



**Durham County Council's Cold Weather Plan**

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**Purpose of the Report**

- 1 The purpose of this report is to update the Health and Wellbeing Board on Durham County Council's Cold Weather Plan (attached at Appendix 2) which seeks to reduce excess winter deaths and cold related ill health.

**Background**

- 2 The plan sets out the Council's actions to mitigate the impact of cold weather on the population's health and well-being through an approach to winter preparedness. It builds on previous years' plans, taking into account the shifts which have taken place in health and social care structures and seeks to strengthen community engagement and resilience. The plan incorporates a series of appendices that highlight key local actions, interventions and resources that will be used to provide assurance on delivery against the objectives.
- 3 The plan for winter 2015/16 has been reviewed to incorporate recent National Institute for Health and Care Excellence (NICE) guidance, updated contact details and the updated national Cold Weather Plan produced by Public Health England. The plan links with the Severe Weather Plan produced by the Council which is a year round action orientated document outlining how the organization will respond to a range of emergency weather conditions including storms, snow, flooding or heat. The interface with the Clinical Commissioning Groups (CCGs) system resilience plan is being explored.
- 4 Cold-related ill health and excess winter deaths (EWD) is a multi-faceted issue. The causes of EWD are complex, and no single agency or service can tackle the issue alone. The factors that increase the risk of ill health and death from the cold can be categorised as follows:
  - Population factors
  - Housing factors
  - Economic factors
  - Behavioural factors
  - Other contributing health factors

- 5 By working in partnership and bringing together expertise from a range of disciplines and services, the County Durham Cold Weather Plan aims to make a significant difference in reducing excess winter deaths, and cold-related illnesses, in County Durham by addressing their root causes and by focusing on the county's most vulnerable residents.
- 6 The plan will be appended to the NHS system resilience plan as part of the approach to managing demand and keeping vulnerable residents independent longer.

### **Recommendations**

- 7 The Health and Wellbeing Board is recommended to:
  - Note the contents of this report.
  - Note the Cold Weather Plan incorporates the new NICE guidance and is exploring the interface with the NHS system resilience plan.

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## **Appendix 1: Implications**

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### **Finance**

No implications

### **Staffing**

No implications

### **Risk**

No implications

### **Equality and Diversity / Public Sector Equality Duty**

The plan has a dual function to cover the whole population as well as targeting vulnerable individuals.

### **Accommodation**

No implication

### **Crime and Disorder**

No implications

### **Human Rights**

No implications

### **Consultation**

No implications

### **Procurement**

No implications

### **Disability Issues**

There is a focus on those vulnerable individuals.

### **Legal Implications**

No implications



APPENDIX 2

# **Cold Weather Plan**

## **October 2015**

# CONTENTS

## Executive Summary

### Section 1 - Introduction

- 1.1 Context
- 1.2 Scope of Cold Weather Plan

### Section 2 – Impact of factors on excess winter deaths and ill health

- 2.1 Effects of cold on health and healthcare services
- 2.2 Excess Winter Mortality
- 2.3 Who is most at risk?
- 2.4 Local picture

### Section 3 – Policy framework and evidence base

- 3.1 Policy framework
- 3.2 Evidence based interventions
- 3.2 Cold Weather Alerts

### Section 4 – Governance

- 4.1 Review arrangements
- 4.2 Assurance arrangements
- 4.3 Feedback

### Appendices

- 1. - Action Plan.
- 2. - Action Cards for Cold Weather Alert Service.
- 3. - Key interventions to reduce cold related ill health and delivery agencies.
- 4. - Customer Services Scripts.
- 5. - Emergency interventions in place for winter.
- 6. - Severe weather/Cold Weather task group –membership, roles and responsibilities.
- 7. - Excess winter deaths and morbidity NICE, 2015.
- 8. - Responsibilities for Children and Adult Services.

## Executive Summary

This plan sets out Durham County Council's actions to mitigate the impact of cold weather on the population's health and well-being through a council-wide approach to winter preparedness. It builds on previous years' plans, taking into account the shifts that have taken place in health and social care structures and seeks to strengthen community engagement and resilience. The plan incorporates a series of appendices that highlight key local actions, interventions and resources that will be used to provide assurance on delivery of against the objectives.

The plan links with the Severe Weather Plan produced by Durham County Council which is a year round action orientated document outlining how the organization will respond to a range of emergency weather conditions including storms, snow, flooding or heat.

Cold-related ill health and excess winter deaths (EWD) is a multi-faceted issue. The causes of EWD are complex, and no single agency or service can tackle the issue alone. The factors that increase the risk of ill health and death from the cold can be categorised as follows:

- Population factors
- Housing factors
- Economic factors
- Behavioral factors
- Other contributing health factors

By working in partnership and bringing together expertise from a range of disciplines and services, the Weather Plan aims to make a significant difference in reducing excess winter deaths, and cold-related illnesses, in County Durham by addressing their root causes and by targeting the county's most vulnerable residents.

## Section 1 – Introduction

### 1.1 Context

The Cold Weather Plan aims to mitigate the impact of cold weather on the health and wellbeing of residents with a particular focus on those most vulnerable. Previous winters have had significant periods of severe and sustained cold weather. This has highlighted the need to have effective plans in place.

A cross service DCC Severe Weather Planning Group was initially established in 2011 (see appendix 6 for current membership and appendix 7 for the terms of reference). This Excess Winter Death Plan was focused on measures to identify and contact those most vulnerable to ensure they were safe and had appropriate support arrangements in place during any prolonged cold spell. The action plan was subsequently amended to include appropriate communication protocols and locally appropriate interventions.

Recent further amendments, including a name change, were made to ensure alignment with the Cold Weather Plan for England<sup>1</sup>

The Cold Weather Plan is linked to Durham County Council's Severe Weather Plan. It is a year round plan with designated actions at level 0 being assessed throughout the year. These actions are complemented with the Cold Weather Alerts, operational between 1<sup>st</sup> November and 31<sup>st</sup> March. The latter are based on the Met Office data released on a "need to know" basis. All staff will be informed through the monthly newsletter and the document placed on the CAS Intranet site. There is a need for greater alignment with NHS planning processes and this has been raised with both the CCGs and NHS England and this has been included in the current action plan.

### 1.2 Scope of a Cold Weather Plan

#### Aim

The Cold Weather Plan aims to mitigate the impact of cold weather on the health and wellbeing of residents with a particular focus on those most vulnerable.

#### Objectives

- to identify those most at risk from cold weather
- to develop and deliver the Department of Health recommended practical and effective key interventions to reduce the risk of excess winter deaths
- to systematically offer the key interventions to those people most at risk from the cold weather

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<sup>1</sup> PHE, LGA, Met Office, NHSE, 2014, Cold Weather Plan for England: Making the case: why long term strategic planning for cold weather is essential to health and wellbeing.

- to develop and deliver key communications that minimise the impact of cold weather on the residents of County Durham, in response to a:
  - Level 1: Winter preparedness cold weather alert
  - Level 2: Alert and readiness cold weather alert
  - Level 3: Severe weather action cold weather alert
  - Level 4: Emergency Response (Local action)
  
- To ensure access to emergency interventions is available for those people identified as most vulnerable, in response to a:
  - Level 1: Winter preparedness cold weather alert
  - Level 2: Alert and readiness cold weather alert
  - Level 3: Severe weather action cold weather alert
  - Level 4: Emergency Response (Local action)

## Section 2 – Impact of factors on excess winter deaths and ill health

### 2.1 Effects of cold on health and healthcare services

The impact of cold weather on health produces direct and indirect effects. The former include an increase in heart attacks and strokes, accounting for 40% of excess winter deaths, respiratory disease, approximately one third of all deaths, influenza, falls and injuries and hypothermia. Indirect effects include an increase incidence of depression and carbon monoxide poisoning risk if boilers, coking or heating equipment is badly maintained.

Every year mortality rises by 19% in the winter months in England. This amounts to an average of 27,000 ‘excess’ winter deaths or about 1,560 more people per week dying between December and March compared with the rest of the year.

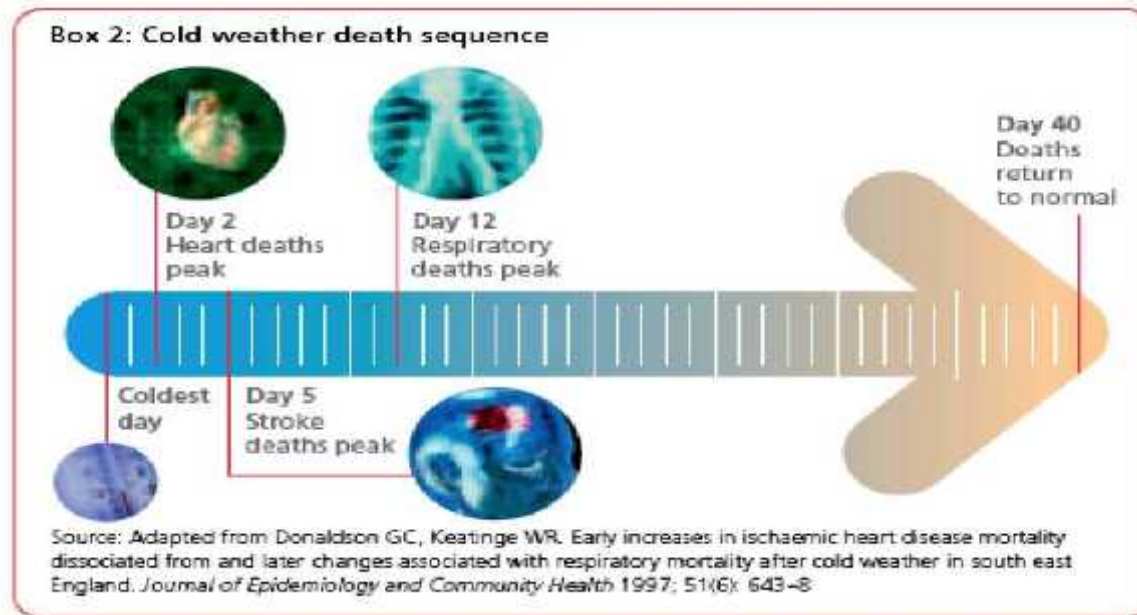
**Table 1.1 The effect of temperature on health**

Temperature	Effect
18°C (65°F)	Heating homes to at least 18 degrees C (65F) in winter poses minimal risk to health of a sedentary person, wearing suitable clothing.
Under 16°C (61°F)	May diminish resistance to respiratory diseases
9–12°C (48–54°F)	May increase blood pressure and risk of cardiovascular disease
5 -8°C (41°F)	Mean outdoor temperature threshold at which increased risk of death
5°C	Poses a high risk of hypothermia.



**Table 1.2: The effect of related winter conditions on health**

Moderate outdoor temperatures of between 4-8 degrees C are related to the greatest health burden in terms of cold related ill health. This requires an increased emphasis on year-round (level 0) and winter preparedness and action (level 1) to protect “at risk” population groups.



### 2.1.1 Cardiovascular disease

Indoor temperatures of 12°C or less can cause a constriction in the blood vessels resulting in a rise in blood pressure. Thickening of the blood further increases the risk of clots. If these clots form in the heart and brain vessels, they can lead to heart attack and stroke. A 1°C lowering of temperature in the living area of an older person is associated with a rise of 1.3 mmHg in their systolic blood pressure, due to cold extremities and a lower core body temperature.<sup>2</sup>

### 2.1.2 Respiratory illnesses

People tend to spend more time indoors when the weather is cold and where they are more likely to be in close proximity to one another. This can aid the spread of infection. Exposure to cold indoor or outdoor temperatures suppresses the immune system; diminishes the lungs' capacity to fight off infection; and increases constriction of the airways which stimulates mucus production. These factors are associated with an increased risk of bronchitis and pneumonia.

<sup>2</sup> Woodhouse, P.R., Khaw, K.T and Plummer, M. 1993 Seasonal Variation of blood pressure and its relationship to ambient temperature in an elderly population. *Journal of Hypertension* 11 (11). 1267-74 quoted in Cold Weather Plan for England, p.8

It is estimated that GP visits for respiratory illness increase by up to 19% for every 1°C drop below 5°C of the mean temperature<sup>3</sup>. When a house is damp as well as cold, mold is likely to occur. This increases the risk of respiratory illness, particularly asthma. Home energy efficiency measures have been shown to significantly reduce absence from school in children due to asthma, and recurrent respiratory infections<sup>4</sup>.

### 2.1.3 Influenza

Seasonal flu vaccinations<sup>5</sup> can provide protection and are offered, free of charge, to those in the following groups:

- people aged 65 or over
- all children aged 2 – 4 and children in school year 1 and 2
- people with serious medical conditions (including children over six months of age) such as:
  - \*chronic respiratory disease, such as severe asthma, chronic obstructive
  - \*pulmonary disease (COPD) or bronchitis
  - \*chronic heart disease, such as heart failure
  - \*chronic kidney disease at stage 3, 4 or 5
  - \*chronic liver disease
  - \*chronic neurological disease, such as Parkinson's disease or motor neurone disease
  - \*diabetes
  - \*a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
- pregnant women (at any stage of pregnancy)
- everyone living in a residential or nursing home
- everyone who cares for an older or disabled person
- household contacts of anyone who is immune-compromised
- all frontline health and social care workers

### 2.1.4 Other infectious diseases

Cold weather is also associated with an increase in the prevalence of other respiratory infections, such as respiratory syncytial virus. In addition, other infectious diseases such as bacterial infections and viral gastroenteritis (winter vomiting disease) – also have a seasonal pattern and may increase in winter.

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<sup>3</sup> Hajat, S., Kovats, R.S. and Lachowycz, K., 2007 Heat related and cold related deaths in England and Wales: who is at risk? Occupational and Environmental Medicine 64 (2): 93-100, quoted in Cold Weather Plan for England, p.9

<sup>4</sup> Howden-Chapman, P., Matheson, A., Crane, J. et al, 2007 Effects of insulating existing houses on health inequality; cluster randomised study in the community. British Medical Journal 334: 460, quoted in Cold Weather Plan for England p. 9

<sup>5</sup> Public Health England, 2014: Flu plan, Winter 2014/15, quoted in Cold Weather Plan for England, p.9

### **2.1.5 Low weight gain in infants**

Evidence shows there is a relationship between living in cold homes and poor infant weight gain, attributed to the fact that children living in colder homes need greater calorific intake to fulfil growth potential.<sup>6</sup>

### **2.1.6 Hypothermia**

Hypothermia is a potentially fatal lowering of core body temperature caused by exposure to cold. One study shows incidence peaks of hypothermia in patients attending emergency departments, over 65 years, from relatively deprived postcodes, which coincided with periods of cold weather. Of the 5% showing core temperature below 35°C, more than one third of the patients died.<sup>7</sup> Deaths directly caused by hypothermia represent only a small proportion of the total amount of excess winter deaths.

### **2.1.7 Injuries and falls**

Winter weather and cold homes affect mobility and increase the likelihood of falls and injuries – especially in frail and elderly people – because:

- symptoms of arthritis worsen in cold, damp houses
- strength and dexterity decrease as temperatures drop, increasing the risk of non-intentional injuries
- snow and icy conditions increase the risk of trips and falls outdoors<sup>8</sup>

In England, the number of emergency hospital admissions, due to falls on snow and ice, varies considerably from one winter to another. A recent study showed that the weekly rate of emergency hospital admissions for falls on snow and ice is inversely related to the mean weekly temperature.<sup>9</sup>

In the harsh winter of 2009/10, the rate of hospital admissions related to falls was particularly high for older people. The cost of emergency admissions that winter was estimated at £42m – with true healthcare costs estimated at being considerably higher.

### **2.1.8 Mental health and wellbeing**

Damp, cold housing is associated with an increase in mental health problems, such as depression and anxiety. Living in these homes can affect people's ability to go about their daily lives. Some become socially isolated as they are reluctant to invite friends or family to a cold house, while others seek refuge elsewhere as an alternative to staying in.

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<sup>6</sup> Liddell, C. and Morris, C., 2010, Fuel poverty and human health: A review of recent evidence, quoted in Cold Weather Plan for England, p.10.

<sup>7</sup> Pedley, D.K., Patterson, B. and Morrison, W., 2002 Hypothermia in elderly patients presenting to Accident & Emergency during the onset of winter. Scottish Medical Journal 47; 10-11, quoted in Cold Weather Plan for England, p.10

<sup>8</sup> Department of Health, 2007, Health and Winter Warmth –Reducing Health Inequalities, quoted in Cold Weather Plan for England, p.10

<sup>9</sup> Beynon, C., Wyke, S., Jarman, I et al, 2011. The cost of emergency hospital admissions for falls on snow and ice in England during winter 2009/10: a cross sectional analysis. Environmental Health 10;60, quoted in Cold Weather Plan for England, p.10

Cold housing can also negatively affect children's emotional wellbeing and resilience. It can be difficult for children to study or do homework in a cold house, which affects educational and long-term health and work opportunities. Studies have suggested that more than one in four adolescents living in cold housing are at risk of developing mental health problems, compared with one in 20 adolescents who have always lived in warm housing.<sup>10</sup>

A questionnaire linking proxies for fuel poverty to Common Mental Health Disorders (CMD) showed that 10% of those with CMD reported not being able to keep their home warm enough in winter, compared with just 3% without CMD. Of those with CMD, 15% said they had mold in their home, compared with 8% with no CMD.<sup>11</sup>

### **2.1.9 Carbon monoxide poisoning**

Cases of carbon monoxide (CO) poisoning increase in winter because people may use malfunctioning or inappropriate appliances to heat their homes. Approximately 40 people die each year in England from CO poisoning; sixteen people died from CO poisoning from faulty household appliances from April 2011 to March 2012<sup>12</sup>. During cold weather, people may also try to reduce ventilation inside the house. Incorrectly installed, poorly maintained and poorly ventilated cooking and heating appliances (such as those using oil, gas, coal, wood or paraffin) are the main sources of carbon monoxide poisoning in the home. CO poisoning symptoms include:

- headache
- dizziness
- disorientation
- memory loss
- fainting
- coma
- death.

### **2.1.10 The impact of cold weather on health and social care services**

The major impact of cold weather on the NHS and social care is increased admissions to hospital, subsequent strain on emergency services and fallout on social care. These often result from a high demand for beds and difficulties in discharging patients all of which may be compounded by staff shortages due to illness.

The main categories of admissions are cardiovascular, respiratory and infectious diseases, as well as weather-related accidents. This is compounded with extended periods of in-patient episodes, either due to medical complications or a delay in discharging patients because of lack of suitable accommodation.

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<sup>10</sup> Liddell, C. 2008, Policy Briefing: The Impact of Fuel Poverty on Children, Belfast: Ulster University & Save the Children, quoted in Cold Weather Plan for England, p11

<sup>11</sup> Harris, J., Hall, J, Meitzer, H., Jenkins, R., Oreszczyk, T., and McManus, S, 2011 Mental health and housing conditions in England, National Centre for Social Research, quoted in Cold Weather Plan for England, p. 11

<sup>12</sup> The Carbon Monoxide and Gas Safety Society, 2012, UK deaths caused by accidental Carbon Monoxide poisoning between 1/9/95 and 31/8/12, quoted in Cold Weather Plan for England, p.11

The annual cost to the NHS of treating disease due to cold private housing is reported to be over £850 million<sup>13</sup>. This does not include additional spending by social care, or economic losses through absences from work.

## **2.2 Excess winter mortality**

There are a number of methods used to define excess winter death.

The Office for National Statistics (ONS) calculates winter deaths (deaths occurring in December to March) minus the average of non-winter deaths (deaths occurring in the preceding August to November plus deaths occurring in the following April to July divided by two). This estimate is published on an annual basis in November each year and is available by region and age-group.

There are around 25,000 excess winter deaths each winter in England. The number of extra deaths occurring in winter depends on temperatures, levels of disease (particularly influenza) in the population and other factors.

An extension of this calculation is the Excess Winter Deaths Index (EWDI). This takes the number of excess winter deaths as calculated by ONS and divides it by the average of non-winter deaths on a three year rolling basis. This is published by age-group at local authority level allowing comparison between local authorities and examination of trends over time.

Public Health England also undertakes weekly mortality surveillance which aims to detect and report acute significant excess mortality above usual seasonal levels in a timely fashion. Excess mortality is defined as a significant number of deaths reported over that expected for a given point in the year, allowing for weekly variation in the number of deaths. This information is used to guide an urgent response to a public health threat such as an influenza epidemic or temperature extremes. Information is published in a winter health watch bulletin on a weekly basis on the PHE website

Climate change does not mean an end to cold winters in England. Our climate is, in part, influenced by natural variations including changes in the amount of energy we receive from the sun, volcanic eruptions and natural cycles such as El Niño. Such variations will mean that, despite the warming climate, we may still experience very cold winters, although such cold weather is likely to become less frequent. Winter morbidity and mortality will likely remain an issue, particularly if our population becomes less well adapted to cold conditions. The National Adaptation Programme report sets out actions to adapt to climate change for a number of sectors, including the health and social care system

## **2.3 Who is most at risk?**

There are a number of factors that increase the risk of ill health from cold. These include:

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<sup>13</sup> Department of Health, 2010, Winter Kills in 2009 Annual Report of Chief Medical Officer

### 2.3.1 Population

- Older age: especially those over 75 years old or those living on their own who are socially isolated. Older people are more vulnerable to cold, partly because of an increased likelihood of suffering from pre-existing chronic illness, and partly because of a reduction in fat to retain body heat. They may be more vulnerable to indoor cold because of the increased time they spend at home and a higher prevalence of fuel poverty. However, it should be noted that the health of people of all ages is affected by cold homes
- chronic and severe illness: including heart conditions, circulatory disease, asthma, COPD, depression and anxiety, diabetes and arthritis
- children under the age of five are vulnerable to the cold due to immature thermoregulation and a high dependency level
- homeless people/street sleepers are vulnerable to the cold due to exposure to outdoor temperatures, and other factors which increase vulnerability to cold, such as social isolation, smoking, substance dependencies, mental illness and chronic and respiratory diseases which are more prevalent in this population.

### 2.3.2 Housing/economic factors

Fuel poor homes are less likely to be warm, dry homes. Fuel poverty is caused by a combination of fuel costs, poor home energy efficiency and low household income. These drivers of fuel poverty are strongly associated with cold homes, and have a strong effect on the risk of poor health outcomes. The prevalence of fuel poverty in this country varies according to region, household composition, tenure type and whether or not the house is connected to the mains gas network (as this is the cheapest method of heating the home). Private sector housing continues to be over-represented in the numbers of fuel poor households with owner occupier properties being the most likely to be fuel poor, followed by homes in the private rental sector.

The Hills Review<sup>14</sup> gave recognition to the role fuel poverty (living in low temperature households) has as a contributor to a number of incidents of ill health, including excess winter deaths. The Institute of Health Equity<sup>15</sup> further highlighted the association between living in a cold home and higher rates of illness and death, estimating that “excess winter deaths in the coldest quarter of housing are almost three times as high as in the warmest quarter”.

Evidence indicates that we could prevent many of the yearly excess winter deaths through warmer housing, with an emphasis on “level 0” year-round strategic commissioning and planning services.

### 2.3.3 Energy inefficient housing

There have been significant improvements to building regulations over the last decade, and a push to improve the energy efficiency of older homes. However, there are still many homes in England that fall well below modern standards of insulation and heating. Furthermore, older people – who are more likely to be at risk of ill health from a cold, damp home – are also more likely to be living in a home that fails to provide a reasonable degree of thermal comfort or living in a home that is not centrally heated. Evidence shows that over 26% of homes occupied by people over 60 years of age fail to meet the decent homes standard<sup>16, 17</sup>. Living in houses with

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<sup>14</sup> Hills, J, 2012, Getting the Measure of Fuel Poverty. The Final Report of the Fuel Poverty Review. Centre for Analysis of Social Exclusion

<sup>15</sup> Institute of Health Equity, 2011, The Health Impacts of Cold Homes and Fuel Poverty

<sup>16</sup> Department for Communities and Local Government, 2012, English Housing Survey 2010 to 2011: Household report

mould increases the risk of respiratory diseases becoming worse in cold weather. Living in deprived circumstances will reduce the person's ability to heat their home affordably and stay warm.

### 2.3.4 Behavior

Excess winter mortality is higher in England (average 19% increase) than in most other European countries, including much colder ones (Germany 11%, Finland 10%, France 13%)<sup>18</sup>. This difference may in part be due to the variation in behavioural patterns across Europe, both institutional and individual. Reasons may include:

- In countries such as England where comparatively milder winters are more common, people adapt less effectively to very cold weather.
- Inability to adapt behavior to stay warm. Some illnesses and conditions, such as mental illness, dementia and learning disabilities can reduce the person's ability to self-care.
- Not claiming benefits. Each year several billion pounds of benefits go unclaimed. In 2007/08, about £6 billion to £12 billion of benefits overall were left unclaimed in England. During that same year, the total amount of housing benefit alone that was left unclaimed was between £1,780 million and £3,410 million. The number of people that were entitled to, but not receiving housing benefit, was estimated to be between 680,000 and 1.18 million. There are many different reasons why people do not claim the income they are entitled to. The additional income could make a significant difference to the ability of vulnerable people to heat their homes more affordably.
- Not accepting help offered.

## 2.4 Local Picture

The latest reporting against the Public Health Outcomes Framework indicators (2015), that the three year pooled excess winter deaths index for County Durham (Aug 2010 – Jul 2013, all ages) was not significantly different to England or other north east local authorities. Over this period there were 944 excess deaths in County Durham

Hospital admission data is collected but it is rare for a patient's condition to be associated with their living conditions. Thus the influence of a cold, damp home is not captured. Public Health England has just started to explore how this may be done in future. In addition the way fuel poverty has changed so that it is now based on a definition of Low Income High Costs (LIHC)<sup>19</sup>. It is estimated that in County Durham 11.5% of the households are fuel poor.

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<sup>17</sup> Age UK, 2013, Later Life in the UK August 2013

<sup>18</sup> Healy, J., 2003 Excess winter mortality in Europe: a cross country analysis identifying key risk factors , BMJ

<sup>19</sup> ONS, 2015, 2013 sub-regional fuel poverty data: low income high cost indication

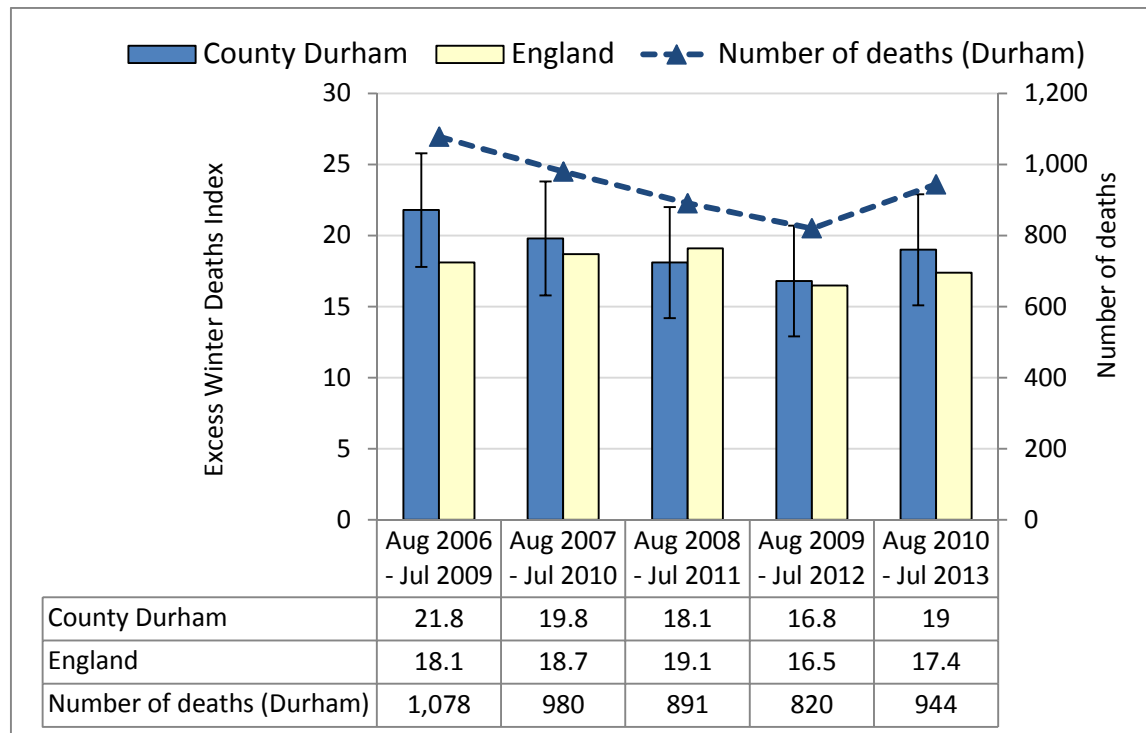
**Figure 3.1 Excess Winter Deaths Indices** Source: Public Health Outcomes Framework, PHE. December 2015.

PHOF Indicator		Period	Number of excess deaths	Excess Winter Deaths Index (EWDI)		
				County Durham	North East	England
4.15i	Excess Winter Deaths Index (Single year, all ages)	Aug 2012- Jul 2013	364	21.2	20.7	20.1
4.15ii	Excess Winter Deaths Index (Single year, ages 85+)	Aug 2012 – 2013	149	24.9	28.6	28.2
4.15iii	Excess Winter Deaths index (3 years, all ages )	Aug 2010 – Jul 2013	944	19.0	16.0	17.4
4.15iv	Excess Winter Deaths Index (3 years, ages 85+)	Aug 2010 – Jul 2013	396	23.9	21.6	24.1

Not significantly different to England

**Figure 3.2 Excess Winter Deaths Index, 3 years, all ages, 2006-09 to 2010-13**

Source: Public Health Outcomes Framework, December 2015.



The Excess Winter Deaths Index (EWDI) in County Durham has been falling over time, although the period 2010-13 saw an increase on 2009-12. Between 2006-2009 and 2010-13 the Index fell by almost 13% (from 21.8 to 19). Although County Durham's Index is higher than England, the difference is not statistically significant.

For the period 2006-2009 there were a total of 1,078 excess winter deaths at an average of 359 per year (all ages). For the period 2010-2013 the number of deaths was 944, at an average of 315 per year.



## Section 3 – Policy framework and evidence base

### 3.1 Policy context

#### 3.1.1 Healthy Lives, Healthy People

The Public Health White Paper<sup>20</sup> provides a response to Marmot's Fair Society, Health Lives and adopts a life course approach to address the social determinants of health including fuel poverty.

#### 3.1.2 Public Health Outcomes Framework 2013-16

Underpinning the White Paper is an Outcomes Framework within which two indicators relate directly to this plan, fuel poverty (1.17) and excess winter deaths (4.15). However, as the Cold Weather Plan for England emphasizes 'action to reduce the harm from cold can be linked to many more outcome framework indicators connected to the wider determinants of health, such as poverty, educational achievement and social isolation.' (p.27). Thus action to mitigate the impact of cold related ill health cuts across the domains as follows:

- Domain 1 –Improving the wider determinants of health (1.01 Children in poverty, 1.03 Pupil absence, 1.09 Sickness absence rates, 1.17 Fuel poverty, 1.18 Social isolation )
- Domain 2 –Health improvement, ( Diet, 2.23 Self-reported wellbeing, 2.24 Falls and injuries in the over 65s')
- Domain 3 – Health protection, (Population vaccine coverage, 3.05 Public sector bodies with board approved sustainable development management plans, 3.07 Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies.)
- Domain 4- Healthcare public health and preventing premature mortality, (4.03 – Mortality from all causes considered preventable, 4.04 Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke), 4.07 Under 75 mortality from respiratory diseases.4.08 Mortality rate from communicable diseases, 4.11 Emergency readmissions within 30 days of discharge from hospital, 4.13 Health related quality of life for older people, 4.14 Hip fractures in people aged 65 and over,4.15 Excess winter deaths.)

#### 3.1.3 NHS Outcomes Framework (NOF) 2015-2016

Measures to reduce cold-related harm also meet indicators in four out of the five domains of The NHS Outcomes Framework (NOF) 2014-2015:

- Domain 1 – Preventing people from dying prematurely;
- Domain 2 - Enhancing quality of life for people with long term conditions;
- Domain 3 – Helping people to recover from episodes of ill health or following injury; and
- Domain 5 – Treating and caring for people in a safe environment and protect them from avoidable harm.

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<sup>20</sup> White Paper: Healthy Lives, Healthy People: Our strategy for Public Health in England, 2011, Department of Health

### **3.1.4 Adult Social Care Outcomes Framework 2015/16**

Cold related illness and death will also impact on three domains of the Adult Social Care Outcomes Framework 2015/16:

- Domain 1 – Enhancing quality of life for people with care and support needs;
- Domain 2 - Delaying and reducing the need for care and support; and
- Domain 4 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

### **3.1.5 Cutting the Cost of keeping Warm: A Fuel Poverty Strategy for England<sup>21</sup>**

Following the Hills Review, the Government changed the definition of fuel poverty to one of ‘low income, high cost (LIHC)’. Households are deemed fuel poor if ‘they have required fuel costs that are above the median level and were they to spend that amount they would be left with a residual income below the official poverty line.’ This means that in England in 2011 there were 2.39 million fuel poor households. In addition, the report describes a ‘fuel poverty gap’ (£1.05 billion or £438 per fuel poor household) the difference between a household’s modelled fuel bill and what their bill would be if they were no longer fuel poor. The Strategy emphasizes the role the NHS and Social Care Sector can play in tackling fuel poverty.

### **3.1.6 Local plans and strategies**

- County Durham Housing Plan 2015-20 highlights the fuel poverty and measures to address it as outlined in the Affordable Warmth Strategy.
- County Durham Climate Change Strategy. The strategy recognizes the impact of energy inefficient homes as a key contributor to carbon levels and proposes and cross references actions from the Affordable Warmth Strategy.
- Affordable Warmth Strategy. Outlines a range of measures to address fuel poverty locally including the role of Warm Up North. The strategy also recognizes the impact of cold homes for those living with an underlying health condition.
- Joint Strategic Needs Assessment (JSNA). The issue of excess winter deaths is highlighted as an area requiring local action.
- Joint Health & Well Being Strategy. Action to reduce the impact of excess winter morbidity and mortality are included in this document.

## **3.2 Evidence**

The Health Inequalities National Support Team identified nine key interventions that, if implemented, can help mitigate the impact of cold weather. These are:

- Assessment for affordable warmth interventions, including energy efficiency, household income and fuel cost.
- Regular review of benefits entitlement and uptake.
- Annual flu and pneumococcal vaccination.
- Provision of an annual medication review (every six months if taking four+ medicines).

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<sup>21</sup> Department for Energy and Climate Change, 2015, Cutting the Cost of Keeping Warm: A Fuel Poverty Strategy for England

- Provision of an annual medicines utilisation review (MUR) and follow-up support for adherence to therapy.
- Implementation of a personal brief health interventions plan that includes advice and support to stop smoking, sensible drinking, healthy eating, adequate hydration and daily active living.
- Assessment and support programme to prevent falls.
- Assessment for appropriate assistive technologies, for example alarm pendants to call for help.
- Help to develop a personal crisis contingency plan (e.g. including a buddy scheme, if there are no close friends or family to watch for danger signs and provide someone to call).

Many of these actions were subsequently captured in the Cold Weather Alerts

A recently released NICE guideline<sup>21</sup> makes recommendations on how to reduce the risk of death and ill health associated with living in a cold damp home. The guideline outlines the case for year round planning where a focus is on prioritizing those most vulnerable, shaping and influencing decisions about how homes are improved and outlining a case for research, implementation and evaluation.

NICE defines vulnerability in terms of people with cardiovascular conditions, respiratory conditions such as COPD and asthma, mental health conditions, those with disabilities, those aged 65 and older, households with young children (0-5 years), pregnant women and those on low income. Both the national and local Cold Weather Plan are consistent with NICE recommendations regarding a single point of contact services that often tailor solutions to which all who come into contact with vulnerable people can use.

The guideline has 12 recommendations with responsibility for each shared by a combination of national and local organisations.

Public Health commissioned the North East Public Health Observation<sup>22</sup> (NEPHO) to undertake a local evaluation study to establish a baseline picture for both excess winter deaths and hospital admissions. It then reviewed the data after three years. The key findings from the study corroborate the Office of National Statistics review of excess winter deaths<sup>23</sup>. These include:

- Fluctuations are evident in excess winter deaths and admission rates over time and between areas of the county.
- Significantly increasing emergency admissions to hospitals. County Durham has lower emergency admission rates than the north east but higher than the England average.
- Older males particularly those over 85 years have the highest emergency admission rate within County Durham. This could be due to a range of factors including males being less likely to access primary care services.
- COPD has the highest readmission and multiple emergency admission rates of the conditions considered.

<sup>21</sup> NICE (2015) Excess winter death and mortality and the health risks associated with cold homes

<sup>22</sup> Office National Statistics (2010) Excess winter mortality in England and Wales, 2009/10 (provisional) and 2008/09 (final). Statistical Bulletin

<sup>23</sup> NEPHO (2011) Rights to Warmth in County Durham: Evaluation of excess winter deaths and admission dates

### 3.3 Cold Weather Alerts

The Met Office in association with the Department of Health operates a Cold Weather Health Watch system throughout the winter from 1 November to 31 March. There are different thresholds for the cold weather health watch. Only one of the three thresholds needs to be breached for a warning to be issued. The thresholds are:

- Mean temperatures below 2 degrees Celsius for 48 hours or longer
- Heavy snow
- Widespread ice

#### **Level 0 – Year round planning and intervention**

It has been recognized by the National Health Inequalities Team and then within the Cold Weather Plan, that a year round approach is required to address excess winter deaths and life quality issues. Best practice suggests a partnership approach to both needs assessment and commissioning, planning and implementing interventions. Ensuring ownership by Joint Health and Well Being Boards via the Joint Strategic Needs Assessment and Joint Health and Well Being Strategies is a critical first step.

#### **Level 1 - Winter action and preparedness (Green)**

This is the minimum state of vigilance during the winter. During this time social and healthcare services will ensure that there is ongoing awareness and preparedness.

#### **Level 2 – Severe winter weather is forecast - Alert and readiness (Yellow)**

Triggered by the Met Office as soon as the risk is 60% or above for any of the three thresholds to be breached. This is an important stage for social and healthcare services who will be working to ensure readiness and swift action to reduce harm from a potential period of cold weather.

#### **Level 3 – Response to severe winter weather – Severe weather action (Amber)**

Triggered by the Met Office when we are experiencing weather which breaches any of the three thresholds. This stage requires social and healthcare services to target specific actions at high-risk groups.

#### **Level 4 – Major incident – Emergency Response (Red)**

Reached when a period of cold weather is so severe and/or prolonged that its effects extend outside the health and social care system. A level 4 warning would be issued on advice from, or in collaboration with, our Government partners. At this level, the health effects may occur among the fit and healthy, and not just in high-risk groups.

## **4. Governance**

### **4.1 Review arrangements**

The Cold Weather Plan will be reviewed annually in May by the Severe Weather Planning Group. This review will include a debriefing of last year's planning arrangements to identify any lessons learned and which should be included within the plan. A further refresh of the plan will be completed annually in September.

A debriefing and plan review will also be undertaken after any incident requiring the activation of this plan.

### **4.2 Assurance Arrangements**

Both NHS England and the Urgent Care Board require assurances that this plan is robust and linked to wider health and social care systems. This has been provided by the Consultant in Public Health on an annual basis at the Board Meetings. The Plan also includes a testing table that will detail when and how it has been tested. The 2015 version of the Cold Weather Plan was agreed at Public Health SMT on 5<sup>th</sup> August 2015 and signed off by the Severe Weather Planning Group on 13<sup>th</sup> October 2015.

The attached appendices provide both national and local information to assist front line staff and commissioned providers to implement interventions to address cold weather.

<b>APPENDIX</b>	<b>DETAILS</b>	<b>USE</b>	<b>BY WHOM</b>	<b>WHEN</b>
1	The Cold Weather Plan for England, 2015, PHE/NHSE	It provides advice to help prevent the major avoidable effects on health during periods of cold weather. Includes a series of action cards forming a checklist for commissioners/providers at levels 1-4 as well as year round actions.	Social Care, Commissioners and providers	Year round Alerts November – March
2	Children and Adult Services (CAS) Actions 2015/16	To inform and influence planning and delivery of local services. To identify local actions linked to the Cold Weather Plan for England and particularly the Cold Weather Alerts.	Public Health Social Care Commissioners Social Care Providers CAS front line staff	Year round as well as interventions in response to level 1-4 in cold weather alerts
3	Local Service Information linked to nine key interventions highlighted in the National Health Inequalities support team and endorsed in Cold Weather Plan	To assist deliver of local interventions	Social Care provides CAS Frontline staff NHS staff	Can be used to support clients at each of four levels plus year round plan
4	Customer Service Teams Scripts for Cold Weather enquiries	Information on a range of local services providing advice to local residents. This could be existing service users or those who are not eligible for social care services. The appropriate recording and reporting/ escalation procedure will be followed	Social Care Direct First Contact Customer Services	Information can be used at each of the alert levels 1-4
5	Severe Weather Planning Group – list of membership	Names and job titles of the group's members		
6	Cold Weather Plan – terms of reference	To provide an overview of the role and function of the Group.		
7	CAS responsibilities following a level 3/4 alert. Includes flowchart, email alerts	Process and procedure for dissemination of cold weather alerts between 1 <sup>st</sup> November and 31 <sup>st</sup> March	Commissioners Providers CAS frontline staff	Met Office alert at level 3 or 4
8	Top tips for keeping warm and well; Age UK and NHS	Information leaflet to complement Keep Warm Keep Well leaflet produced by HM Government	Frontline staff and Service Providers	Targeted use during alert period 1 <sup>st</sup>

		<a href="http://www.nhs.uk/keepwarmkeepwell">www.nhs.uk/keepwarmkeepwell</a> <a href="http://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather">www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather</a>		November – 31 <sup>st</sup> March
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## **Appendix 1 – The Cold Weather Plan for England 2015, PHE/NHSE**

The Cold Weather Plan gives advice to help prevent the major available effects on health during periods of Cold Weather. It includes a series of action cards forming a checklist for Commissioning, Providers and individuals at Levels 1-4 as well as other year round actions

<https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>



## Appendix 2 - Cold Weather Plan Actions 2015/16

**Objective 1: Develop and deliver the nine recommended practical and effective key interventions to reduce the risk of excess winter deaths**

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
				Red	Yellow	Green	
1.1	Assess current provision of nine key Interventions (listed on page 15) to identify any gaps in provision against good practice within Cold Weather Plan	Nick Springham	Oct 2015				Current provision described in Appendix 3
1.2	Undertake a baseline audit of NICE guideline, identifying any gaps and produce action plan to address them	Tim Wright	August 2015				Audit undertaken and results discussed with members of both Fuel Poverty and Severe Weather Planning Groups
1.3	Ensure closer integration with NHS Winter Residence Planning System	Anna Lynch/ Tim Wright					CCGs/NHSE linkages identified Systems baseline group invitation received
1.4	Warm and Healthy item programmes commissioned by Public Health until March 2017	Tim Wright	Ongoing				Quarterly PIs provider continues to deliver well against PIs

**Objective 2: Systematically offer the key interventions to those people most at risk from the cold weather**

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
				Red	Yellow	Green	
2.1	Develop processes to ensure that key workers know how to access interventions for vulnerable people.	Tim Wright	Oct 2015				CAS frontline staff informed via monthly newsletter and updated Cold Weather Plan on CAS Intranet
2.2	Develop information with details of how to access nine key interventions with key contacts.	Tim Wright	Oct 2015				

**Objective 3: Develop and deliver key communications that minimise the impact of cold weather on the residents of County Durham in response to the three cold weather alert levels**

**Level 1: Winter and action programme (1 November to 31 March)**

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
3.1	County Durham News Winter edition.	Karen Stewart	Oct 15				Reviewed and circulated via winter edition of Durham County News
3.2	Produce media articles (including website, press release and magazine articles) produced for public, staff and VCS for a range of winter weather situations and agreed by Severe Weather Task Group and Corporate Communications	Karen Stewart	Nov 2015				Articles produced and shared with corporate communications. Information placed on Durham Voice for VCS. This to be repeated in November annually. Three Stay Well this Winter Roadshows organised by PHE, visited St Cuthberts Walk, Chester le Street 11-12/11/15; Thames Centre Newton Aycliffe 13-14 / 11/15 and Byron Place, Seaham 16-17/11/15
3.3	Produce a briefing for elected members and corporate directors.	Karen Stewart	By Nov 2015				To be circulated annually
3.4	Ensure carers are targeted with appropriate message to help those most vulnerable.	Karen Stewart	Nov 2015				Stay well this Winter messages via social media (Carers' Echo Twitter)
3.5	Publication and promotion of awareness raising messages for staff. For example:- <ul style="list-style-type: none"> <li>Awareness raising and be prepared messages</li> <li>Safe Winter Driving Hot Topic</li> <li>Winter Weather Action Hot Topic</li> <li>Inclement Weather Guidance</li> </ul>	Karen Stewart	Nov 2015				Health and Safety briefings for staff circulated on winter issues via intranet and staff bulletins

3.6	Publication and promotion of awareness raising messages and be prepared messages through VCS and CVS magazines and groups.	Karen Stewart	Nov 2015				Information sent to all AAP co-ordinators for distribution within their localities.
3.7	Actively involve AAPs in dissemination of community resilience messages.	Karen Stewart	Oct 2015				National winter planning guide messages shared with AAP co-ordinators
<b>Level 2 – Severe weather is forecast – alert and readiness</b>							
3.8	Communication messages escalated to the public around being prepared and who to contact if struggling as a result of the severe winter weather.	Karen Stewart	Following a Level 2 Met Office Alert				To go live when level 2 occurs. Alerted via CCU cascade. KS to confirm to Consultant in Public Health that action completed.
3.9	Communication messages escalated for VCS around being prepared and who to contact if they are aware of people who are struggling as a result of the severe winter weather. (in line with National Action Cards)	Karen Stewart	Following a Level 2 Met Office Alert				See above
<b>Level 3 – Response to severe winter weather – Severe weather action</b>							
3.10	Cascade of standard email (see appendix 8) by CCU to Cold Weather Escalation Group for circulation to frontline staff.	CCU Duty Officer	Following level 3 Met Office Alert				To go live when level 3 occurs led by Public Health communications and marketing
3.11	Prepared scripts will be made available to Customer Service Teams (including SCD, First Contact and Social Care Direct) to deal with queries from the public.	Carole Lee	Following a Level 2 Met Office Alert				To go live when level 2 occurs. Alerted via CCU cascade. KS to confirm to Consultant in Public Health that action completed.
3.12	Severe Weather Task Group will meet twice weekly following a Level 2 Met Office Alert to coordinate actions and identify any new actions needed.	Nick Springham	Following a Level 3 Met Office Alert				Group to be convened by Consultant in Public Health
3.13	Communication messages escalated for VCS around being a good neighbour and who to contact if they are aware of people who are struggling as a result of the severe winter weather. (in line with National Action Cards)	Karen Stewart	Following a Level 3 Met Office Alert				To go live when level 3 occurs led by Public Health communications and marketing.

3.14	Communication messages escalated for The public around being a good neighbour and who to contact if struggling as a result of the severe winter weather (in line with National Action Cards).	Karen Stewart	Following a Level 3 Met Office Alert				As above
3.15	Communication messages escalated for staff around what to look out for when visiting people and who to contact if aware of people struggling as a result of the severe winter weather (in line with National Action Cards).	Karen Stewart	Following a Level 3 Met Office Alert				As above
Level 4 – Major Incident – Emergency response							
3.16	Level 3 actions will continue as detailed above.	Karen Stewart	Following a Level 4 Met Office Alert				To go live when level 4 occurs led by Public Health communications and marketing

**Objective 4: Ensure access to emergency interventions is available for those people identified as most vulnerable, in response to the three cold weather alerts**

**Level 1: Winter preparedness and action programme (1 November – 31 March)**

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
4.1	Severe Weather Task Group meets monthly from October 2015 to March 2016 to review the winter weather situation.	Nick Springham	October 2015				Meetings arranged

**Level 2: Severe winter weather is forecast -Alert and readiness cold weather alert**

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
4.2	Severe Weather Task Group twice weekly meeting following a Level 2 Met Office Alert to coordinate actions and identify any new actions needed.	Nick Springham	Following a Level 2 Met Office Alert				Meetings to be convened by Consultant in Public health
4.3	Prepared scripts will be adapted and made available to Customer Service Teams (including SCD, First Contact and Social care Direct) to deal with queries from the public.	Nick Springham	Following a Level 2 Met Office Alert				As above
4.4	Customer Services Teams will have information in relation to systematic interventions available to help deal with the effects of cold temperatures when no emergency measures are needed	Nick Springham	Following a Level 2 Met Office Alert				See above
4.5	Details of emergency measures available across the county will be updated and made available to customer service teams. This includes details relating to: <ul style="list-style-type: none"> <li>• Snow clearance</li> <li>• Affordable warmth</li> </ul>	Nick Springham	Following a Level 2 Met Office Alert				As above

### Level 3: Response to severe winter

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
4.6	Prepared scripts will be utilised by Customer Service Teams to deal with queries from the public.	Customers Service Team	Following a Level 3 Met Office Alert				Go live as necessary
4.7	Customer Services Teams will have information in relation to systematic interventions available to help people deal with effects of cold temperatures when no emergency measures are needed	Customers Service Team	Following a Level 3 Met Office Alert				As above
4.8	Severe Weather Planning Group will meet twice weekly following a Level 3 Met Office Alert to coordinate actions and identify any new actions needed	Nick Springham	Following a Level 3 Met Office Alert				As above
4.9	Emergency measures activated as required via contact through Customer Services routes.	Nick Springham	Following a Level 3 Met Office Alert				As above

### Level 5 – Major incident – Emergency Response - Local action

Task No	Action	Lead Officer	Timescale	Performance RAG			Update Report
5.0	Level 3 actions will continue as detailed above.	Nick Springham	Following a Level 4 Met Office Alert				Go live as necessary
5.1	Cascade of standard email (see appendix 8) by CCU to Cold Weather Escalation Group for circulation to	CCU Duty Officer	Following Level 4 Met Office Alert				As above

### Appendix 3 – Local service information linked to key interventions

Key Interventions	Delivered by	Where	How Accessed
Assessment for affordable warmth interventions, including energy efficiency, household income and fuel cost	Warm Homes Scheme, DCC	Countywide	Via professionals or self referral Contact 03000 261079 - Sue Carr
	Warm and Healthy Homes, Housing and Regeneration, DCC <ul style="list-style-type: none"> <li>• Energy Saving advice and health/insulation scheme</li> <li>• Benefit entitlement checks</li> <li>• Home fire safety check</li> <li>• Fuel debt advice</li> <li>• Access to emergency fund</li> </ul>	Countywide	Via Health and Social Care professionals  Contact 03000 261079 – Sue Carr
	Welfare assistance scheme to help with short term support/help for residents to live independently.	Countywide	03000 267 900 <a href="http://www.durham.gov.uk/welfareassistance">http://www.durham.gov.uk/welfareassistance</a>
	Keep Warm, Keep Well campaign – information packs Age UK County Durham	Countrywide	Contact: Advice and Information Team, Age UK County Durham Tel: 0191 374637
	Surviving Winter Campaign – grants available to pay for relief items, e.g. blankets, distribution of hot meals	Countrywide	Contact: County Durham Community Foundation Christine Rackley Tel: 0191 3786340
	Managing Money Better Scheme Helps people save money on their energy bills	Countrywide	Tel: 03000 5000933
	County Durham Socialist Clothing Bank Twice a month on a Tuesday between 12 and 2pm – Brandon Welfare Hall – free to those on benefits, are sanctioned, homeless and low wages		07707 031 625
Regular reviews of benefit entitlement and uptake	Warm and Healthy Homes, Housing and Regeneration, DCC	Countywide	Via Health and Social Care professionals  Contact 03000 261079 – Sue Carr
	Welfare Rights Service	Countywide	Via Health and Social Care professionals

Key Interventions	Delivered by	Where	How Accessed
	Age UK County Durham	Countywide	Self-referral via Age UK – Advice and Information Team 0191 374 6367 Lead Contact – Harriet Gibbon
	Citizen Advice County Durham	Countywide	Self-referral via local offices :- Advice line : 03444 111 444 Debit advice line : 0300 3232000 Reception :03000 3231000
Annual flu and pneumococcal vaccination	GP practices and Pharmacies	Countywide	Led by NHS England. Accessed via GP surgeries and Pharmacies
Provision of annual medication review (every six months if taking four + medicines)	GP practices and Pharmacists	Countywide	Accessed via GP surgeries and pharmacies
Provision of an annual medicines utilisation review (MUR) and follow up support for adherence to therapy	GP practices and Pharmacists	Countywide	Accessed via GP surgeries and pharmacies
Assessment and support programme to prevent falls	County Durham and Darlington Foundation Trust Community Falls Service Age UK County Durham	Countywide	Via health and social care professionals or self-referral  Lead Contact: Wendy Lyons (Community Falls Team) Tel: 0191 333 3233  Lead Contact: Helen Sams (Age UK County Durham)
Snow Clearance <b>DCC Highways:</b> In addition to maintenance programme for priority routes and mainstream bus services there are additional criteria in place to respond to specific emergency situations including:	DCC Highways Customer Services	Countrywide	DCC Customer Services 0300 123 7070 Lead Contact - David Payne  DCC Highways Highways Action Line 03000 261000  Lead Contact – Brian Kitching



Key Interventions	Delivered by	Where	How Accessed
<ul style="list-style-type: none"> <li>▪ Urgent medical care</li> <li>▪ Funerals</li> <li>▪ Difficulties accessing mainstream services</li> </ul> <p>Ensuring fuel supplies (oil, lpg)</p>			
Assessment for appropriate assistive technologies e.g. alarm pendants to call for help	Care Connect	Countywide	Open access service – self referral or via professional/friend/family 03000 262 195 <a href="mailto:Care.connect@durham.gov.uk">Care.connect@durham.gov.uk</a>
Help to develop a personal crisis contingency plan	Personal Winter Plan leaflet <a href="http://content.durham.gov.uk/PDFRepository/Personal-Winter-Plan.pdf">http://content.durham.gov.uk/PDFRepository/Personal-Winter-Plan.pdf</a>	Countywide	Distributed to every household via County Durham News Winter Edition Lead contact: Karen Stewart
Implementation of personal brief health intervention plan	Frontline health and social care staff via brief advice on lifestyle factors, referral to NHS choices	Countrywide	Referral to NHS Choices <a href="http://www.nhs.uk/LiveWell/Winterhealth/Pages/Winterhealthhome.aspx">http://www.nhs.uk/LiveWell/Winterhealth/Pages/Winterhealthhome.aspx</a>
	<p>Access to food</p> <ul style="list-style-type: none"> <li>• Food Co-ops <ul style="list-style-type: none"> <li>○ Wellbeing for Life</li> <li>○ Horden Community Centre and Nursery</li> <li>○ Hasell Mencap</li> </ul> </li> <li>• Food Emergency East Durham (FEED) project (food parcels distributed via a network of volunteers to those in crisis situations)</li> <li>• Durham Foodbank</li> <li>• Please note that faith and community groups will respond across areas by providing delivery of hot meals and/or luncheon groups</li> <li>• Foodcycle is a national charity which has recently been set up in Durham and provides free meals for those who need it</li> </ul>	<p>Easington Colliery Horden</p> <p>Haswell</p> <p>East Durham</p> <p>Countrywide</p> <p>Various</p> <p>Sanctuary, 21 Saddler Street, Durham DH1</p>	<p>0191 5274156 Every Thursday 11.00 a.m.–1.00 p.m. 03000 260000 Every Wednesday 9.00 a.m–2.00 p.m. 0191 5260987 Every Thursday &amp; Friday 11.0 – 2.00 Malcolm Fallow 0191 5693511 <a href="mailto:Malcolm.fallow@eastdurhamtrust.org.uk">Malcolm.fallow@eastdurhamtrust.org.uk</a> <a href="http://www.eastdurhamtrust.org.uk">www.eastdurhamtrust.org.uk</a></p> <p>Peter MacLellan 0191 303 7559 <a href="mailto:durhamcpmail@gmail.com">durhamcpmail@gmail.com</a> <a href="http://www.durham.foodbank.org.uk">www.durham.foodbank.org.uk</a> Various</p> <p>Tel: 0207 3778771 Wednesday at 6.00 p.m. <a href="http://www.foodcycle.org.uk">www.foodcycle.org.uk</a></p>

Key Interventions	Delivered by	Where	How Accessed
		3NU	
	Emergency Food Shopping Service	Urgent emergency support only	Care Connect : Berni Malone 03000 262195
	Surviving Winter Campaign – grants available between October 2015 and March 2016 to pay for relief items, e.g. hot mails via luncheon club	Local Community Groups	County Durham Foundation 0191 3786340
	Silver Talk – volunteer run telephone service		0800 093 092
	Health Buddies – trained volunteer befrienders for up to six months e.g. shopping, attending social events, health appointments. Coxhoe, Trimdon, Fishburn, Sedgefield.	Pioneering Care Partnership	01325 321 234 <a href="mailto:Healthbuddy@.pcp.uk.net">Healthbuddy@.pcp.uk.net</a>

## **Appendix 4 - Script for Customer Service Teams (Social Care Direct, First Contact/Customer Services)**

### **Severe Weather Related Enquiries 2015/16**

Throughout this period of severe weather, it is expected that SCD/Customer Services and CAS will receive a number of weather related enquiries regarding various issues.

**If the caller is an existing service user, then the normal process should be followed regarding referrals.**

Where the cause of the person's problem is the weather i.e. unable to leave the home or unable to get visitors because of the snow, and the caller is not an existing service user, please explore the following areas and redirect as appropriate:-

#### **Medication**

Check if the person has sufficient medication to last until the weather is expected to improve. Suggested timeframe is 48 hours.

If not, then redirect the caller to GP surgery or pharmacy who will be able to arrange a delivery. If the caller does not know details of surgery/pharmacy of during out of hours refer to Non-Emergency Urgent Care – 111 number.

If urgent note that Non-Emergency Urgent Care – 111 number and Highways Service have access to 4x4 vehicles and can respond to emergencies (access via CRM)

#### **Any Urgent Medical Appointments**

For example dialysis, chemotherapy - redirect caller to GP surgery or call 111 the non- emergency healthcare number.

Customer Relationship Management (CRM) on 03000 261000 have access to 4x4 vehicles and can respond to non-medical emergencies e.g. funerals

#### **Heating**

Check that the person is warm enough and if there are any heating related issues e.g. boiler broken, fire not working, and no fuel.

These issues should be referred to the Housing Provider in the first instance.

Details of Registered Traders scheme can be provided for urgent and non-urgent repairs 03000 261 016

An urgent referral can be made to the Warm Homes Team 03000 261079 who can react to emergencies

#### **Food**

If the person is ringing to say they have no food in the house, then please check the following:

- Determine what food if any they have in the home.

- Have they any friends/family/neighbours that can assist?
- Can they or family/friend make an order over the internet, e.g. Asda, Tesco etc.?
- Is there a nearby shop who can deliver some food?
- Can they contact a community group for help? See below
- Are they a Care Connect customer if so Tel 03000 262 195 to advise situation
- As a last resort if the person is in urgent need of emergency shopping – Tel: 03000 262195 for Care Connect Emergency Shopping Service

### **Food banks**

Food banks can support families or individuals with the provision of emergency food for those people in a crisis situation

- Durham Food bank: 0191 303 7559
- FEED project – East Durham 0191 569 3511
- Food4U – Consett: 07923420719 between 10am – 12pm or emergency number 07926810732

### **CVS contact details for local community groups**

- Durham Community Action (DCA) 01388 742040
- East Durham Trust 0191 569 3511

### **Link2 Dial a Ride Service is available if people need to get to shops for food**

Minibus will pick people up at the door and travel to a shopping area within five miles of your home

Eligibility:

- Have a disability
- Personal mobility problems
- No bus services within one hour of when you want to travel or requires a change of bus

To book ring – 03000 269999

In any of the above circumstances, if the person would normally be independent and able to get out of the house alone to resolve the above issues, then please ring CRM on 03000 261000 and inform them that there is a vulnerable person unable to get out of the home and there is an urgent need. Gritting and clearing of snow will be prioritised in emergency situations.

Before taking a referral and requesting an assessment, please check that the person actually wants an assessment and make every effort to determine the urgency of the situation.

## Guidance checklist for Customer Services (CAS/SCD for information)

Response	Required Action
The householder confirms that all is fine	None
The householder/caller advises there is a problem with attending urgent medical appointments due to snow (for example dialysis, maternity unit, chemotherapy)	<p>Contact Neighbourhood Services to provide urgent gritting for access to emergency appointments</p> <p>If timescales not suitable for urgent gritting redirect caller to GP surgery for assistance or call 111 the non-emergency healthcare number</p>
The householder advises they are struggling with staying warm	<p>Check that the person is warm enough and if there are any heating related issues e.g. boiler broken, fire not working, no fuel.</p> <p>These issues can be referred to Housing Provider, or Warm Homes Team 03000 261079</p> <p>Details of Registered Traders scheme can be provided for non-urgent repairs</p>
The person advises they have difficulty with reducing medication supplies	<p>Check if the person has sufficient medication to last until the weather is expected to improve. Suggested timeframe of 48hours. If not, then redirect the caller to GP surgery or pharmacy who will be able to arrange a delivery.</p> <p>Advise to contact their pharmacy/surgery or non-emergency Urgent Care 111 number immediately if situation more urgent</p> <p>Advise Neighbourhood Services to arrange for gritting and include route if possible</p> <p>Advise Neighbourhood Services if area can be covered by volunteer scheme</p>

<p>The person advises they have no food or drink as the result of being unable to get out of the house</p>	<p>If the person is ringing to say they have no food in the house, then please check the following:</p> <ul style="list-style-type: none"> <li>○ Determine what food if any they have in the home.</li> <li>○ Have they any friends/family/neighbours that can assist?</li> <li>○ Can they or family/friend make an order over the internet, e.g. Asda, Tesco etc.?</li> <li>○ Is there a nearby shop who can deliver some food?</li> <li>○ Can they contact a community group for help? local CVS may be able to advise on this: <ul style="list-style-type: none"> <li>• Durham Community Action (DCA) 01388 742010</li> <li>• East Durham Trust 0191 5693511</li> </ul> </li> </ul> <p>Are they a Care Connect customer if so Tel 03000 262 195 to advise situation</p>
<p>The person advises they are running out of food due to frailty/lack of mobility</p>	<p>Food banks can support families or individuals with the provision of emergency food for those people in a crisis situation</p> <ul style="list-style-type: none"> <li>○ Durham Food bank: 0191 303 7559</li> <li>○ FEED project – East Durham: 0191 569 3511</li> </ul> <p>Food4U – Consett: 07923420719 between 10am – 12pm or emergency number 07926810732</p>
<p>Concerns raised about person's overall wellbeing and care</p>	<p>Refer to Social Care Direct Urgent Care – 111 service Consider a referral to Care Connect Service</p>

## **Appendix 5 - Severe Weather Planning Group Membership**

<b>Name</b>	<b>Job Title</b>
Nick Springham (Chair)	Consultant in Public Health
James Anderson	Contact Centre Co-Ordinator
Linda Bailes	Team Leader, Governance/Policy & Procedure
Peter Bodo	Civil Contingencies Officer
Susan Carr	Housing Regeneration Officer
Andy Coulthard	Area Action Partnership Co-Ordinator
Cliff Duff	Senior Housing Develop & Delivery Officer
Denise Elliott	Strategic Commissioning Manager Older People/Physical Disability Sensory Impairment
Julie Harvey	Telecare Care Connect Control/CCTV Manager
Paul Jenkins	Public Health and Housing Team Leader
Su Jordan	CCU Programme Office Manager
Vicky Kirtley	Contact Centre Co-Ordinator
Brian Kitching	Policy & Asset Manager
Neil Laws	Public Health & Housing Manager
Carole Lee	Team Manager - Social Care Direct
Stephen McDonald	Senior Sustainability & Climate Change Officer
Jackie Mckimm	Team Coach, Neighbourhood
Neil Pace	Home Improvement Agency Senior Team Leader
Stephen Ragg	Durham Association of Partnership and Town Councils Executive Officer
Maureen Snowball	Telecare Care Connect Response Manager
Karen Stewart	Marketing Officer (Public Health)
Tim Wright	Public Health Portfolio Lead
Bernie Malone	Care Connect CCTV Business Development Manager
Linda Ogilvie	Care Connect and CCTV Manager, Regeneration & Economic Development
Melanie Close	Telecare Locality Co-Ordinator
Michael Duffy	Commissioning Policy & Planning Officer

Penny Rouse	Personal Assistant
Victoria Murray	Customer Relations Team Manager



## Appendix 6 - Responsibilities for Children and Adult Services

### During Office Hours:

**Cold weather alerts will only be escalated within CAS at Level 3 or above**, when received either from the Civil Contingencies Duty Officer or directly from the Met Office. Automated Met Office alerts are set up to be sent directly to the CAS emergency planning email address, to ensure that the cold weather alerts will always be escalated when required. The emergency planning email address is accessible to several members of the Service Support team and is monitored regularly throughout the day to ensure that messages are picked up during working hours.

On receipt of a level 3 or level 4 alerts from the met office the CCU Duty Officer will cascade the information to

[emergencyplanningrotas@durham.gov.uk](mailto:emergencyplanningrotas@durham.gov.uk)  
[Nick.springham@durham.gov.uk](mailto:Nick.springham@durham.gov.uk)  
[anna.lynch@durham.gov.uk](mailto:anna.lynch@durham.gov.uk)  
[adam.farrell@durham.gov.uk](mailto:adam.farrell@durham.gov.uk)  
[tim.wright@durham.gov.uk](mailto:tim.wright@durham.gov.uk)  
[Christine.edgar@durham.gov.uk](mailto:Christine.edgar@durham.gov.uk)  
[Lynn.hall@durham.gov.uk](mailto:Lynn.hall@durham.gov.uk)  
[Linda.ogilvie@durham.gov.uk](mailto:Linda.ogilvie@durham.gov.uk)  
[Julie.harvey@durham.gov.uk](mailto:Julie.harvey@durham.gov.uk)  
[Mary.readman@durham.gov.uk](mailto:Mary.readman@durham.gov.uk)

Cold weather alerts at level 3 or above will then be escalated during office hours by the Public Health Team using a standard email (see paragraph 5 below) to emergency planning rota, Social Care Services, Strategic Commissioning Managers and Education listed below;

### Emergency Planning Rota

[emergencyplanningrotas@durham.gov.uk](mailto:emergencyplanningrotas@durham.gov.uk)

### Commissioning Services Team – Providers:

[Louise.Lyons@durham.gov.uk](mailto:Louise.Lyons@durham.gov.uk)  
[CAS.commissioning@durham.gov.uk](mailto:CAS.commissioning@durham.gov.uk)  
[Denise.Elliott@durham.gov.uk](mailto:Denise.Elliott@durham.gov.uk)  
[David.Shipman@durham.gov.uk](mailto:David.Shipman@durham.gov.uk)

### County Durham Care & Support Management Team

[Gillian.rochford@durham.gov.uk](mailto:Gillian.rochford@durham.gov.uk)  
[Karen.Vasey@durham.gov.uk](mailto:Karen.Vasey@durham.gov.uk)  
[Les.Shaw@durham.gov.uk](mailto:Les.Shaw@durham.gov.uk)  
[Debbie.Richardson@durham.gov.uk](mailto:Debbie.Richardson@durham.gov.uk)  
[Theresa.Thomas@durham.gov.uk](mailto:Theresa.Thomas@durham.gov.uk)

### Education Management Team

[Sheila.palmerley@durham.gov.uk](mailto:Sheila.palmerley@durham.gov.uk)  
[Caroline.O'Neill@durham.gov.uk](mailto:Caroline.O'Neill@durham.gov.uk)

On receipt of these escalation emails, Social Care Service Managers and Strategic Commissioning Managers should ensure they keep themselves informed of the current situation with the weather and use this information as a basis for advice and decision making when considering whether additional services need to be commissioned for vulnerable people in the community.

The Strategic Commissioning Service Managers will use their lists of in-house and independent sector providers to cascade cold weather guidance. Service providers are required to take care to keep themselves informed of the current situation with the weather and should use the "Cold -Health Watch" system for guidance. Strategic Commissioning and Social Care Managers should ensure that service managers, as appropriate, are provided with cold weather guidance, reference materials and alerts to ensure they are fully informed of their responsibilities, and should also liaise with partnership agencies such as the NHS to ensure that a coordinated social care, and health care response to a cold weather occurrence is given.

Social Care Managers will update the Emergency Duty Team (EDT) of any arrangements in response to the cold weather prior to the EDT coming on duty. The Emergency Duty Team will keep the on call EDT Duty Manager informed of the situation.

It may also be necessary for Public Health colleagues in consultation with Strategic Commissioning Managers to issue press releases to the public to make them aware of the health and social care services available to them should they require them as a result of a cold weather alert.

Strategic Commissioning Managers should keep records of any decisions taken on whether to commission additional services in response to a cold weather along with delegation details and financial records. Financial implications of a cold weather occurrence are as yet unknown. However, any costs for additional services commissioned will have to be absorbed within the current service budget allocations.

### **Out of Hours: Inclusive of Weekends & Bank Holidays**

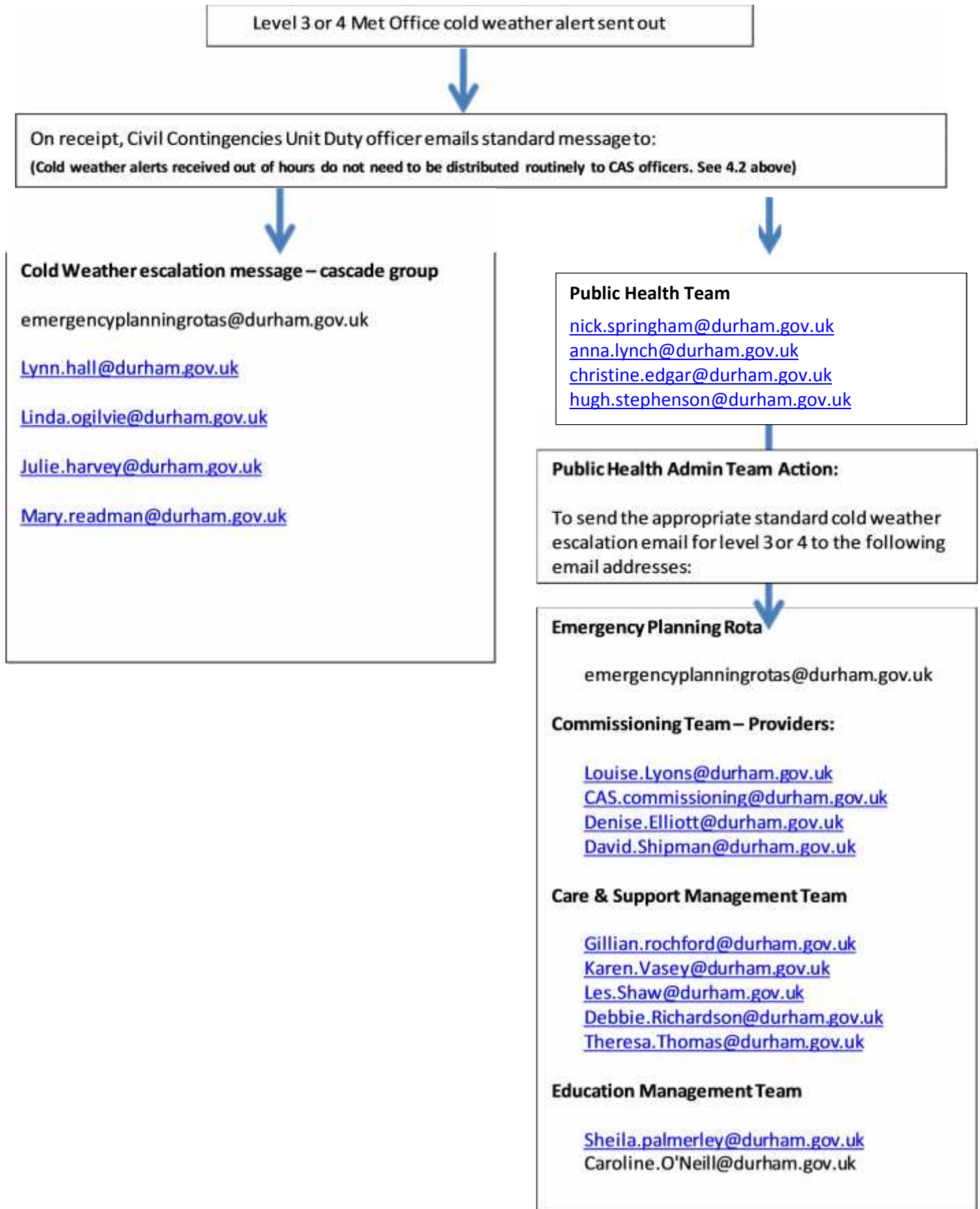
**Cold Weather alerts received out of hours do not need to be distributed routinely to CAS officers.**

The CCU Duty Officer does NOT need to alert the on call CAS Emergency Coordinator of any escalation to level 3 or above and regional probability of cold weather out of hours UNLESS the situation develops into an emergency incident.

If it is likely that the situation will develop into an emergency incident the CCU Duty Officer will advise the CAS Emergency Coordinator to inform the Emergency Duty Team of the situation over the weekend/Bank Holiday to prepare them for possible increases in service requests.

In the event of a major incident being declared, all existing emergency policies and procedures will apply.

## Cold Weather Alert Flowchart / Activation



## CAS Standard Escalation Emails

### Email title: Cold Weather Alert Level3 – Cold Weather Action

Dear Colleagues

We have received a cold weather alert which has changed the National Alert Level to 3. As this is a national alert scheme it may be that it is not appropriate to this area – this message is sent out automatically and those who are required to act upon it should exercise their judgement according to the situation. Please refer to the attached alert for details of the regional probability of cold weather in the North East. Please be vigilant in monitoring the situation through media coverage and guidance.

Please read [The Cold Weather Plan.pdf](#) and attached guidance for full details of the responsibilities of the Local Authority and Social Care Services.

Local social services may wish to:

- Continue to distribute advice to people at risk and managers and staff of care homes;
- Ensure that health and social care staff are aware of risk and protective factors and consider, where appropriate, daily visits/phone calls for high-risk individuals living on their own who have no regular daily contacts;
- Advise social care or informal carers (families and friends), to contact the GP if there are concerns about an individual's health
- Ensure that Department of Health advice reaches private and local authority funded residential and nursing care home managers as soon as cold weather starts.

Hospital and care, residential and nursing homes must:

- Continue to communicate public health media messages
- Communicate alerts to staff and make sure that locally agreed actions take place, especially those to protect vulnerable service users
- Implement local plans for contacting the vulnerable. Consider daily visits/phone calls for high risk individuals living on their own who have no regular contacts
- Ensure carers are receiving appropriate advice and support
- Implement plans to deal with surge in demand
- Ensure key partners, including managers of care, residential and nursing homes are aware of the alerts and can access the Department of Health and other advice
- Ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)
- Support local community organisations to activate community emergency plans
- Active business continuity arrangements and emergency plans as required
- Consider how to make best use of available capacity, for example by using community beds for at risk patients who do not need an acute bed and enabling access to step down care and reablement
- Work with partner agencies (e.g. transport) to ensure road/pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots

If you have any questions regarding this alert please do not hesitate to contact the Public Health Team for advice.

Email Title: Cold Weather Alert Level 4 – Emergency

Dear Colleagues

We have received a cold weather alert which has changed the National Alert Level 3 to 4. As this is a national alert scheme it may be that it is not appropriate to this area – the message is sent out automatically and those who are required to act upon it should exercise their judgement according to the situation. Please see the attached alert for details of the regional probability of cold weather in the North East. Please be vigilant in monitoring the situation through media coverage and guidance.

A National Alert Level 4 is declared in the event of severe or prolonged cold weather affecting sectors outside health and social care, such as power or water shortages, and/or whether the integrity of health and social care systems are threatened. At this level, illness and death may occur among the fit and healthy, and not just in high-risk groups and will require a multi sector response at national and regional levels.

Please read [The Cold Weather Plan.pdf](#) and attached guidance for full details of the responsibilities of the Local Authority and Social Care Services.

For information, specific actions include:

- Continue action as per level 3 unless advised to the contrary
- Implementation of national emergency response arrangements by central government

In the event of a major incident being declared, all existing emergency policies and procedures will apply.