



# Cold Weather Plan for England 2012

*Equality Analysis*

# Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help Department of Health staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact the Equality and Inclusion Team on 020 7972 5936 or [aie@dh.gsi.gov.uk](mailto:aie@dh.gsi.gov.uk)

# Equality analysis

Title: NHS Cold Weather Plan for England

Developed by Department of Health (DH) and Health Protection Agency (HPA), in association with the Met Office

The Plan includes two documents: the *Cold Weather Plan for England 2012* (CWP), and a companion document, *Supporting the Case*.

## Policy context

The first national Cold Weather Plan for England was published in November 2011. The CWP was published to help to reduce the annual number of 'excess' deaths that are observed in the winter months. In the winter of 2010/ 2011 there were approximately 23,700 'excess winter deaths', equating to 1300 more deaths per week during the winter than over the rest of the year. Many of these deaths are preventable and the Cold Weather Plan is recognition that more needs to be done to protect vulnerable people during the winter.

The development of the Cold Weather Plan continues to be a crucial element of a number of Government's policies. These policies were identified in the 2011 Equality Analysis for the Cold Weather Plan<sup>1</sup> and remain relevant. In addition, in 2012 the Department of Health published the Public Health Outcomes Framework and its Corporate Plan:

### DH Corporate Plan 2012-2013<sup>2</sup>

The Cold Weather Plan contributes to two key priorities within the DH Corporate Plan 2012-2013 which was published in May 2012:

1. Better Health – 'addressing the health risks identified in the Climate Change Risk Assessment (CCRA) and contributing to the health and wellbeing element of the cross-government National Adaptation Programme (NAP)'.  
2. Our Partners – 'seek to mitigate the effect of climate change and to work with other government departments to support ministers in addressing the social determinants of health and reducing inequalities in health'.

### Public Health Outcomes Framework

The Public Health Outcomes Framework was published in January 2012. The inclusion of high level indicators on excess winter deaths and fuel poverty<sup>3</sup> in the PHOF is a reflection of the Government's commitment to reducing the harm of cold weather and the importance of the Cold Weather Plan.

<sup>1</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131036.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131036.pdf)

<sup>2</sup> <http://www.dh.gov.uk/health/2012/05/corporate-plan-2012/>

<sup>3</sup> <http://www.dh.gov.uk/health/2012/01/public-health-outcomes/>

**In summary:**

Preparation and response to severe cold weather is a core part of the public health and emergency planning system. These have continued to be emphasised in key Government and DH policies and are consistent with the Health and Social Care Act (2012)<sup>4</sup>.

**What are the intended outcomes of this work?** *Include outline of objectives and function aims*

The purpose of the Cold Weather Plan for England 2012 is to reduce winter deaths by raising and triggering actions in the NHS, social care, and other community organisations to support vulnerable people who have health, housing or economic circumstances that render them at risk. The intention is also for the CWP to be used to mobilise communities and civil society to help neighbours, friends, and relatives to protect against avoidable harm to health in winter. The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.

The Cold Weather Plan for England 2012 consists of two parts. The CWP itself is an Action Plan providing good practice guidance for individuals, communities and organisations on what to do to prepare for winter as well as how to respond to a spell of extreme cold. It includes advice for statutory and voluntary and community organisations, as well as for professional staff. It also provides public health information for individuals on how to protect themselves and prepare for cold and winter weather.

The companion document Supporting the Case, provides a range of more detailed information including: a review of the essential elements of effective cold weather planning; the latest data on excess winter deaths; and the results of the evaluation of the Cold Weather Plan 2011. There is also a section giving the latest advice for the public about winter warmth benefits.

**Who will be affected?** *e.g. staff, patients, service users etc*

The impact of cold weather on health is predictable and mostly preventable. The direct effects of winter weather include an increase in incidence of:

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

The 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 the CWP, a number of those key groups are considered to be particularly at risk in the event of severe cold weather. These include:

<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>

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

\* Lacas, A. et al. *Frailty in primary care: a review of its conceptualization and implications for practice* BMC Medicine 2012,10 (4)

The Cold Weather Plan 2012 sets out a series of clear actions to be taken by the NHS, social care and other public agencies, professionals working with vulnerable people as well as by individuals and local communities themselves. It is designed to minimise the effects of severe cold weather on health.

The CWP provides strategic, high-level guidance and a framework which Local Resilience Forums and local organisations can incorporate into their winter planning arrangements. The CWP is consistent with other emergency plans and duties under the Civil Contingencies Act (2004) to warn and inform the public before, during and after an emergency.

**Evidence** *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment. For more information, see the current [DH Transparency Plan](#).*

**What evidence have you considered?** *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

In preparing the Cold Weather Plan for England 2011, we undertook an extensive search of the available literature on the effects of cold weather on health. There is an reference list in both parts of the Cold Weather Plan for England 2011. In addition, for the purposes of the Equality Impact Analysis we also reviewed the following:

Association of Public Health Observatories (2005) *Ethnicity and Health*, <http://tinyurl.com/ethnicity-health>

Carers UK (2008) *Dramatic Increase in Carer Poverty*, <http://tinyurl.com/carers-poverty>

Department for Energy and Climate Change (2010) *Annual Report on Fuel Poverty*

Statistics 2010, <http://tinyurl.com/annual-report-fuel-poverty>

Department of Health (2010) *Recognised, Valued and Supported: Next Steps for the Carers Strategy*, <http://tinyurl.com/Carers-Strategy-2010>

Leonard Cheshire Disability (2009) *Fuel Poverty and Disability*, <http://tinyurl.com/fuel-poverty-disability>

Leonard Cheshire Disability (2005) *In the Balance*, <http://tinyurl.com/disability-poverty>

Marmot Review Team (2011) *The Health Impact of Cold Homes and Fuel Poverty*, <http://tinyurl.com/Marmot-cold-homes>

New Policy Institute (2008) *Cold and Poor: An Analysis of the Link Between Fuel Poverty and Low Income*, <http://tinyurl.com/fuel-poverty-low-income>

Office for National Statistics (2003), <http://tinyurl.com/The-2001-Census>

Office for National Statistics (2010) *Excess winter mortality in England and Wales, 2010/11 (provisional) and 2009/10 (final)*, <http://tinyurl.com/ONS-excess-winter-mortality>

Office for National Statistics (2011) *General Lifestyle Survey*  
<http://tinyurl.com/Lifestyle-Survey-2010>

Office for National Statistics (2011) *Population Estimates*,  
<http://tinyurl.com/ONS-population-estimates>

Palmer, G. (2011) *The Poverty Site*, <http://www.poverty.org.uk/index.htm>

Save the Children (2008) *The Impact of Fuel Poverty on Children*,  
<http://tinyurl.com/SCF-fuel-poverty-children>

Department for Communities and Local Government (2010) *English Housing Survey 2008*, <http://tinyurl.com/Housing-Condition-Survey>

For the Cold Weather Plan for England 2012 we undertook a further search for new literature published about the effects of cold weather on health since last year's review of the evidence. The following is additional evidence that we have considered for this year's plan and the Equality Impact Analysis:

Department for Energy and Climate Change (2012) *Getting the Measure of Fuel Poverty: Final Report of the Fuel Poverty Review (Hills Review)*  
<http://tinyurl.com/fuel-poverty-Hills-Review>

Lacas, A. et al. (2012) *Frailty in primary care: a review of its conceptualization and implications for practice* BMC Medicine 2012, 10 (4)

National Children's Bureau (2012) *Fuel Poverty and Child Health and Wellbeing. Healthy Futures for Children and Young People Through an Energy Bill Revolution*,  
<http://tinyurl.com/NCB-children-fuel-poverty>

Office for National Statistics (2011) *Excess winter mortality in England and Wales, 2010/2011 (provisional) and 2009/10 (final)*,  
<http://tinyurl.com/ONS-excess-winter-mortality>

### **General Comments:**

Our recent review of the latest evidence on the health impact of cold weather on different equality groups has not altered the findings from the evidence that we highlighted in last year's CWP and Equality Impact Analysis. The findings from the previous review of the evidence remain pertinent..

The most recent ONS figures on excess winter deaths were published in November 2011. The findings showed that:

- There were an estimated 25,700 excess winter deaths in England and Wales in 2010/11, virtually unchanged from the previous winter (NB: 23,700 of these deaths occurred in England).
- As in previous years, there were more excess winter deaths in females than in males in 2010/11
- Between 2009/10 and 2010/11 male excess winter deaths increased to 11,200, but female deaths fell to 14,400
- The majority of deaths occurred among those aged 75 and over; however, deaths in this age group fell between 2009/10 and 2010/11, whereas deaths in persons aged under 75 increased
- The excess winter mortality index was highest in Wales in 2010/11, whereas in the two previous winters it was highest in the South East of England

We have taken these figures into consideration in the re-drafting the Cold Weather Plan for England 2012 and this accompanying Equality Impact Analysis. The data shows that cold weather continues to have a significant impact on the health of certain groups, such as older people.

It is too early to tell whether the Cold Weather Plan has had the desired impact on reducing excess winter deaths and illness. Moreover, as the annual number of excess winter deaths, varies significantly from year to year due to a range of factors, including the levels of seasonal flu and how severe or otherwise the winter was, it would be very difficult to ascribe a fall in excess winter deaths directly to the Cold Weather Plan

However, in partnership with a wide range of stakeholders we have evaluated the implementation of last year's plan and made some changes based on the feedback we have received. We and our stakeholders believe that the Cold Weather Plan remains an important part of a wider response by civil society to prepare for, and respond to winter weather when it happens.

In March 2012 the Department for Energy and Climate Change (DECC) published the report of 'The Hills Poverty Review'<sup>5</sup>. The Review looked in detail at the causes and impacts of fuel poverty in England and confirmed that the principal causes of fuel poverty are a combination of low incomes and high costs driven by poor energy efficiency and high energy prices. The report made a number of recommendations, including a recommendation to change the way fuel poverty is measured. The Government is currently consulting on the proposed changes to the fuel poverty indicator and the consultation ends on 30 November 2012.

The sections which follow describe the known impacts of cold weather on identified vulnerable groups.

**Disability** *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

There is currently a lack of evidence on the direct health impact of cold weather on people with disabilities and on the health status of disabled people, so it is difficult to assess the impact that cold weather has on this group. There is however, evidence to suggest that living in cold homes and being fuel poor can have a negative impact on the health and wellbeing of vulnerable groups including those with disabilities<sup>6</sup>.

Disabled people may be at increased risk of suffering from fuel poverty and the health consequences of living in cold homes because they are likely to be income poor<sup>7</sup> and to spend prolonged periods of time at home, requiring fuel to heat their homes all day, rather than just in the mornings and evenings. Being poor means that disabled people may face the dilemma of heating or eating, and may suffer the mental anxiety of not being able to pay their fuel bills<sup>8</sup>.

Disabled people are even more vulnerable to the cold if they are an older person and/or have an existing health condition which can be exacerbated by the cold.

The lack of evidence means that it is difficult to assess the impact that cold weather, cold homes and fuel poverty has on disabled people, but it is likely that as a vulnerable group who often live in income poverty, disabled people are at increased risk of suffering from the negative effects of living in a cold environment.

**Sex** *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

Excess winter deaths figures clearly show that cold weather has significantly greater impact on women than men. In 2010/11 there were 11,200 excess winter deaths in males and 14,400 excess winter deaths in females, with the greatest number of excess winter deaths being amongst women aged over 85. The reason for the differences in excess winter mortality rates between men and women is due to the greater number and higher proportion of females aged over 75 in the population (9% females compared with 6% of males in 2010).

<sup>5</sup> Department for Energy and Climate Change (2012) *Getting the Measure of Fuel Poverty: Final Report of the Fuel Poverty Review (Hills Review)* <http://tinyurl.com/fuel-poverty-Hills-Review>

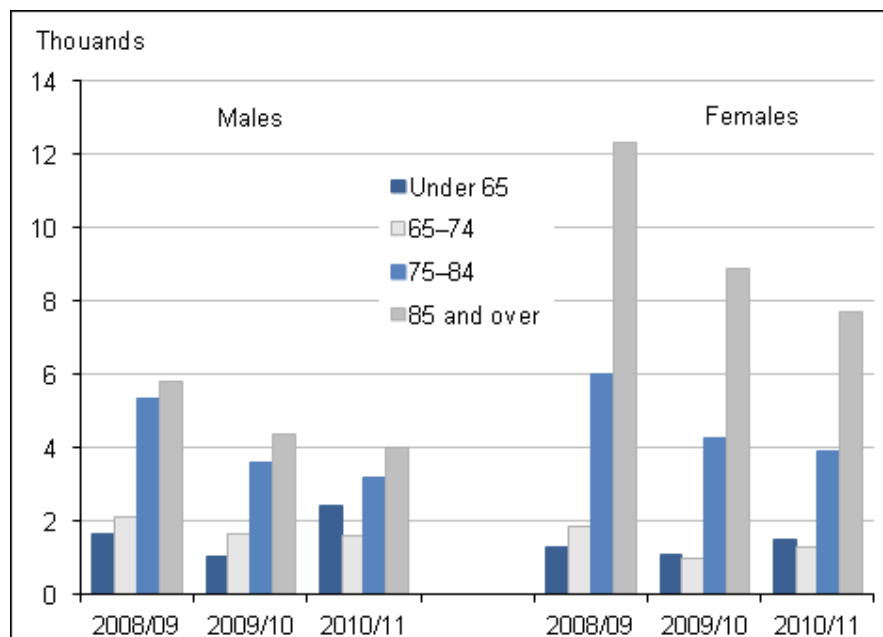
<sup>6</sup> Leonard Cheshire Disability (2009) *Fuel Poverty and Disability*, <http://tinyurl.com/fuel-poverty-disability>

<sup>7</sup> Palmer, G. (2011) *The Poverty Site*, <http://www.poverty.org.uk/index.htm>

<sup>8</sup> Leonard Cheshire Disability (2005) *In the Balance*, <http://tinyurl.com/disability-poverty>



Figure 5. Excess winter deaths: by sex and age group, 2008/09–2010/11



Office for National Statistics (2011) *Excess winter mortality in England and Wales, 2010/2011 (provisional) and 2009/10 (final)*, <http://tinyurl.com/ONS-excess-winter-mortality>

The pattern of excess winter deaths in 2010/11 differed from the previous year in that while the majority of deaths occurred amongst those aged 75 and over, the number of deaths in this age group actually fell. In contrast, excess winter deaths amongst men aged under 65 and women aged under 75 increased significantly. This unusual pattern of mortality has been attributed in part, to the correlating pattern of influenza-like illness seen during the 2010/11 winter which affected younger people rather than the elderly.

While the overall more women than men died last winter, the recent figures highlight the need to continue to monitor trends in excess winter deaths as cold weather may have an increasingly greater impact on the younger age groups, particularly men under 65.

**Race** Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

There is currently a lack of evidence on the direct health impact of cold weather per se on people from minority ethnic groups so it is difficult to assess the impact that cold weather has on them.

However, the fact that people from ethnic minority groups are twice as likely to live in low income households suggests that they may be at increased risk of suffering from fuel poverty and the health consequences living in cold homes.

The level of income poverty varies amongst different ethnic minority groups suggesting that the degree of fuel poverty risk amongst different groups may also vary; with the poorest ethnic minority groups being the most likely to be fuel poor.

- More than half of people from Bangladeshi and Pakistani ethnic backgrounds live in low income households<sup>9</sup>
- the groups with the highest proportions eligible for school meals are Irish travellers, Roma gypsies, black Africans and Bangladeshi<sup>10</sup>.

The health status and mortality rates from conditions associated with excess winter deaths (such as circulatory disease) amongst different ethnic minority groups also differs, suggesting that the ethnic groups with the poorest health and high rates of conditions associated with excess winter deaths may be more vulnerable to the negative effects of living in cold homes.

- the percentage of the population that report their health as 'not good' is highest among the Pakistani and Bangladeshi populations<sup>11</sup>
- people born in Pakistan and Bangladesh, but living in England and Wales, have the highest mortality rates from circulatory disease<sup>12</sup>.

**Age** Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

### Older People

Older people are at high risk of suffering from cold weather, fuel poverty and the health consequences of living in cold homes for a number of reasons:

- just over half of fuel poor households contain somebody over the age of 60<sup>13</sup>.
- older people are more likely to spend prolonged periods of time at home<sup>14</sup>
- average incomes for those household containing someone over the age of 60 are around two thirds of those households without anybody over the age of 60<sup>15</sup>
- older people are more likely to have a limiting long term illness or disability<sup>16</sup>
- more older people live in homes that fail to provide a reasonable degree of thermal comfort<sup>17</sup>

There is clear evidence that cold weather has a significant impact on older people as they account for the majority of excess deaths in winter. The main two underlying causes of excess winter deaths are respiratory and circulatory disease suggesting that such conditions are brought on, or exacerbated by the cold.

<sup>9</sup> Palmer, G. (2011) *The Poverty Site*, <http://www.poverty.org.uk/index.htm>

<sup>10</sup> Association of Public Health Observatories (2005) *Ethnicity and Health*, <http://tinyurl.com/ethnicity-health>

<sup>11</sup> Association of Public Health Observatories (2005) *Ethnicity and Health*, <http://tinyurl.com/ethnicity-health>

<sup>12</sup> Ibid 9

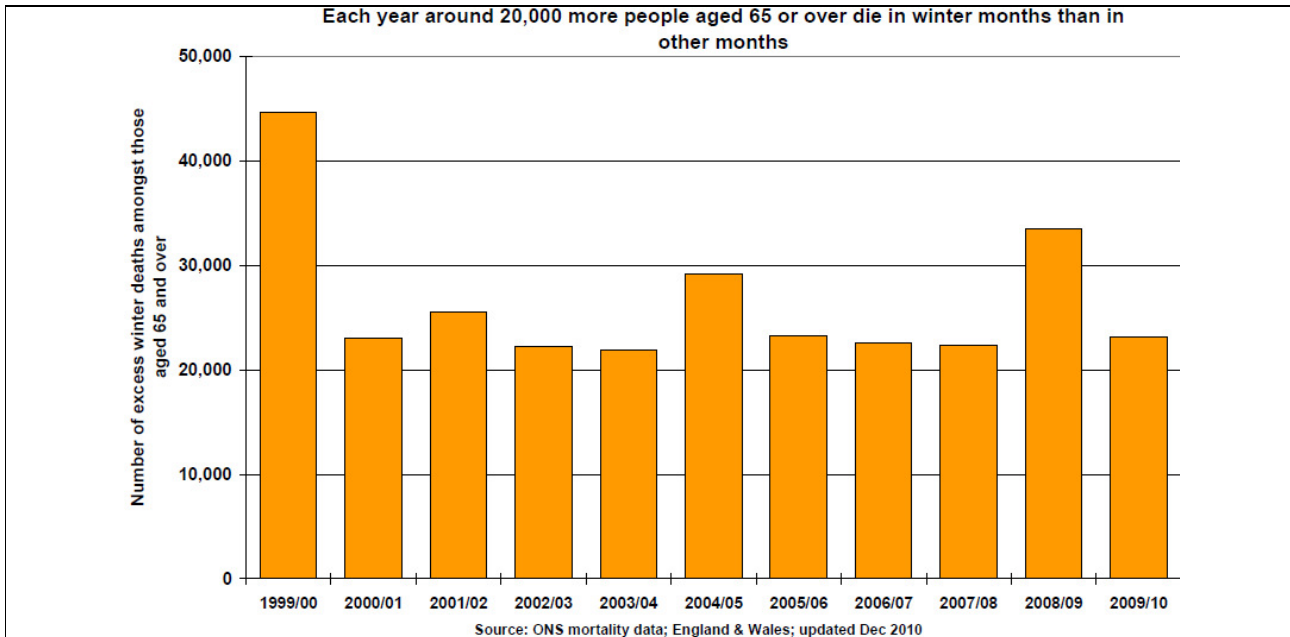
<sup>13</sup> Department for Energy and Climate Change (2010) *Annual Report on Fuel Poverty Statistics 2010*, <http://tinyurl.com/annual-report-fuel-poverty>

<sup>14</sup> Marmot Review Team (2011) *The Health Impact of Cold Homes and Fuel Poverty*, <http://tinyurl.com/Marmot-cold-homes>

<sup>15</sup> Department for Energy and Climate Change (2010) *Annual Report on Fuel Poverty Statistics 2010*, <http://tinyurl.com/annual-report-fuel-poverty>

<sup>16</sup> Office for National Statistics (2011) *General Lifestyle Survey* <http://tinyurl.com/Lifestyle-Survey-2010>

<sup>17</sup> Department for Communities and Local Government. *English Housing Survey 2008*



The pattern of excess winter deaths during the 2010/11 winter was unusual in that there was an increase in the number of deaths amongst the under 75 age group. In contrast, excess winter deaths amongst men aged under 65 and women aged under 75 increased significantly. This unusual pattern of mortality has been attributed in part, to the correlating pattern of influenza-like illness seen during the 2010/11 winter which affected younger people rather than the elderly. However, overall the majority of deaths still to occurred in the over 75 age group.

### Children and young people

Children and young people living in low income households are at high risk of suffering from fuel poverty and the health consequences of living in cold homes largely because of the relationship between fuel poverty and income poverty.

- children are more likely to live in low income households than adults<sup>18</sup>
- a half of all people in lone parent families are in low income<sup>19</sup>
- 6.4 million households in the UK were fuel poor, of which over one million are families with children under 16<sup>20</sup>

There is some evidence to show that living in a cold environment can have a significant impact on the lives of children an young people:

- children living in cold homes are at increased risk of being admitted to hospital, having respiratory problems, poorer weight gain, and inadequate levels of nutritional intake<sup>21</sup>
- cold housing negatively affects children’s educational attainment, emotional wellbeing and resilience<sup>22</sup>

<sup>18</sup> Palmer, G. (2011) *The Poverty Site*, <http://www.poverty.org.uk/index.htm>

<sup>19</sup> Ibid 14

<sup>20</sup> National Children’s Bureau (2012) *Fuel Poverty and Child Health and Wellbeing: Healthy Futures for Children and Young People Through an Energy Bill Revolution*, <http://tinyurl.com/NCB-children-fuel-poverty>

<sup>21</sup> Save the Children (2008) *The Impact of Fuel Poverty on Children*, <http://tinyurl.com/SCF-fuel-poverty-children>

- adolescents living in cold housing are at risk of multiple mental health problems<sup>23</sup>

## Adults

There is some evidence to show that people with existing health conditions are vulnerable to the cold. Those with respiratory and cardiovascular disease, diabetes, osteoarthritis knee pain, and hip fracture can have their conditions complicated and or exacerbated by the cold<sup>24</sup>. Living in a cold environment can also have a measurable effect on the mental health of adults<sup>25</sup>.

**Gender reassignment (including transgender)** *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

There is no evidence to suggest that transgender or transsexual people are adversely affected by cold weather because of their gender status. The risk of being fuel poor and of suffering from the health consequences of being fuel poor are due to other factors such as household income, household status, housing tenure and existing health conditions. Gender status is not a fuel poverty risk factor.

**Sexual orientation** *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

There is no evidence to suggest that gay, lesbian, or bisexual people are adversely affected by cold weather because of their sexual orientation. The risk of being fuel poor and of suffering from the health consequences of being fuel poor are due to other factors such as household income, household status, housing tenure and existing health conditions. Sexual orientation is not a fuel poverty risk factor.

**Religion or belief** *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

There is no evidence to suggest that religious groups are adversely affected by cold weather because of their religion or belief. The risk of being fuel poor and of suffering from the health consequences of being fuel poor are due to other factors such as household income, household status, housing tenure and existing health conditions. Religion or belief is not a fuel poverty risk factor.

**Pregnancy and maternity** *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

There is currently a lack of evidence on the direct health impact of cold weather on pregnant women and there is no evidence to suggest that pregnant women are a particularly vulnerable group in terms of fuel poverty. However, they may be at risk of suffering from fuel poverty and the health consequences of living in cold homes if they are income poor, if they have an existing health condition, if they live in rural areas and/or if they are a lone parent.

<sup>22</sup> Ibid 14

<sup>23</sup> Ibid 17

<sup>24</sup> Ibid 17

<sup>25</sup> Ibid 18

**Carers** Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

There is currently a lack of evidence on the direct health impact of cold weather on carers. However, there is some evidence to suggest that a significant proportion of carers struggle financially and are often fuel poor. As fuel prices increase and many are pushed into poverty, they, like other groups, face the dilemma of “eat or heat”<sup>26</sup>. Whilst they may not be considered as a ‘vulnerable group’, carers are at increased risk of suffering from the health consequences of fuel poverty because many carers suffer from poor health as a result of the stresses and strains of their caring role. More than 225,000 carers who provide more than 50 hours of unpaid care per week say that they are ‘not in good health’ themselves<sup>27</sup>. Income poverty, existing health conditions and the pressure of caring for someone else, particularly someone whose health has deteriorated because of the cold, means that many carers are likely to be adversely affected by cold weather.

**Other identified groups** Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

The increasing cost of fuel in recent years has resulted in more people becoming fuel poor, including groups that are not normally considered to be ‘vulnerable’, such as the rural poor and single-person households. These groups are not traditionally recognised in cold weather and fuel poverty reduction policies, yet there is evidence to show that they are at high risk of suffering from fuel poverty because:

- rural homes are on average bigger and less energy efficient resulting in higher fuel costs<sup>28</sup>
- even though single person households spend 25% less on fuel, their income is on average 50% less<sup>29</sup>
- half of all the households in fuel poverty in England are single-person households<sup>30</sup>

Whilst there is currently no evidence on the direct health impact of cold weather on the rural poor and single-person households, they may be at increased risk of suffering from the health consequences of living in cold homes because they are very likely to be fuel poor.

## Engagement and involvement

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)? No

### How have you engaged stakeholders in gathering evidence or testing the evidence available?

The Cold Weather Plan for England 2011 has been evaluated by a wide variety of stakeholders since its publication and forms the basis of the Cold Weather Plan for England

<sup>26</sup> Carers UK (2008) *Dramatic Increase in Carer Poverty*, <http://tinyurl.com/carers-poverty>

<sup>27</sup> Office for National Statistics (2003), *Census 2001-Carers*, <http://tinyurl.com/The-2001-Census>

<sup>28</sup> New Policy Institute (2008) *Cold and Poor: An Analysis of the Link Between Fuel Poverty and Low Income*, <http://tinyurl.com/fuel-poverty-low-income>

<sup>29</sup> Ibid 14

<sup>30</sup> Ibid 14

2012 .

To evaluate the Cold Weather Plan 2011 we sent out an online questionnaire to 2000 stakeholders and received over 400 responses. We also undertook a review of the latest evidence and good practice and held a major stakeholder seminar which was attended by 150 participants from a range of statutory, voluntary and community organisations. The revision of this year's plan has been guided by a Reference Group comprised of policy leads from a range of other government departments and agencies and voluntary organisations. A separate survey was conducted to evaluate the Warm Homes Healthy People Fund, which was established in 2011 as part of the Cold Weather Plan for England 2011.

In summary, the results of the evaluations concluded that:

- The Cold Weather Plan was warmly welcomed. It had raised public and professional awareness and, overall colleagues had found the Cold Weather Plan useful and easy to understand.
- The dissemination and distribution of the Met Office Cold Weather Alerts was working well and reaching key responders
- 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 Cold Weather Plan is more embedded into mainstream winter preparedness approaches
- There were some elements of the Cold Weather Plan that could be improved including:
  - Content and actions - further work is needed to tailor the outputs of the Cold Weather Plan, in particular the guidance on actions and implementation for specific sectors.
  - Cold Weather Alerts – the system should be reviewed to improve the targeting, frequency and the thresholds of alerts.
  - Timing - the Cold Weather Plan for England 2012 should be published as soon as practicable, but the Department of Health should issue a clear message that planning should not be delayed waiting for the publication of the 2012 plan.

More details of the evaluation methods used can be found in “Supporting the Case”, the companion document to the Cold Weather Plan. A full evaluation report produced by the Health Protection Agency containing questionnaires and seminar summaries is available from the HPA website at <http://tinyurl.com/CWP-evaluation>

The Department of Health has carefully considered the results of the evaluation and believes that the Cold Weather Plan 2012 takes account of the recommendations made. The main

changes which have been incorporated into the Cold Weather Plan 2012 include:

1. Action Tables - the actions from Cold Weather Plan 2011 have largely been brought forward into the CWP 2012. However, the tables themselves have been reorganised to tailor and better focus the illustrative actions which should take place at different cold weather alert levels to provide better information to organisations and professionals
2. Cold Weather Alerts - the CWP is underpinned by the Cold Weather Alert system which is run by the Met Office. A general, all year round winter preparedness level has been added to the previous 4 – level alert system which again runs from 1<sup>st</sup> November to 31<sup>st</sup> March, to emphasise the need for year round planning for those actions requiring a more strategic, or longer term focus. There are also detailed changes to the cold weather alerts themselves prepared by the Met Office to clarify and make it easier for those in receipt of cold weather alerts to identify which areas are affected by the severe cold and then to act upon them.

Local organisations are asked to consider the detailed action tables in the CWP and to recast them in ways which are most appropriate for them in developing a local cold weather plan which sits within the context of a wider winter resilience plan. Local areas are asked to satisfy themselves that the suggested actions and the cold weather alert system are understood across the system. All areas 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 come out, are reaching those colleagues and organisations which need to take appropriate actions. Lastly, all local areas should assure themselves that organisations and key stakeholders are taking appropriate actions in light of the cold weather alert messages.

#### Warm Homes Healthy People Fund (WHHP) 2011

To support the aims of the Cold Weather Plan the Department of Health established the Warm Homes, Healthy People fund for the winter 2011/12. This was a major new initiative with a fund of £30m allocated in two ways: a £10m capital allocation to the Department of Energy and Climate Change (D ECC) to support the Warm Front scheme and £20m revenue made available to 'top tier' local authorities (LAs) to support LAs with their partners to reduce the levels of deaths and morbidity due to vulnerable people living in cold housing.

Our evaluation of the local authority element of the WHHP fund has indicated that:

- There has been universal support for the WHHP fund with strong support for a further year's continuation of the fund (and earlier notification of the fund)
- Authorities generally appreciated the wide degree of freedom they had to develop locally applicable plans and the general lack of central prescription
- The fund supported the development of, or helped strengthen existing partnerships to tackle cold weather and cold housing
- The Voluntary sector was very supportive of the initiative and was actively engaged in all areas in developing and delivering plans (in a way which exceeded our expectations)
- There is now a challenge to turn last year's projects into an ongoing sustainable service
- Local colleagues are keen to share good practice and learn lessons from across the country.

On the 13 September 2012, the DH published LAC(DH)(2012)2, notifying authorities that a £20m Warm Homes Healthy People fund had been established for winter 2012/ 2013 and inviting them to bid for funding.

In addition, a Warm Homes Healthy People group has been established on the Local Government Association (LGA) website as a forum for sharing good practice. Email: [knowledgehub@local.gov.uk](mailto:knowledgehub@local.gov.uk)

### **How have you engaged stakeholders in testing the policy or programme proposals?**

As detailed above we engaged a wide range of voluntary and statutory stakeholders in both examining the emerging evidence as well as the emerging policies and specific actions throughout the process as outlined above.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The main Cold Weather Plan document was downloaded 5,946 times and 'Making the Case' was downloaded 592 times (1 Nov 2011- 21 March 2012). The launch of the Plan was covered by a number of papers and media websites. These included the BBC News – <http://www.bbc.co.uk/news/health-15526477>

Cold Weather Plan online questionnaire: We do know that the questionnaires for the Cold Weather Plan were sent by a variety of means to about 2000 colleagues with over 400 respondents. The questionnaire was circulated via the Local Resilience Fora, the Met Office Alerting System, the Winter Resilience Network and the NHS Strategic Health Authorities with the aim of surveying as many as possible. It is likely however, given the distribution list that the vast majority of respondents were the community of professionals likely to be involved in public health related activities during cold weather in England. We know that about 1% of respondents worked for voluntary sector organisations as well as another 13% who worked for 'other' organisations.

Warm Homes Healthy People online questionnaire: A mixed-methods approach was taken using three main sources of data: an online questionnaire to local authority Warm Homes, Healthy People Fund leads (asking both quantitative and qualitative questions), document analysis of local evaluation reports and semi-structured telephone interviews to local leads.

Cold Weather Plan Evaluation Seminar: This was the second annual Cold Weather Plan (CWP) seminar organised by the Department of Health (DH) and Health Protection Agency (HPA). The seminar reflected on the first year of CWP implementation and aimed to gather feedback that will be used to revise the Plan ahead of re-launching it this winter, 2012/2013.

The aim of the morning session was to review the CWP and gain views how it might be improved on so that it maximises its potential to reach frontline personnel and have a positive impact on those vulnerable to the effects of cold weather. The afternoon session was dedicated to the Warm Homes Healthy People Fund and the sharing of information, ideas and good practice.

Over 150 delegates were in attendance from a wide range of voluntary and statutory organisations. The then Secretary of State for Health, Andrew Lansley, addressed the



conference and answered questions. Invitation letters were sent to the DH strategic partners in the voluntary and community sector inviting them to the event. From our experience in 2011, when we held two smaller

stakeholder events, we significantly increased the size of this year's event to accommodate the wide interest that there was. The programme picked up themes which had emerged from the online questionnaires and included discussion groups which considered, amongst others:

- What could we do to improve implementation of the Cold Weather Plan?
- How can we improve communication to health professionals, social and voluntary care groups and vulnerable groups (and other groups)?

The afternoon session considered aspects of the Warm Homes Healthy People fund initiative and included sessions led and involving national voluntary sector organisations, and included amongst others:

- How do we improve involvement with the voluntary and community sector (& other agencies)?
- Exploring examples of involving communities
- How do we improve the targeting of vulnerable groups?

The key out puts of the 3<sup>rd</sup> July 2012 evaluation seminar can be accessed at the HPA website at <http://tinyurl.com/CWP-evaluation>

The comments made by participants at these events and studies were considered and have been taken into consideration in the development of the Cold Weather Plan 2012.

**Summary of Analysis** *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

The Cold Weather Plan 2012 has been written in light of the evaluation and comments received as noted. However as a last check, as noted, we tested out proposals with the wider Reference Group.

We do not believe that the CWP will have a negative impact on any of the equality groups (protected characteristics) rather that the CWP is being published to help reduce deaths and morbidity and to protect against avoidable harm. In light of the comments we received, we have further enhanced the action tables for all organisations, including those for the 'community and voluntary sector' and for 'individuals'.

The evidence suggests that the key factors which place people at greater risk from winter deaths or avoidable harm to health in winter are certain underlying conditions, age, and sex. Sexual orientation, gender reassignment, religion or belief do not appear to raise the risk factors as far as current evidence indicates.

There is a lack of evidence relating to disability, race, pregnancy and carers except where people are already on low income and living in poorer housing stock which would place them at greater risk of suffering from fuel poverty and the ability to heat their homes adequately – and hence be at risk of suffering the effects of cold weather.

Other than age and sex there is a lack of detailed information against which to regularly monitor the situation for the equality (protected characteristics) groups on a regular basis and as noted above there is a paucity of primary research in relation to some groups.

The Cold Weather Plan's key priorities include:

- ensuring that information is targeted/disseminated to protected groups where the evidence has highlighted this to be a priority
- ensuring that access to services is improved or not made worse by the Plan for those in population groups with protected characteristics

Financial and practical help for certain groups, for example older people on low incomes, are available through local government schemes. These can aim to alleviate the impact of cold on health and well-being, and so improve equality of health outcomes between groups. A major adjunct to the Cold Weather Plan is the Warm Homes Healthy People fund for 2012. The £20m fund has been established specifically to support LAs with their partners to reduce the levels of deaths and morbidity due to vulnerable people living in cold housing.

*Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.*

**Eliminate discrimination, harassment and victimisation** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

We have no evidence to suggest that, as a result of the CWP, we will eliminate discrimination, harassment and victimisation, however we have no reason to believe that this would possibly increase under the Plan. Indeed, if people from all groups with protected characteristics are better protected from the effects of cold weather, the CWP will support, for example, better performance of children at school which should indirectly contribute to less victimisation as they are better able to keep up with their classmates. People of working age from these groups will be able to continue at their jobs without taking significant periods of time off due to reduced illness and older people will continue to be able to stay fit and not risk becoming socially isolated through illness and disease exacerbated by cold weather.

**Advance equality of opportunity** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

We generally have no evidence to suggest that as a result of the CWP that we will advance equality of opportunity per se. However, as noted above, do know that cold housing negatively affects children's educational attainment, emotional wellbeing and resilience. The actions from this Cold Weather Plan can help to refocus local actions towards those most vulnerable (such as children living in cold housing), which will help advance equality of opportunity more generally.

**Promote good relations between groups** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

At each Level identified as part of the Cold Watch system we have identified a set illustrative actions which local Voluntary and Community Groups might consider to take forward. We have focussed on the community's ability to marshal resources and look after vulnerable or frail neighbours both before and during a spell of cold or winter weather. Such actions include encouraging communities to:

- Develop a Community Emergency plan to ensure that pavements and public walkways are cleared of snow and ice in the local community. Such a plan might include identifying local resources (snow clearing equipment; stocks of grit and salt) and rotas of willing volunteers to keep the community safe during inclement weather and for checking in on vulnerable or frail neighbours.

We believe that this is an important element of the Cold Weather Plan and is consistent with wider Government proposals to promote the community and neighbourhood support. Outlining a clear role for communities and voluntary sector organisations who are in touch with many of the key groups of people with protected characteristics is a way of promoting community resilience and indirectly will promote good relations between groups.

**What is the overall impact?** *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

The available evidence clearly demonstrates that cold weather has the greatest impact on those with multiple vulnerabilities. An older person is more likely to be adversely affected by cold weather if they live in an income poor household and / or if they have a disability and / or an existing health condition. Likewise, a child is at greater risk of being adversely affected by cold weather if they also live in a lone parent household and /or an income poor household, if they have a disability or an existing health condition, and / or if they are also a carer.

- We believe that the Cold Weather Plan will impact positively on the reduction of health inequalities by reducing the number of excess winter deaths experienced each year by the way that it attempts to engage and provide good practice for a range of individuals, community, health and social care and other organisations.

The identification of those people who are susceptible to cold weather and to work systematically with them to improve resilience in a multi-agency manner means that issues such as housing or accessing benefits should be part of the local discussions at all stage of the planning and response process.

We believe that the CWP, and the Warm Homes Healthy People fund projects, will continue to have a positive impact on reducing adverse experiences of severe cold weather for vulnerable groups, including impacting positively on some equality groups, as well as for the wider population.

**Addressing the impact on equalities** *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

This Equality Impact A has pointed to the need for more primary information and evidence in relation to specific equality groups, including carers, pregnancy, disability, and race.

The CWP and associated recommended documents, such as an earlier publication by the former Health Inequalities National Support Team and its 'How To' resource pack – "How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level"<sup>31</sup>, has encouraged community engagement to ensure an accurate picture of need and community awareness of relevant issues.

**Action planning for improvement** *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

**Please give an outline of your next steps based on the challenges and opportunities you have identified.** *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the challenges and priorities identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

The national Cold Weather Plan 2011 was launched for the first time in the autumn 2011. We have therefore been keen to assess and judge its impact in helping to reduce 'Excess Winter Deaths'. The DH Policy Research Programme has commissioned an independent evaluation of the implementation and health related impacts of the Cold Weather Plan by the London School of Hygiene and Tropical Medicine. This study is scheduled to run from Autumn 2012 – Autumn 2013 and should support the future development of the Cold Weather Plan. Amongst other issues to be covered, the study will aim:

- To document the operational policy changes and the health and social care services' response at local level compared with the expectations in the Plan.
- To undertake a preliminary study of a cohort of 'at-risk' people looking at the level and nature of support received before and during periods of severe cold weather.

However, the Government has been keen to take this one step further, and earlier this summer, Ministers have made a referral to the National Institute for Clinical Excellence and Health (NICE) to produce public health guidance on the reduction of Excess Winter Deaths. It is anticipated that NICE will commence work sometime in 2013 and that this will take about 18 months to complete.

We believe that these two pieces of work will help us to significantly address the challenges and priorities raised in this assessment in future Cold Weather Plans, when they become

<sup>31</sup> Department of Health (2010) HINST How to guide book 10. *How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level*, Gateway reference 13669. <http://tinyurl.com/reducing-excess-deaths>

available.

In developing the Cold Weather Plan 2013, we would propose to continue with the evaluation methods we developed this year engaging with our stakeholders in a variety of ways to best advise us on how to develop the Plan. Specifically in the coming year we will need to significantly revise the Cold Weather Plan to take account of the changes in structures and responsibilities of the NHS which come into play as from April 2013 as a result of the Health and Social Care Act (2012). We must do so, in a way to ensure that vulnerable groups are still protected and meet DH equality standards.

#### Dissemination and communication plan

- Our dissemination and communication strategy will ensure that the Cold Weather Plan is widely communicated using a variety of channels to ensure maximum publicity to health and social care professionals as well as the general public. It will encourage professionals to print and leave hardcopy leaflets for those vulnerable clients they feel would benefit from one.
- It is not proposed to publish any of the elements of the Cold Weather Plan in hard copy. This is in line with DH policy which is that all publications should be online only, except in exceptional circumstances when, there might be accessibility or inclusion issues.
- We have emphasised in the Cold Weather Plan, that the national plan is a guide for local areas to develop and ensure that cold weather plans form a component of local wider winter preparedness and response plans. Specifically we have recommended that local areas 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 come out, are hitting those colleagues and organisations which need to take appropriate actions. Local areas are also recommended to assure themselves that organisations and key stakeholders are taking appropriate actions in light of the cold weather alert messages. The actions identified in the national Cold Weather Plan are illustrative and it is for local areas to amend and adapt this guidance and to clarify procedures for staff and organisations in a way that is appropriate for the local situation.
- We recognise the need to focus particularly on ensuring that our messages on preparedness and response are reaching some of the most vulnerable groups. Our priorities in terms of raising awareness are twofold:
  - Working with professionals, to ensure that all Category 1 Responders under the terms of the Civil Contingencies Act 2004 are aware of and receive as appropriate the Met Office 'Cold Weather Alerts'. Without this, the Plan has little impact. Evaluations have stressed the importance of this alerting system for professionals which triggers a series of actions based on the Alert Level as described earlier.
  - Raising awareness of the effects of severe cold weather on health and how the Plan proposes to deal with these for both professionals and the public. We are, turn, taking a number of specific actions in relation to this:
- It is proposed that like last year, the associated, public facing 'Keep Warm Keep Well' leaflet will continue to be provided in an online format, but all professionals from both

statutory and community organisations will be made aware of, and have access to, this material. In addition we are working with the Cabinet Office on a cross governmental campaign, 'Get Ready for Winter' to help ensure that key public health messages are communicated as widely as possible.

- Awareness raising of the Plan and Action Guide - we will actively disseminate the publication of the plan using the full variety of publication channels available to us: e.g. DH website; NHS Choices; emergency planning routes; and the full range of DH publications which it sends to various staff groups, including social care and public health colleagues. We will advise them of the Cold Weather Plan and provide web links to materials to ensure that they know how to download the public information leaflets if they require them for their clients. The Plan will be accompanied by a forward signed jointly senior DH and NHS Directors to emphasise the joint nature of the advice.
- Communication to the general public over the entire winter: We will be working closely with the Met Office over the winter to further raise awareness in a number of ways.
- Plan launch: to organise joint press activity around the Press launch to help raise awareness that the Plan is in place with a focus on what people can do all of the time to protect themselves. The announcements about the outcome of the bids to the Warm Homes Healthy People fund, when these are made, will be another opportunity to raise awareness about cold weather and health.
- Cold weather PR activity: Often the Met Office will run press releases when a period of severe cold weather, is expected. These are usually only weather based, but from time to time they could include some messaging about the risks of cold weather, or a complimentary press release could be issued from the DH.
- During long periods of severe cold weather: Similar PR activity could be initiated during long periods of cold weather, when Cold Weather Alerts thresholds are not likely to be met. If the DH is concerned that this weather could cause health impacts, such as in response to mortality surveillance, then an appropriate press release could be issued.
- We will liaise with major voluntary agencies, such as AgeUK and other groups working with vulnerable groups and those with protected characteristics to ensure that they are aware of the material which is available on the Web. The Plan will be made available in large print and Easyread formats and can, if requested be translated into a variety of other language formats in line with Department of Health policy.

#### Access to services

A general challenge for all groups with 'protected characteristics' is to ensure that there is continued, if not improved access to services. The Cold Weather Plan should not put any barriers in the way of accessing services generally. Indeed, there would be a generalised hope that if the Plan is successful in raising awareness about severe cold weather to both individuals and organisations, there might be a general reduction of demand on both primary care and hospital based services.

More generally it is the responsibility of public sector organisations such as local authorities and local PCTs to undertake an assessment of the needs of groups and communities as well as those who may use services. Those involved in needs assessment, as well as planning and implementation, of prevention should be aware of the different needs and concerns of those affected by cold weather as outlined in the Plan and in this equality assessment. Designing and developing approaches also needs an awareness of the cultural differences which can

inform and reinforce community approaches that support our response to severe cold weather.

We have identified a range of mechanisms to promote the prevention of the impact of severe cold weather and ensure equitable access and delivery:

- Existing mechanisms to improve the identification of the scope and impact of severe cold weather amongst groups with higher risk (e.g. people with certain chronic diseases, older women) and those in marginalised or groups with protected characteristics. This can include Joint Strategic Needs Assessment as well as following the more specific approaches to winter planning and preparedness highlighted in the Cold Weather Plan.
- Statutory mechanisms that promote adaptation plans and equality as well as commissioning and needs assessment to ensure equity of access and delivery for all groups in all services and approaches.

This Equality Impact Analysis and the Cold Weather Plan itself will be made widely available across the NHS, Local Authorities and with stakeholders from the voluntary and community sector as we did in 2011.

### For the record

Name of person who carried out this assessment:

Carl Petrokofsky, Anh Tran.

We would like to acknowledge support from Katie Carmichael and Virginia Murray of the Health Protection Agency.

Date assessment completed:

Oct 2012

Name of responsible Director/Director General:

Yvonne Doyle, Regional Director of Public Health, South East Coast

Date assessment was signed:

Oct 2012

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Continue with the evaluation methods we developed this year engaging with our stakeholders in a variety of ways to best advise us on how to develop the Plan. We would plan to hold an evaluation seminar with stakeholders before publication.	Ongoing / by Summer 2013	Carl Petrokofsky / PHD, DH
Data collection and evidence	Further research is needed to provide more understanding of the impact the CWP has had on risk factors and risk groups, particularly focusing on carers, pregnancy, disability, and race. Further work will be undertaken as data becomes available.  To use the results emerging from the independent research being conducted by the LSHTM .	Ongoing / by Nov 2013	Carl Petrokofsky / PHD, DH
Analysis of Evidence and Assessment	Ongoing review of the evidence will be undertaken by DH with key agency, academic partners and other stakeholder groups involved with implementing aspects of the CWP  To use the results emerging from the independent research being conducted by the LSHTM .	Ongoing / by Nov 2013	Carl Petrokofsky / PHD, DH
Monitoring Evaluating and Reviewing	Ongoing review of the evidence will be undertaken by DH with key agency, academic partners and other stakeholder groups involved with implementing aspects of the CWP.	Ongoing / by Nov 2013	Carl Petrokofsky / PHD, DH
Transparency (including publication)	It is proposed to adopt a web-based publication strategy for the Cold Weather Plan 2012 with links to other associated DH and NHS products.	Nov 2013	Carl Petrokofsky / DHSE/ HIPD



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