

Cold Weather Plan for England 2012

Protecting health and reducing harm from severe cold



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Policy	Clinical	Estates
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Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
Gateway Reference	18232
Title	Cold Weather Plan for England 2012
Author	Department of Health
Publication Date	October 2012
Target Audience	PCT Cluster CEs, SHA Cluster CEs, Local Authority CEs
Circulation List	NHS Trust CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Directors of Adult SSs, Special HA CEs, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Voluntary Organisations/NDPBs, LA Directors of Housing and Planning, Professional Bodies (RCGP, RCP, RPSGB,RCN,CPHVA, Community and District Nursing Association), Care Associations (National Care Association, ECCA, Registered Nursing Homes Association, and Carers UK), Domicillary Care Organisations, Monitor, DCLG Resilience and Emergencies Division, Cabinet Office Civil Contingencies Secretariat.
Description	The Cold Weather Plan for England 2012 is to be reissued in October 2012 to raise both public and professional awareness of the effects of severe cold on health. The purpose of the Plan is to enhance resilience in the event of severe cold weather. It is an important component of overall winter and emergency planning and wider health promotion activity.
Cross Ref	Making the Case: Why cold weather planning is essential to health and well-being
Superseded Docs	Cold Weather Plan 2011
Action Required	N/A
Timing	N/A
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Foreword

The publication of the first *Cold Weather Plan for England* in November 2011 marked a milestone for public health in this country. For the first time there was a clear recognition of the need to deal with the impact of cold weather on health and reduce the number of 'excess' deaths that are observed in the winter months compared with the rest of the year. In winter 2010/11 there were about 23,700 'excess winter deaths', or 1,300 more people dying per week in the winter than the average over the rest of the year. Many of these winter deaths are preventable and the Cold Weather Plan recognised that more needed to be done to protect vulnerable people during cold winter months.

Indeed, the importance that the Government places on reducing excess winter deaths and addressing fuel poverty is reflected in their inclusion as high-level indicators in the *Public Health Outcomes Framework*, published in January 2012.

Significant changes to the public health and NHS system come into effect from April 2013. During the ongoing transition to these new arrangements continued emergency and resilience preparedness must remain a key priority.

For the coming winter 2012/13 the current local authority and NHS organisations (PCT clusters, SHA clusters and other NHS provider organisations) remain in charge of preparation for, and response to, severe cold and inclement weather. The new organisations and structures (for example, local health resilience partnerships, health and wellbeing boards, clinical commissioning groups and, nationally, Public Health England and the NHS Commissioning Board) are building winter preparedness into their work programmes. These new organisations will need to ensure that there is a continued coordination of and focus on the prevention of the unacceptable consequences of cold weather on health in the future.



Professor Dame Sally C Davies
Chief Medical Officer
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Executive summary

The *Cold Weather Plan for England 2012* is a public health plan. It aims to prepare for, alert people to, and prevent the major avoidable effects on health during periods of severe cold in England.

It recommends a series of steps to reduce the risks to health from prolonged exposure to severe cold weather for:

- the NHS, local authorities, social care, and other public agencies
- professionals working with people at risk
- individuals and local communities.

The *Cold Weather Plan for England* was first published in November 2011. This year's plan builds on the experience of developing and improving the ability of the NHS and its partners to deal with significant periods of cold and wintery weather.

The *Cold Weather Plan for England 2012* builds on last year's plan and develops the previous guidance. In response to experience, we have strengthened and focused the advice in a number of areas.

The plan continues to be underpinned by a system of Cold Weather Alerts, developed with the Met Office. The *Cold Weather Plan for England 2012* describes the Cold Weather Alert service which will operate again in England from 1 November to 31 March. During this period, the Met Office may forecast periods of severe cold weather on the basis of either of two measures: low temperatures; or widespread ice and/or heavy snow.

The Cold Weather Alert service has been updated and now comprises five main levels: Level 0 (long-term winter planning) and, between 1 November and 31 March, Levels 1 to 4, from winter and cold weather preparedness to a major national emergency. Each alert level should trigger a series of indicative actions. We have made improvements to other aspects of the Cold Weather Alerts.

In response to the evidence and views of stakeholders who have shared their experience over the past winter with us, we have updated the actions to be undertaken by individuals and organisations to the different alert levels in response to the evidence and views of stakeholders who have shared their experience over the past winter with us.

To support the aims of the Cold Weather Plan, the Department of Health (DH) has established the Warm Homes Healthy People Fund for winter 2012/13. The aim of the fund is to support local authorities and their partners in reducing death and morbidity in England caused by cold housing in the coming winter.



Section 1

Why this plan is needed

In 2010/11, there were 23,700 more deaths in England between the months of December 2010 and March 2011 than were observed over the rest of the year. This number of so-called 'excess winter deaths' was virtually unchanged from the previous winter. In the recent past, the rate in England was known to be twice the rate observed in some northern European countries, such as Finland.

Although winter weather and snow can be fun, they are also associated with an increase in illnesses and injuries. Cold weather increases the risk of heart attacks, strokes, lung illnesses, flu and other diseases. People slip and fall in the snow or ice, suffering serious injuries. Some groups, such as older people, very young children and people with pre-existing medical conditions, are particularly susceptible to the effects of very cold weather.

Although there are several factors contributing to winter illness in most cases, simple preventive action could avoid many of the deaths as well as the attendant illness and injury associated with cold weather and living in a cold home.

It was in response to this that the DH published the first *Cold Weather Plan for England* in November 2011¹ and a companion document, *Making the Case: Why Cold Weather Planning is Essential to Health and Well-being*.²

This *Cold Weather Plan for England 2012* builds on the approach taken in 2011 and, we hope, continues to support local communities and professionals to better prepare for and respond to severe cold weather events in the coming winter. It is supported by a companion volume, *Cold Weather Plan 2012: Supporting the Case*³ which gives further information about cold weather planning as well as a series of handy 'action cards' taken from the plan as a guide for easy reference for organisations and staff.

1.1 How it works: the Cold Weather Plan and existing winter planning

The Cold Weather Plan is part of the wider suite of measures that the DH and NHS are taking to protect individuals and communities from the effects of severe winter weather. These wider measures were set out in the annual winter planning letter from the DH to the NHS and local authorities in September 2012, *Preparations for winter planning and reporting 2012/13*.⁴ The letter provides guidance for local areas on the measures to take to prepare for, and respond to, winter weather to ensure that the population remains healthy and that essential services continue to operate smoothly.

This Cold Weather Plan builds on measures being taken by the DH and the NHS to protect individuals and communities from the effects of severe winter weather. *Supporting the Case* illustrates the range of associated measures that the DH is sponsoring to ensure a coordinated, strategic approach to cold weather and winter planning. At a local level, a cold weather plan should feature as an integral element of wider winter preparedness and response measures developed by the NHS, local authorities and local resilience forums (LRFs).

1.2 The Cold Weather Plan – a public health plan

The Cold Weather Plan sets out what should happen before and during severe winter weather in England. The Cold Weather Plan is to help raise awareness of the dangers of cold weather on health with both the general public and professionals alike and to galvanise and focus efforts by local authorities, the NHS and partners in the voluntary and community sector. It spells out what preparations both individuals and organisations could make to reduce health risks and includes specific measures to protect at-risk groups.

The Cold Weather Plan is designed to help reduce the significant increase in winter deaths and illness that is observed each year owing to cold weather. This, in turn, could help to reduce pressures on the health and social care system in the busiest months of the year.

Underpinning the Cold Weather Plan is the Cold Weather Alert service run by the Met Office to trigger action by those in contact with people who are at risk.

We have evaluated the 2011 plan in a number of ways and amendments are reflected in the 2012 plan.

The key messages that emerged are:

- **The Cold Weather Plan was warmly welcomed.** It had raised public and professional awareness and there was some evidence that organisational behaviour had changed when acting on the plan. Colleagues had generally found the plan useful and easy to understand.

- The dissemination and distribution of the Met Office **Cold Weather Alerts** were working well and information was reaching key responders.
- **Good partnership working is the key to success.** Existing partnerships should be strengthened and new partnerships built between health, social care, community and voluntary sectors. Those partnerships should include good engagement with local resilience forums and, for the longer-term agenda especially, working with emerging health and wellbeing boards and local health resilience partnerships.
- There was some evidence that **organisational and professional behaviours** have changed as a result of the good practice and actions highlighted in the Cold Weather Plan; however, there was still more to be done to ensure that the plan is better embedded as part of mainstream winter preparedness actions.

Further details of the evaluations can be found in *Supporting the Case. The Evaluation Report – Cold Weather Plan for England 2011–12*,⁵ which contains questionnaires and seminar summaries, has been produced by the Health Protection Agency (HPA).

1.3 Cold Weather Plan 2012

We have updated the plan to reflect the general themes, which emerged from the evaluation in a number of ways:

- Aspects of the **Cold Weather Alerts** service have been revised to improve targeting and the frequency of alerts.
- **Content and actions:** We have tailored and better focused the illustrative actions which should take place at different Cold Weather Alert levels to provide better information to organisations and professionals.

The essential elements of an effective local cold weather plan are confirmed as comprising:

- strategic planning
- advance warning and advice during the winter months
- communicating with the public
- communicating with service providers
- engaging the community.

Supporting the Case gives further details of these key elements of a local cold weather plan.

1.4 Who is the plan for?

The *Cold Weather Plan for England 2012* and its companion document *Supporting the Case* are for health and social care services and other public agencies and professionals who interact with those most at risk from cold weather in winter. Groups at risk include older people, very young children and people with pre-existing medical conditions, as well as those whose health, housing or economic circumstances puts them at greater risk of harm from cold weather.

The plan is also intended to mobilise individuals and communities to help them to protect their neighbours, friends, relatives and themselves against avoidable health problems in winter. As such, the broadcast media and alerting agencies may find this plan useful.

Appendix A highlights the health risks which can be brought on or exacerbated by cold weather and those at-risk groups of people most susceptible to the effects of severe cold.

1.5 Future arrangements

The *Cold Weather Plan for England 2012* outlines the key areas where public, independent and voluntary sector health and social care organisations should work together to maintain and improve integrated operational arrangements for planning and response to deliver the best outcomes possible during periods of severe cold weather in the coming winter.

This plan reflects the structures and roles of the NHS, public health and associated organisations in England as they stand during the transition period as at autumn 2012. The plan will need updating next year to reflect the new structures in place from April 2013. It is the responsibility of each local area to ensure that preparedness and response plans are drawn up and tested (see section 5). This has recently been reiterated in the new arrangements for local emergency preparedness, resilience and response as a consequence of the Health and Social Care Act 2012 as part of the development of new local health resilience partnerships.⁶

Section 2

The Cold Weather Alert service

The introduction of the Cold Weather Alert service in 2011 with the Cold Weather Plan has been warmly welcomed by public health and emergency responders to cold weather and winter weather.

The Cold Weather Alerts were felt to be a useful addition to the armoury available to emergency and public health managers to improve preparedness and resilience to inclement winter weather and to protect health.

However, some suggestions were made on how the alert service could be improved. We have taken account of these and incorporated them into the Plan, as explained here.

2.1 The Cold Weather Alert levels

The Cold Weather Alert service now includes five alert levels, as outlined in Figure 2.2 and described in further detail below. Cold Weather Alerts are issued by the Met Office on the basis of either of two measures: low temperatures; or widespread ice and/or heavy snow. Often low temperature criteria are met at the same time as the ice and snow. However, sometimes one may occur without the other. The thresholds for what constitutes severe winter weather have been developed in consultation between the Met Office, DH, Cabinet Office and other experts.²

- **Level 0: Winter preparedness – long-term planning** This emphasises that to build resilience for the coming winter requires long lead-in planning times. This level of alert is aiming to emphasise the need to prepare for, adapt to and mitigate climate change and develop long-term sustainable approaches which seek to ensure behaviour change across the general population, community and health care professionals. Level 0 denotes that these are actions that should be taken throughout the year, and certainly before Level 1 starts for winter preparedness at the start of winter.
- **Level 1: Winter preparedness** This is in force throughout the winter from 1 November to 31 March and indicates that preparations should be in place to protect health and ensure service continuity in the event of severe cold and winter weather.

- **Level 2: Alert and readiness** This is declared when the Met Office forecasts a 60% risk of severe winter weather in one or more defined geographical areas in the days that follow. This usually occurs two to three days ahead of the event. A Level 2 alert would be issued when a mean temperature of 2°C is predicted for at least 48 hours, with 60% confidence, and/or widespread ice and heavy snow are forecast, with the same confidence.
- **Level 3: Severe weather action** This is issued when the weather described in Level 2 actually happens. It indicates that severe winter weather is now occurring, and is expected to impact on people's health and on health services.
- **Level 4: National emergency** This is reached when a period of cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include, for example, transport or power or water shortages; and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy, not just in high-risk groups, and will require a multi-sector response at national and regional levels. The decision to go to a Level 4 is made at national level and will be taken in light of a cross-Government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (Cabinet Office). A Level 4 alert is a judgement made in light of this cross-Government assessment and, depending on the severity of the conditions and impact, could be declared over any time period.

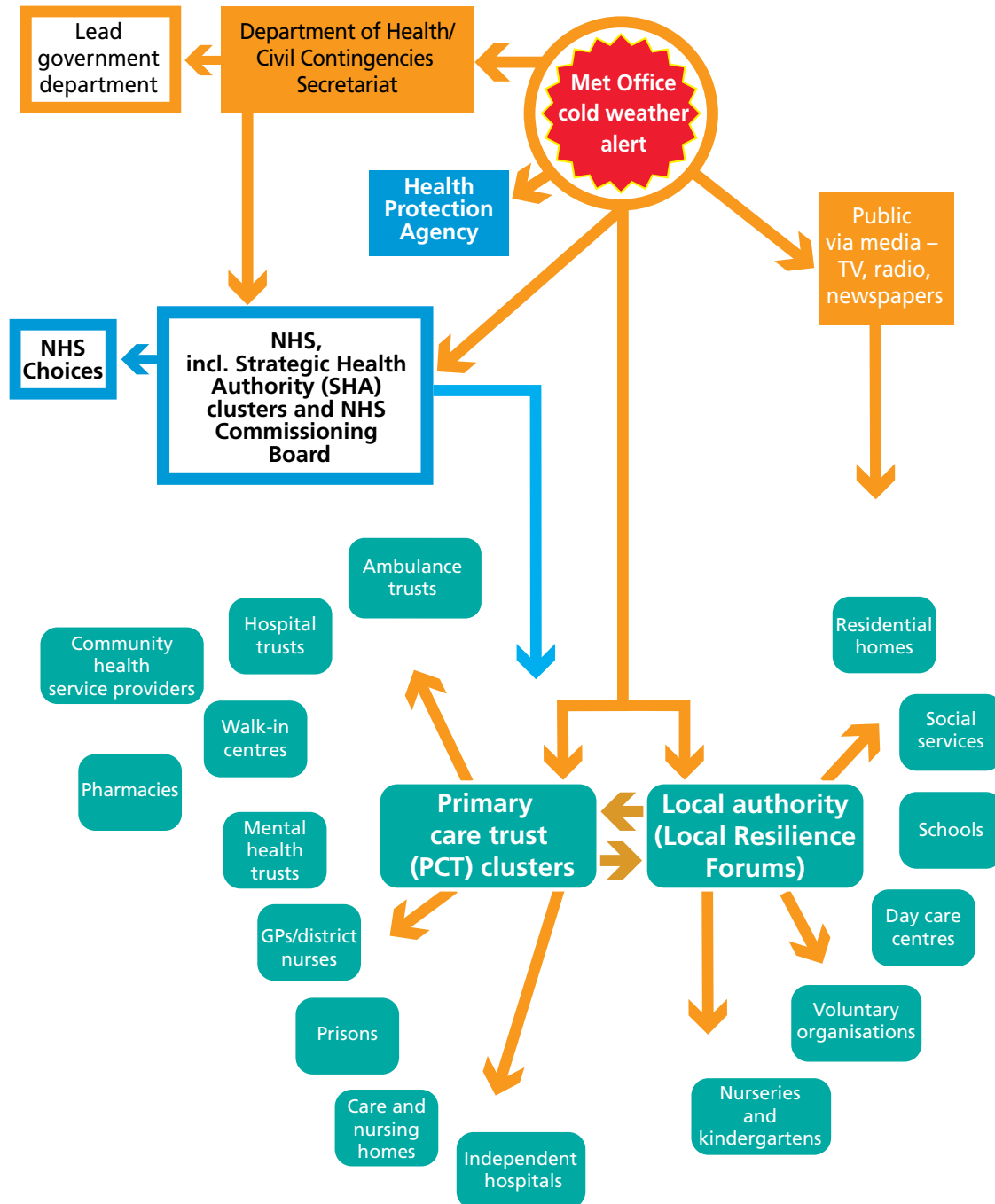
The Cold Weather Alert levels are summarised in Figure 2.2.

Figure 2.2: Cold Weather Alert levels

Level 0	Long-term planning <i>All year</i>
Level 1	Winter preparedness programme <i>1 November to 31 March</i>
Level 2	Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence</i>
Level 3	Response to severe winter weather – Severe weather action <i>Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow</i>
Level 4	Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i>

Figure 2.3 illustrates how Cold Weather Alert messages should be cascaded throughout the local community and nationally as appropriate. Local resilience forums and health and social care organisations will want to develop this into a specific cascade system that is appropriate for their local area.

Figure 2.3: Typical cascade of Cold Weather Alerts



Note: Figure 2.3 illustrates the position of the NHS and associated organisations as at autumn 2012. As from October 2012, the NHS Commissioning Board will start to take over many responsibilities from the former strategic health authorities (SHAs) and SHA clusters. Similarly, clinical commissioning groups (CCGs) and local authorities will begin to take over primary care trust (PCT) health care commissioning responsibilities and public health responsibilities respectively from April 2013; in fact these are already largely operational in many areas. There are similar changes taking place in public health organisations, with the work of the HPA being brought into a new organisation, Public Health England, as from April 2013.

Section 3

Summary of Cold Weather Plan levels and actions

The issue of a Cold Weather Alert should trigger a series of actions by different organisations and professionals as well as the general public. The tables that follow highlight those actions to be taken in order to respond to the alert level, be it preparing for, or responding to, an actual episode of severe cold weather.

3.1 Using the action tables

The actions outlined in the tables are illustrative. Local areas should consider these as guides when developing local winter preparedness arrangements. The national Cold Weather Plan is a broad framework and local areas need to tailor the suggested actions to their local situation and ensure that they have the best fit with wider local arrangements.

The tables emphasise the importance of joint working across agencies including the voluntary and community sector, and highlight one of the aims of the Plan, which is to ensure that there is an integrated response to winter across sectors. Local areas will need to consider those actions indicated in the tables which will need to be taken jointly across organisations and sectors.

Local organisations are asked to consider the action tables and to recast the suggested actions in ways that are most appropriate for them. NHS, local authorities and local resilience forums should assure themselves that cold weather plans are in place for the coming winter as part of wider winter preparedness and response plans. Section 5 highlights the overarching next steps which NHS and local authorities should take to ensure that the Cold Weather Alerts are being disseminated and acted upon locally.

The overwhelming majority of respondents noted that the actions in 2011 were found to be helpful and useful to them in preparing local winter plans. The action tables incorporate our response to some of the key issues which were raised with us this past winter. It is also worth reiterating:

- The actions for each alert level are not intended to be an ‘all or none’ situation. We would expect staff and organisations to develop action plans which make sense to them using these as a broad template. We would also expect staff to exercise professional judgement in a ‘clinical’ setting with a patient or client and respond appropriately to that patient’s needs.
- We are asking staff to be much more aware of the effects of cold weather on health and when they notice a client or patient at risk from, for example, a cold home, to have clear guidelines for them to refer onwards to appropriate organisations who are able to deal with energy efficiency, heating and benefit issues. We do not expect health or social care professionals to become experts in these wider services.
- We strongly support a system-wide approach to assessing the nature of the problem and addressing these across organisations locally that makes most effective and efficient use of resources. Local areas may also wish to refer to an earlier DH toolkit *How to reduce the risk of seasonal excess deaths systematically in vulnerable older people.*⁷ This is designed to help local communities to take a systematic approach to reduce the risk of seasonal excess deaths in older people.

Here is a glossary of the key abbreviations used in the action tables.

CCGs	clinical commissioning groups
CW	cold weather
CWA	Cold Weather Alert
CWP	Cold Weather Plan
EPRR	emergency planning, resilience and response
EWD	excess winter deaths
HHSRS	Health, Housing Safety Rating System
HPA	Health Protection Agency
HWBs	health and wellbeing boards
LA	local authority
OGD	other government departments

3.2 Health, social care and local authorities: commissioners

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>Work with partner agencies to ensure that new arrangements for EPR are in place for April 2013 and that cold weather planning features within wider winter resilience planning</p> <p>Work with emerging new structures (CCGs, HWBs) to ensure that a strategic approach to the reduction of EWDs and fuel poverty is taken across the local health and social care economy</p> <p>Work with partner agencies to:</p> <ul style="list-style-type: none"> • develop a shared understanding of EWDs and what partners can do to reduce them • identify those most at risk from seasonal variations • improve winter resilience of those at risk • ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions for insulating and heating • assess responses to climate change issues • achieve a reduction in carbon emissions and prepare for the expected health impacts <p>Consider how your winter plans can help to reduce health inequalities and how they might target high-risk groups</p>	<p>Consider the revisions to the 2012 CWP and ensure that the changes are understood across the system. Work with partner agencies to coordinate locally appropriate CW plans</p> <p>Make sure staff are aware of winter plans and advice</p> <p>Review the distribution of the CWAs across the system</p> <p>Ensure that local organisations and professionals are taking appropriate actions in light of the CWAs in accordance with local and national CWP</p> <p>Work with partners and staff on risk reduction awareness (e.g. flu jabs for staff), information and education</p> <p>Support communities to help those at risk. Support the development of Community Emergency Plans</p> <p>Identify which local health, social care and voluntary sector organisations are themselves most vulnerable to the effects of severe winter weather. Agree plans for winter surge in demand for services. Make sure emergency contacts are up to date</p>	<p>Communicate public media messages</p> <p>Communicate alerts to staff and make sure that they can take appropriate actions</p> <p>Ensure key partners, including all managers of care, residential and nursing homes are aware of the alerts and can access DH and other advice</p> <p>Ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)</p> <p>Support local community organisations to activate community emergency plans</p> <p>Activate business continuity arrangements and emergency plans as required</p> <p>Consider how to make best use of available capacity, for example by using community beds for patients at risk who do not need an acute bed and enabling access to step-down care and reablement</p>	<p>Communicate public media messages</p> <p>Communicate alerts to staff and make sure that winter plans are in operation</p> <p>Ensure key partners are actioning alerts</p> <p>Support local community organisations to mobilise community emergency plans</p> <p>Ensure continuity arrangements are working with provider organisations</p> <p>Work with partner agencies (e.g. transport) to ensure road and pavement gritting arrangements are in effect to allow access to critical services and pedestrian hotspots</p>	<p>Level 4 alert declared by central Government</p> <p>Response likely to involve:</p> <ul style="list-style-type: none"> • national government departments • executive agencies • public sector, including health sector • voluntary sector <p>All Level 3 responsibilities must be maintained during a Level 4 incident</p> <p>Implementation of national emergency response arrangements by central Government</p>

3.3 Health, social care and local authorities: providers

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>Ensure that you are engaged with local EPRR and other strategic arrangements as these develop – especially for winter planning</p> <p>Ensure that your organisation can identify those most vulnerable to CW and draw up plans for joined-up support with partner organisations. Agree data-sharing arrangements within information governance principles</p> <p>Assess the longer-term implications of climate change; reduction in carbon emissions; and sustainability for longer-term business continuity</p> <p>Consider how to best mobilise and engage community organisations and support the development of community emergency plans</p>	<p>Undertake internal reviews to ensure that CWAs are going to the right staff and that appropriate actions are agreed and able to be implemented when received, especially to protect vulnerable patients and clients</p> <p>Make sure that staff have identified all those vulnerable to CW and that arrangements are in place to support and protect them appropriately</p> <p>Work with partner agencies to coordinate CWPs. Ensure data-sharing and referral arrangements are in place. Work with environmental health officers on HHSRS hazard identification.</p> <p>Work with partners and staff on risk reduction awareness (e.g. flu jabs for staff), information and education</p> <p>Work across all LA teams to identify accident hotspots on the pavements or roads, advise on gritting priorities to prevent accidents in icy weather and ensure access by utilities and other essential services</p> <p>Provide a flu vaccination programme to all front-line staff and encourage staff to be vaccinated⁹</p> <p>Ensure that there is a business continuity plan for severe winter weather. Plan for a winter surge in demand for services</p>	<p>Communicate alerts to staff and ensure that locally agreed CWP actions take place, especially those to protect vulnerable patients and clients</p> <ul style="list-style-type: none"> • Implement local actions for the vulnerable. Consider how to maintain regular contact as required • ensure staff undertake appropriate home checks when visiting clients, e.g. room temperature; medications and food supplies <p>Consider carers’ needs and the support they can continue to give</p> <p>Hospitals and care, residential and nursing homes: ensure that rooms, particularly living rooms and bedrooms, are kept warm (see Figures 3.1 and 3.2)</p> <p>Activate business continuity arrangements and emergency plans as required. Activate plans to deal with a surge in demand for services</p>	<p>Communicate alerts to staff and ensure that locally agreed actions take place, especially those to protect vulnerable patients and clients</p> <p>Implement local plans for contacting the vulnerable. Consider daily visits or phone calls for high-risk individuals living on their own who have no regular contacts</p> <p>Ensure carers are receiving appropriate advice and support</p> <p>Implement plans to deal with surge in demand</p> <p>Implement business continuity arrangements</p>	<p>All Level 3 responsibilities must be maintained during a Level 4 incident</p> <p>Implementation of national emergency response arrangements by central Government</p> <p>Continue to implement business continuity arrangements</p>

3.3.1 Hospitals, emergency departments, GP surgeries and other community health and care providers

Cold-related illnesses and severe cold weather and winter weather may put particular pressure on hospitals, emergency departments and GP surgeries.

Appendix C highlights further some of the key issues relating to staffing, capacity, resources and information gathering and support which should be taken into account in preparing for cold weather conditions for service providers.

Figure 3.1 gives advice to staff on the care of high-risk patients and clients in hospitals, care homes, residential and nursing homes.

Figure 3.1: When severe cold is predicted or happening

Staff of hospitals, care, residential and nursing homes are reminded to identify high risk patients and clients and ensure that:

- rooms, particularly living rooms and bedrooms are kept warm (care plans could include a reference for vulnerable patients as a reminder to staff)
- patients and residents wear warm clothing that is appropriate to the temperature and weather conditions, indoor and outdoor
- patients and residents are offered or take warm drinks and food regularly
- patients and residents are encouraged to keep active and moving around indoors as much as they are able within the context of their care plan.



3.4 Health, social care and community professional staff

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>Work within your organisation and with partner organisations to ensure that systems are developed to support the identification and sharing of information between agencies of people who may be vulnerable to CW and other seasonal variations</p> <p>Systematically work to improve the resilience of vulnerable people to severe cold</p> <p>Ensure that all staff have been made aware of the CWP and the dangers of CW to health and know how to spot signs and symptoms</p>	<p>Identify those at risk on your caseload and necessary changes to care plans for high-risk groups</p> <p>For those with multiple agency inputs, ensure that the key worker is clearly identified</p> <p>Work with individuals at risk, their families and carers to ensure that they are aware of the dangers of CW and cold housing and how to keep warm</p> <p>Ensure that there are clear arrangements for 'signposting' those at risk clients and patients to other services (e.g. home insulation schemes, benefits entitlements) when identified in 'clinical' situations or consultations (see also Figure 3.3)</p> <p>Work with partners to ensure that vulnerable patients and clients have access to fuel supplies. Link to energy supplier priority service registers as required</p> <p>Ensure that clients and colleagues are aware of, and take advantage of, flu and other vaccination programmes</p> <p>Identify the resources available to you for raising awareness of the health risks associated with winter weather and cold housing (for example, pharmacists have a key role in reminding people to have sufficient medicine and can help with preventive medicines management)</p>	<p>As appropriate, contact those most at risk and implement care plans</p> <p>When making home visits, be aware of the room temperature in the household and be able to advise on recommended room temperatures. Know how to signpost clients onto other services, especially those at high risk (see Figure 3.2)</p> <p>Remind clients of the actions they can take to protect themselves from the effects of severe cold</p> <p>Consider how forecast weather conditions may impact on your work – and make appropriate arrangements</p> <p>Make sure you and your teams are prepared for a potential influx of weather-related injuries and illnesses</p>	<p>Implement local plans for contacting the vulnerable. If appropriate, consider daily visits or phone calls for high-risk individuals living on their own who have no regular contacts</p> <p>Ensure staff can help and advise clients</p> <p>Other actions as per Level 2</p> <p>Maintain business continuity</p>	<p>Continue actions as per Level 3 unless advised to the contrary</p>

Figure 3.2: Recommended indoor temperatures

Indoor temperature	Effect
21°C (70°F)	Minimum recommended daytime temperature for rooms occupied during the day
18°C (65°F)	Minimum recommended night-time temperature for bedrooms. No health risk, though rooms may feel cold

Note: These recommended temperatures are derived from a number of policy documents and research papers.^{10, 11, 12, 13, 14} While they provide a useful guide on which to base indoor temperatures, it is appreciated that variations within the general population will exist due to pre-existing risk factors. Vulnerable groups (such as very old people and very young children) are advised by the World Health Organization (1987) to have indoor temperatures set to 21°C.

Figure 3.3: Making Every Contact Count**Training and empowering front-line staff to identify and signpost vulnerable people at risk of living in cold, damp homes to reduce or eliminate the risk**

The Making Every Contact Count (MECC) programme^{15,16} was developed in the Yorkshire and Humber region. It provides front-line staff with training on behavioural change interventions. It focuses on providing an informed choice for individuals but with the understanding of the wider determinants of health approach, and recognises that behaviour change is not easy for anyone.

The MECC programme understands that 'affordable warmth' fits within the context of healthy lifestyles. Partnership referral schemes are strengthened by using this approach. Hence the entire NHS workforce (front-line staff) across the region is being trained to have 'healthy chats' with patients on affordable warmth as well as on the usual subjects such as alcohol, diet, exercise and smoking, tailored to each individual. The NHS is investing in e-learning resources and a mobile app for staff which will include affordable warmth.

The research pilot undertaken for MECC illustrated that empowering staff with the confidence and competence to have these conversations is especially important, as personalising the information and understanding an individual's motivation is critical to bringing about behaviour change.

Another approach is to train front-line staff on locally available multi-partnership referral schemes where the front-line worker completes a simple referral card on behalf of the client, then posts it into a central 'hub' from where the client is approached by the required agency to offer advice and/or support.

NEA, the leading affordable warmth charity, has previously worked with other partnership referral schemes across the country with front-line staff. NEA advocates asking three key questions at contact assessment stage to identify those who are at risk of living in fuel poverty and in cold homes.

The following questions are currently being asked by a wide number of agencies:

1. **Is your whole house warm in winter?** This question helps to identify how people are heating their home and whether they are limiting heating to certain rooms.
2. **Can you afford to heat your home to a comfortable level?** This question helps to identify whether occupants are meeting 'minimum' recommended temperatures all the time.
3. **Can you afford to pay your fuel bills?** This question will flag whether someone has sufficient income to spend on the fuel they need for warmth and comfort.

3.5 GPs and primary care teams

Note: Individual practices will wish to consider the activities noted below; however, these should ideally occur throughout a locality. As such they may be led by the PCT (or in future by the CCG), organised by practices working collectively, or they could be based within an individual practice. Some activities, such as staff training and working with other agencies, might be best organised if led by the PCT (or CCG in future).

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>Consider the central community role of general practice, particularly in rural areas, and work with LRFs and other stakeholders in resilience planning</p> <p>Promote flu immunisation to both staff and patients</p> <p>Discuss and agree with your local partners the arrangements for ‘signposting’ to other services such as affordable warmth and benefits</p> <p>Staff training should include sessions on seasonal weather and the identification of vulnerable individuals to help staff be more aware of the effects of CW on health; those groups of patients likely to be most vulnerable; and how they can signpost patients onto other services</p> <p>Consider using opportunistic approaches to signpost appropriate patients to other services when they present for other reasons (see Figure 3.3). For example, flu jab clinics can be an opportunity to promote core public health messages with vulnerable individuals</p> <p>Discuss with practice and community nursing staff about available tools and toolkits to aid systematic identification of vulnerable people</p>	<p>Staff training should include a specific session on the CWP and CW resilience where required, relevant and appropriate to local conditions</p> <p>Consider how you can promote key public health messages in the surgery</p> <p>Consider how you can adapt your team’s capacity to a possible surge in activity and/or disruptions in transport links; patient access to pharmaceutical supplies, etc.</p> <p>Get a flu jab to help you protect you and your patients</p> <p>Use the start of the CWA season as an opportunity to review business continuity arrangements</p>	<p>Take advantage of clinical contacts to reinforce core public health messages about the effects of CW and cold homes on health</p> <p>Activate systems to help signpost patients to appropriate services from other agencies</p> <p>Consider how forecast weather conditions may impact on your work – and make appropriate arrangements. For example, how will it affect home visits and what alternatives are available?</p> <p>Your PCT should, when making home visits, be broadly aware of the room temperature in the household and, if required, know how to advise on levels that are of concern and as necessary, to signpost to other services</p>	<p>Work with other NHS and social care, community and voluntary organisations to ensure strategic coordination of response, taking into account the likely surge in demand for primary care in the days following a cold spell</p> <p>Be prepared to activate business continuity plan</p> <p>Ensure that staff are aware of CW risks and are able to advise patients appropriately</p>	<p>Continue actions as per Level 3 unless advised to the contrary</p>

Note: Seasonal flu immunisation generally starts in October, but should be continued into Level 1 (and beyond) as required.

3.6 Community and voluntary sector

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>Engage with local statutory partners to agree how the community and voluntary sector can contribute to the local community resilience arrangements</p> <p>Develop a community emergency plan to:</p> <ul style="list-style-type: none"> • identify and support vulnerable neighbours in the winter • assess the impact severe weather might have on the provision and use of usual community venues • ensure that pavements and public walkways are cleared of snow and ice in the local community • agree support¹⁷, resources and training to maximise effective use of volunteers • support recruitment of volunteers • agree mechanisms for distributing food, fuel, emergency heating, health, social care and other provision to vulnerable people • review emergency housing and hostel provision • agree arrangements with other community groups to maximise contact with vulnerable people • identify available services for vulnerable people and agree signposting arrangements with providers 	<p>Test the community emergency plan to ensure that roles and responsibilities and actions are clear</p> <p>Set up rotas of willing volunteers to keep the community safe during inclement weather and to check on vulnerable people and neighbours</p> <p>Support the provision of appropriate advice about the health risks of CW/cold housing especially with vulnerable people</p> <p>Ensure that there is a 'business' continuity plan for severe winter weather to ensure support can continue to be given to vulnerable people</p>	<p>Activate the community emergency plan</p> <p>Actively engage vulnerable people known to be at risk and check on welfare regularly</p> <p>Activate the 'business' continuity plan</p>	<p>Implement community emergency plan</p> <p>Contact vulnerable people at risk to ensure they are safe and well</p> <p>Ensure volunteers are appropriately supported</p> <p>Implement the 'business' continuity plan</p>	<p>Continue actions as per Level 3 unless advised to the contrary</p> <p>Ensure volunteers are appropriately supported</p>

3.7 Individuals

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>Access appropriate energy advice about improving the energy efficiency of your home and staying warm in winter. Protect water pipes from freezing if possible</p> <p>Undertake energy efficiency improvements to your home or encourage your landlord to do so</p> <p>Seek advice from your LA environmental health department if as a tenant your heating is defective or you cannot affordably heat your home</p> <p>Seek income maximisation advice – to access benefits and other services</p> <p>Seek advice from your fuel supplier or local advice provider if you have fuel debt or difficulties paying for or affording sufficient fuel</p> <p>Ask your fuel supplier if they operate a Priority Service Register for vulnerable customers, what this provides and if you are eligible</p> <p>Have all gas, solid fuel and oil burning appliances (i.e. boilers, heaters, cookers) serviced by an appropriately registered engineer to prevent breakdown. Malfunctioning appliances can release carbon monoxide – a gas which at high levels will kill.</p> <p>Have flues and chimneys checked for blockages and swept if needed. Fit an audible carbon monoxide alarm that is EN 50291-compliant (see Figure 3.4)</p>	<p>Find good information about health risks. Try NHS Choices at. www.nhs.uk/</p> <p>Check your entitlements and benefits</p> <p>Get a flu jab if you are in a high-risk group</p> <p>Protect water pipes from freezing by insulating them – seek energy advice where needed</p> <p>Draught-proof around windows or doors – seek energy advice on this. Avoid blocking ventilation points in the home</p> <p>Check that your heating is working properly. Make sure that you have access to sufficient fuel supplies for the winter period especially if you rely on oil, liquid petroleum gas (LPG) or wood deliveries. Consider alternative heating measures if required</p> <p>If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you</p> <p>Make sure you have a list of emergency numbers in case you need to call for assistance or advice during CW</p> <p>Look out for vulnerable neighbours and help them prepare for winter (e.g. with key contact numbers for emergency situations)</p> <p>Consider other preventive action you can take (e.g. perhaps volunteering to help implement the community emergency plan)</p>	<p>Maintain regular contact with vulnerable people and neighbours you know to be at risk in CW– ensure they have access to warm food and drinks and are managing to heat their home adequately</p> <p>Stay tuned into the weather forecast and ensure you are stocked with food and medications in advance (have deliveries or ask a friend to help)</p> <p>Take the weather into account when planning your activity over the following days. Avoid exposing yourself to cold or icy outdoor conditions if you are at a higher risk of cold-related illness or falls</p> <p>If you or someone else is likely to be restricted to one room during the winter period or during a cold spell, make sure that it can be kept at or above recommended temperatures and that you plan what resources you/they need to keep them safe and warm – seek energy advice as necessary</p> <p>Check ambient room temperatures – especially those rooms where disabled or vulnerable people spend most of their time (see Figure 3.2)</p> <p>Discuss with friends and neighbours about clearing snow and ice from in front of your house and public walkways nearby, if you are unable to do this yourself</p>	<p>Stay tuned into the weather forecast</p> <p>Check daytime room temperature and maintain it at 21°C</p> <p>Check bedroom night-time temperature and maintain it at 18°C or warmer</p> <p>If you have to go out make sure you dress warmly and wear non-slip shoes. Also tell someone where you are going and let them know when you get back. If you have a mobile phone keep it charged and on you at all times</p> <p>Keep active</p> <p>Dress warmly, eat warm food and take warm drinks regularly</p> <p>Check on those you know are at risk</p> <p>If you are concerned about your own health or welfare or that of others, alert emergency services</p> <p>Clear pavements of ice or snow if you are able and if essential</p>	<p>Follow key public health and weather alerts messages as broadcast on the media</p>

Figure 3.4: Top tips for staying healthy in winter

1 Get your flu jab if you are aged 65 or over, pregnant, have certain medical conditions, live in a residential or nursing home, or are the main carer for an older or disabled person. Ask your health or social care provider about staying healthy in winter and make sure you have sufficient medication if winter weather is forecast.

2 Keep warm. Maintain your heating to the right temperature (between 18°C/65°F (bedroom) and 21°C/70°F(dayroom)), so you can keep warm and keep your bills as low as possible. Use room thermostats or other heating controls if you have them. Have a room thermometer so you can monitor the temperature indoors.

3 Look after yourself and check on older neighbours or relatives to make sure they are safe, warm and well. Layer your clothing and wear shoes with a good grip if you need to go outside.

4 Food is a vital source of energy, which helps to keep your body warm. Try to make sure that you have hot meals and drinks regularly throughout the day and keep active in the home if you can.

5 Get financial support. There are grants, benefits and sources of advice available to make your home more energy efficient, improve your heating or help with bills. It's worthwhile claiming all the benefits you are entitled to and to access these before the winter sets in.

6 Have your heating and cooking appliances checked. Carbon monoxide is a killer. Make sure that flues and chimneys are swept and checked for blockages and ventilation points are not blocked. If not connected to gas or electricity mains, and use heating oil, LPG or wood products as the main heating source, make sure that you have a sufficient supply to avoid running out in winter. You should also fit an audible carbon monoxide alarm which is EN 50291-compliant, but fitting an alarm should not replace regular maintenance of appliances.



3.8 National level: cross-government departments, Health Protection Agency, Met Office

Level 0	Level 1	Level 2	Level 3	Level 4
<p>Long-term planning <i>All year</i></p>	<p>Winter preparedness programme <i>1 November to 31 March</i></p>	<p>Severe winter weather is forecast – Alert and readiness <i>Mean temperature of 2°C and/or widespread ice and heavy snow is predicted within 48 hours, with 60% confidence</i></p>	<p>Response to severe winter weather – Severe weather action <i>Mean temperature of 2°C or less and/or widespread ice and heavy snow</i></p>	<p>Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i></p>
<p>The Cabinet Office will take the lead on coordinating and working across Government to prepare for winter weather. Individual government departments will work with their partners on winter preparations</p> <p>DH and HPA will look to develop new ways to monitor and analyse winter-related illness and deaths and evaluate the CWP</p> <p>DH and OGD will issue general advice to the public and professionals and work closely with other national organisations that produce winter warmth advice to ensure maximum reach</p>	<p>DH will make advice available to the public and professionals as appropriate</p> <p>Preparations will be the overall responsibility of DH in collaboration with the Met Office, HPA and NHS bodies (in future PHE will have a key role to play)</p> <p>CWAs will be sent by the Met Office to the agreed list of organisations and Category 1 responders</p>	<p>DH will make advice available to the public and professionals in affected regions via NHS Choices/NHS Direct as well as on the Met Office, HPA, and DH websites</p> <p>A Level 2 alert will be sent by the Met Office to the Cabinet Office as well as other central government departments, which should then cascade the information through their own stakeholder networks and front-line communication systems</p>	<p>As per Level 2 arrangements</p> <p>Met Office will continue to monitor and forecast temperatures in each area, including the likely duration of the period of severe winter weather, the likely temperatures to be expected and the probability of other regions exceeding the Level 3 threshold</p>	<p>Level 4 alert issued at national level in light of cross-Government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat based in the Cabinet Office</p> <p>Response likely to involve:</p> <ul style="list-style-type: none"> • national government departments • executive agencies • public sector, including health sector • voluntary sector <p>Implementation of national emergency response arrangements by central Government</p>

3.8.1 Cross-Government action

The Civil Contingencies Secretariat (CCS) of the Cabinet Office takes the lead on coordinating and working across Government in response to severe winter weather, especially at Level 4; a national emergency. The CCS runs a Winter Resilience Network throughout the winter to ensure that preparations across Government – for example, transport – are in place and coordinated with the activities of other government departments, especially when severe winter conditions take place.

Severe winter weather can potentially have wider impacts on the health sector. Therefore, specific assessments and joint working need to take place between health organisations and transport authorities; power supplies; children's sector and education; environment and agriculture; water supplies; as well as liaison with ongoing culture and sports events taking place during the winter months.

Section 4

Warm Homes Healthy People Fund 2012/13: keeping people warm in winter

'I cannot tell you how pleased Mum is with her Stay Warm things. She says the slippers are the best she has had in years as they grip her feet and keep her warm. Mum says that whoever put the pack together has really used a lot of thought and care, as all is so very useful.'

WHHP Fund recipient 2012

The DH established the Warm Homes Healthy People (WHHP) Fund in winter 2011/12. For winter 2012/13, the WHHP Fund has again, been made available to support 'top tier' local authorities and their local partners in reducing death and morbidity in England due to cold housing in support of the Cold Weather Plan.

The aim of the Fund is to support local authorities with their partners to reduce the levels of deaths and morbidity due to vulnerable people living in cold housing.

Details of the WHHP Fund 2012/13 and application process was announced in LAC (DH)(2012)2 in September 2013.⁸

A total of £20m is being made available again for local authorities to undertake a variety of projects to support a range of national and local initiatives.

An evaluation of the WHHP Fund for 2011/12 has been published by the HPA.⁵ Those wishing to obtain further information are urged to join the Local Government Association Knowledge Hub, 'Warm Homes Healthy People – Sharing Good Practice'. This is a web-based platform for sharing information and establishing cross-authority dialogue, and thereby enables people to learn from each other. It can be found at <https://knowledgehub.local.gov.uk>.

The DH and other government departments provide a range of advice and support to help individuals, families and carers to prepare for cold weather. The latest information on the measures which are available to the public is given in *Supporting the Case*.

Section 5

Recommended next steps for the NHS and local authorities

We have stressed that the Cold Weather Plan for England 2012 is a good-practice document and the actions denoted are illustrative. It is up to each locality to consider the actions in this plan and adapt them and incorporate them as appropriate to the local situation, as a component of wider winter planning arrangements.

In light of the guidance and good practice recommendations made in the *Cold Weather Plan for England 2012*, there are three key messages we would like to recommend to all local areas:

- Firstly, all local organisations should consider the *Cold Weather Plan for England 2012* and satisfy themselves that the suggested actions and the Cold Weather Alert service are understood across the system. Local cold weather and winter plans should be reviewed in light of this plan.
- Secondly, NHS and local authority commissioners, together with local resilience forums, should review or audit the distribution of the Cold Weather Alerts across the health and social care systems locally to satisfy themselves that the Cold Weather Alerts, when they are issued, reach those colleagues and organisations that need to take appropriate actions. Figure 2.3 is an illustrative diagram showing a typical cascade of a Cold Weather Alert message. Local areas will need to adapt these to their particular situations and ensure themselves that the cascades are working appropriately.
- Thirdly, NHS and local authority commissioners, together with local resilience forums, should seek assurance that organisations and key stakeholders are taking appropriate actions in light of the Cold Weather Alert messages. The actions identified in section 3 are based on the best evidence and practice available, but are illustrative. It is for local areas to amend and adapt this guidance and to clarify procedures for staff and organisations in a way which is appropriate for the local situation. As ever, it is for professionals to use their judgement in any individual situation to ensure that they are doing the best they can for their patient or client.

Appendix A

The impact of cold weather on health

The impact of cold weather on health is predictable and mostly preventable.

Direct effects of winter weather include an increase in incidence of:

- heart attack
- stroke
- respiratory disease
- flu
- falls and injuries
- hypothermia.

Indirect effects of cold include mental health illnesses such as depression, and carbon monoxide poisoning from poorly maintained or poorly ventilated boilers, cooking and heating appliances and heating.

For the purposes of this Plan, the key groups considered to be particularly at risk in the event of severe cold weather have been summarised in Figure A.1.

For further information about groups at risk and impacts of severe cold on health, please refer to *Making the Case*.

Figure A.1: At-risk groups

The following are examples of sub-categories, as well as living conditions and health conditions, which may place people at risk:

- over 75 years old
- otherwise 'frail' older people*
- children under the age of 5
- pre-existing chronic medical conditions such as heart disease, stroke or transient ischaemic attack (TIA), asthma, chronic obstructive pulmonary disease (COPD) or diabetes
- mental ill-health that reduces individual's ability to self-care
- dementia
- learning disabilities
- assessed as being at risk of, or has had, recurrent falls
- housebound or otherwise low mobility
- living in deprived circumstances
- living in houses with mould
- fuel-poor (needing to spend 10% or more of household income on heating the home)
- older people who live alone and do not have additional social services support
- homeless people or people sleeping rough
- other marginalised groups.

*People, usually older, who have impairment of their activities of daily living. Though more often used in research settings, the *frailty phenotype* or a *frailty index* can be used to quantify frailty.¹⁸

Appendix B

Identifying vulnerable individuals and groups

In the action tables in section 3, we suggest that primary and community care teams consider how they might identify vulnerable individuals. This appendix details a number of ongoing initiatives to improve the identification of vulnerable people.

The Cold Weather Plan

The plan is intended to help raise awareness and highlight to staff the client groups who may be particularly vulnerable to cold weather and cold housing (see Figure A.1).

Opportunistic approaches

We suggest that teams consider using opportunistic approaches to signpost potentially vulnerable patients to appropriate services when they present for other reasons. One general approach, which has been evaluated, is the Making Every Contact Count programme being run in Yorkshire and Humber (see Figure 3.3). It is important that there is an agreement locally between agencies so staff can easily signpost patients who could be in need of energy efficiency, benefits or other support. Some approaches that seem to have worked well are where there is an agreement about the value of a single point of referral, when identifying vulnerable residents using multiple agencies. These were reported on positively in the evaluation of the Warm Homes Healthy People Fund.⁸

Using the 'at-risk' table to identify vulnerable individuals could mean that in a typical GP practice as much as 20% of a practice population might be included in such an a list. However, one of the reasons practices might consider taking opportunistic actions as above before the winter sets in is to try and support such vulnerable people to take preventive actions themselves, such as obtaining insulation or having a benefits check. It is also why we are suggesting that planning takes place early in the year and before severe cold and winter weather sets in, to agree ways of working that make sense during a Level 2 and Level 3 alert and that maximise the safety and protection of vulnerable patients.

Toolkits

A number of tools and toolkits have been developed to aid systematic identification of vulnerable people. There are a number of good practice examples which have been developed across the country.

- The **Excess Seasonal Deaths Toolkit** was produced by the DH to help local communities to take a systematic approach to reduce the risk of seasonal excess deaths in older people.⁷
- **Alleviating Fuel Poverty: the Toolkit** The former UK Public Health Association's Health Housing and Fuel Poverty team produced a range of material to help identify vulnerable people and groups at both population and practice levels.¹⁹. As the website notes:

'Using the above data a very simple tweak to the NHS patient data [EMIS and VISION] management systems used by GPs can be set up to alert the doctor (by a screen prompt) if the patient they are seeing is vulnerable to fuel poverty and would benefit from an affordable warmth intervention. The GP then asks the patient if they would like a referral and if so he/she responds appropriately to the on-screen prompt and the patient signs a consent form before leaving the surgery. The referral is automatically generated and passed electronically to the organisation responsible for providing the intervention.'

'The system can also be used to provide evidence of the benefits of affordable warmth interventions. The GP is informed when the work has been carried out and an automatic feedback response is generated after a period of one year to monitor whether or not the intervention has reduced the number of illness episodes as defined by GP consultations and/or hospital admissions.'

- **Keeping Warm in Later Life project (KWILLT)** This has recently demonstrated that knowledge and awareness of safe temperatures, and the health impact of cold and how to use heating efficiently, were low among study population participants. Moreover, older people's values and beliefs can interact with the contextual factors and barriers in such a way that they often end up being cold at home. The segmentation model which was developed by the team can illustrate the diversity of older people at risk of living in a cold home. It can be used as a reflective tool at a clinical and strategic level to identify and refer vulnerable older people.²⁰
- **Warm Homes Healthy People Fund: Evaluation 2012** A large number of client referral systems have been developed and were illustrated in the range of evaluation reports produced as part of the Warm Homes Healthy People initiative. As the evaluation report⁵ of the WHHP Fund initiative says:

'A key theme that emerged from all data sources was the need to target the most vulnerable residents more effectively. The survey revealed that 80% of local projects identified a list of vulnerable people. This was done by working with the voluntary/community sector (62% of projects), local authorities (61% of projects) and GPs (25% of projects). From the evaluation reports and the interviews, it was apparent that many local projects used proxy measures

to target the most vulnerable residents. These included lists of residents known to the council (case study 2), targeting areas of deprivation (case study 5) or utilising the community and voluntary sector's links (case study 7) to vulnerable people'.

The evaluation report,⁵ which included an online questionnaire of those localities that received WHHP funding in 2011, also identified several case studies illustrating the identification of vulnerable people and supporting better targeting.

In addition, over 40 local areas have submitted evaluation reports of their work on the WHHP Fund in 2011. Many of these detail their work on identification and targeting of vulnerable people. These can be accessed at the Knowledge Hub website.²¹

Using the toolkits

Although there are many local evaluation reports, some of which are full academic evaluations and others (such as the UKPHA system) which allow audits to take place after interventions, there remains, to date, a lack of fully evidence-based trials showing the sustainable effects of implementing the systems above.

A referral to the National Institute of Clinical Excellence (NICE) has been made to produce guidance on excess winter deaths. NICE will review the best available evidence and produce guidance in due course.²

In the meantime, local areas should consider testing ways of identifying and targeting vulnerable people and groups using the tools and experience that have developed across the country, and monitor and evaluate the results.

Appendix C

Coping with increased demand for health services in cold weather

Advice for hospitals, emergency departments, GP surgeries and other community health service providers

Cold-related illnesses and severe cold weather conditions may put particular pressure on hospitals, emergency departments and GP surgeries. If severe weather is forecast, they should consider the following actions to ensure that they can cope with demand and minimise disruption to services.

All NHS providers should have business continuity plans. These should have a winter (cold weather) section to be activated at the Cold Weather Plan alert levels.

Staffing

- Consider deploying more clinical resources (medical, nursing and allied health) to deal with expected surges in demand.
- Consider accommodating key staff on-site overnight if there is a risk that transport networks may be disrupted.
- Encourage relevant front-line staff to be vaccinated against flu.

Capacity

- Consider discharging inpatients, taking account of transport networks, to free up acute beds, and work with local authorities and other partners to make step-down and reablement services available.
- Consider cancelling routine elective surgery and day-case outpatient surgery to accommodate increased cold-related demand.
- Consider whether you will need more orthopaedic surgical capacity to deal with the expected increase in fall-related fractures.
- Consider scheduling extra 'fracture clinics' to cope with a possible surge in demand.

- Emergency departments should prepare for increased numbers of falls among older people. Extra occupational therapy and physiotherapy resources are likely to be required and there may be a higher workload for nurses.
- Consider postponing elective surgery that is likely to require critical care resources (intensive treatment unit stay) to provide capacity for severe cold-related illness.
- Ease pressure on health care services by carefully selecting patients for hospital assessment and admission, and taking a coordinated approach to patient pathways to higher levels of care.
- Consider the impact on radiology departments, which may face an increased burden of medical and musculoskeletal imaging and need to work flexibly to cope with demand.
- Consider developing a triage mechanism for severe winter weather episodes.

Resources

- Ensure readily accessible supplies of warmed fluids, forced-air warming blankets and other warming equipment.
- Prepare for increased respiratory problems with stocks of nebulised medications and consider gathering non-invasive positive pressure ventilation equipment for use.
- Ensure that departments are well stocked with plaster, splints, crutches and equipment required to manage any expected increase in fracture pathology.
- Consider whether you need to increase the frequency of routine pharmacy restocking to match increased hospital attendances and prescribing.

GP surgeries, walk-in health centres, community health service providers and other primary care facilities

- Consider how you can adapt your team's capacity to a possible surge in activity.
- Consider how you would deal with the potential consequences of disrupted transport links, including disrupted access to patients' homes and care homes and possible delays in pharmaceutical supplies.
- Encourage relevant front-line staff to be vaccinated against flu.

Information gathering and support

- Work with ambulance crews to collect information on where accidents and falls are taking place to share with road, police and other organisations so remedial action can be undertaken.
- Monitoring information from hospital emergency departments should be analysed and shared to identify specific reasons for emergency department pressures (such as an increase in fractures or flu admissions) so that remedial and preventive action can be undertaken locally.

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Over the last decade, the average number of excess winter deaths in England has been just over 25,000 a year, many of which could be avoided by taking simple preventive actions. This plan is intended to mobilise action to reduce winter deaths by a range of NHS, social care, community and voluntary organisations, as well as by individuals. For a review of the evidence supporting this plan, see Supporting the Case at <http://www.dh.gov.uk/health/tag/cold-weather-plan/> and *Making the Case: Why cold weather planning is essential to health and well-being*, at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130564