligible households when the average temperature has been recorded as, or is forecast to be, 0°C or below for seven consecutive days). Many vulnerable households, however, were left stranded without access to support, adding to the already significant annual burden of excess winter mortality and morbidity across the population.
3. The links between cold homes and ill health are now very well recognised. When the temperature falls below 16°C, respiratory function is impaired. When it reaches 12°C increased strain is placed on the cardiovascular system. When the temperature reaches 5-8°C, an increased risk of death can be observed at population level. Whilst cold weather directly triggers these impacts, it can take 3 days after a cold spell for deaths from coronary thrombosis to peak, and 12 days for deaths from respiratory conditions. It can take up to 40 days for deaths to return to average levels.
4. The table below shows the number of excess winter deaths in the UK from 2011 until the latest available data for last winter. Five-year totals and averages are shown encompassing the latest five years for which data are available. In 2018, research published by E3G and NEA found that, on average, there are 32,000 excess deaths each year in the UK between December and March. Based on the World Health Organisations own conservative estimates that 30% of EWDs are attributable to cold related ill-health prompted by cold homes, around 9,700 deaths are experienced each year across the UK. Table 1: *Excess winter deaths across the UK since 2011 (ONS, 2017c; NISRA, 2017; NRS, 2017)*

Winter	England	Northern Ireland	Scotland	Wales	UK total
2011/12	22,820	500	1,420	1,250	25,990
2012/13	29,370	560	2,000	1,840	33,770
2013/14	16,330	590	1,600	1,010	19,530
2014/15	41,300	870	4,060	2,580	48,810
2015/16	22,780	640	2,850	1,790	28,060
2016/17 (provisional)	32,500	-	2,720	1,800	37,020
Latest 5-year average	27,520	630	2,440	1,710	32,200
Latest 5-year total	142,280	3,160	13,230	9,020	167,690

5. Data for the total number of excess winter deaths occurring over the winter 2017/18 period across the whole of the UK is not yet available. However, applying trends from the data released for England for Jan-March 2018, we can estimate what an increase of 12% compared to the 5-year average in each of the UK nations would look like for the period 1st December 2017 – 31st March 2018: This would mean an estimated total of 36,176 excess winter deaths in the UK in 17/18. Shockingly, therefore, 10,853 people could have died this winter because they were unable to adequately heat their homes. This means that you were almost 10 times more likely to die from a cold home than you were in a road traffic accident.
6. Between 24th May and 18th June 2018, NEA and EAS issued a Call for Evidence to local stakeholders across the UK that were ‘on the front line’ of the cold snap. The Call sought to better understand the challenges brought by specific local conditions, identifying what worked well and where there are still clear gaps preventing the effective implementation of cold weather planning or provide other suitable levels of support for those most at risk from seasonal variations or extreme temperatures. In total, 113 responses were received from the following groups; charity and voluntary sector (51%); Local

Authorities including Public Health and Social Care (26%), housing providers including social housing (10%); health and social care bodies excluding Local Authority (3%); Community Interest Companies (3%); distribution companies (4%); energy suppliers (2%); heating system installers and engineers (<1%) . Respondents mainly operated in England (42%), Scotland (25%), Northern Ireland (19%) and Wales (16%). 85% of respondents were involved in delivering services to households vulnerable to cold-related ill health over the 2017/18 winter period in general, whilst 69% were delivering services during the February/March 2018 cold snap.

7. In terms of national departments and agencies; in Northern Ireland, the research involved gaining feedback from Public Health Agency, Northern Ireland Local Government Association (NILGA) and Northern Ireland Energy Networks. In Wales insights were provided by Public Health Wales, the Welsh Government and the Welsh Local Government Association (WLGA). In Scotland the Education, Communities and Justice Department provided key feedback. In England, the authors approached key representatives from the Department for Business, Energy and Industrial Strategy (BEIS), the Department of Health and Social Care (DHSC), Public Health England (PHE), NHS England (NHSE), NHS Improvement, the National Institute for Health and Care Excellence (NICE) and the Local Government Association (LGA). Unfortunately, these departments and agencies did not directly participate in the evidence gathering process on this occasion.