

# **Winter Response Plan 2019/20**

***Calderdale and Greater Huddersfield  
Health Economy***

**Version 0.1**

**September 2019**

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## 1. INTRODUCTION

### 1.1. PURPOSE

The purpose of this plan is to establish what system providers have in place for the winter of 2019/20 in order to mitigate the risks and challenges the winter season can bring.

This should offer assurance to the system that organisations are prepared internally and have the ability to work in partnership in order to manage pressures across the Calderdale and Greater Huddersfield (CGH) health economy footprint.

The Winter Response plan describes the agreed local processes for ensuring a co-ordinated and planned response to circumstances where a specific event associated with winter occurs. It should be used in conjunction with the Surge and Escalation Response plan and individual organisations Business Continuity Plans. Contacts and processes are all detailed in the Surge and Escalation Response plan content. This plan has been developed through the Calderdale and Greater Huddersfield A&E Delivery Board (AEDB) structure by the following organisations (the Partners), all of whom have made a commitment to use the processes to support the system:

- Calderdale Clinical Commissioning Group (CCCG)
- Greater Huddersfield Clinical Commissioning Group (GHCCG)
- Calderdale & Huddersfield Foundation Trust (CHFT)
- Calderdale Council
- Kirklees Council
- Locala CIC
- Spire Hospital Elland
- BMI Hospital, Huddersfield
- Local Care Direct (LCD)
- Yorkshire Ambulance Service (YAS)
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Voluntary Action Calderdale
- NHS England (NHSE)
- Community Pharmacy

This plan has been put in place to assist in the management of winter issues by those member organisations of the Calderdale and Greater Huddersfield (CGH) AEDB.

### 1.2. AIM

The aim of this plan is to outline a framework for a response to winter issues within the Calderdale and Greater Huddersfield CCGS (CGH CCG) health economy footprint.

### 1.3. OBJECTIVES

Key objectives are to:

- To Identify learning from last year and plan to work differently as a result this winter as an integrated health and social care system
- Identify a shared understanding of responses to winter related issues across the CGH CCG health economy footprint.
- Identify what role Partners within the CGH CCG health economy footprint will play in response to winter related risks.

The outcome of this plan is to ensure patients and service users are safe and have a positive experience of care over the winter period.

## 2. OBSERVATIONS AND LEARNING FROM PREVIOUS WINTER

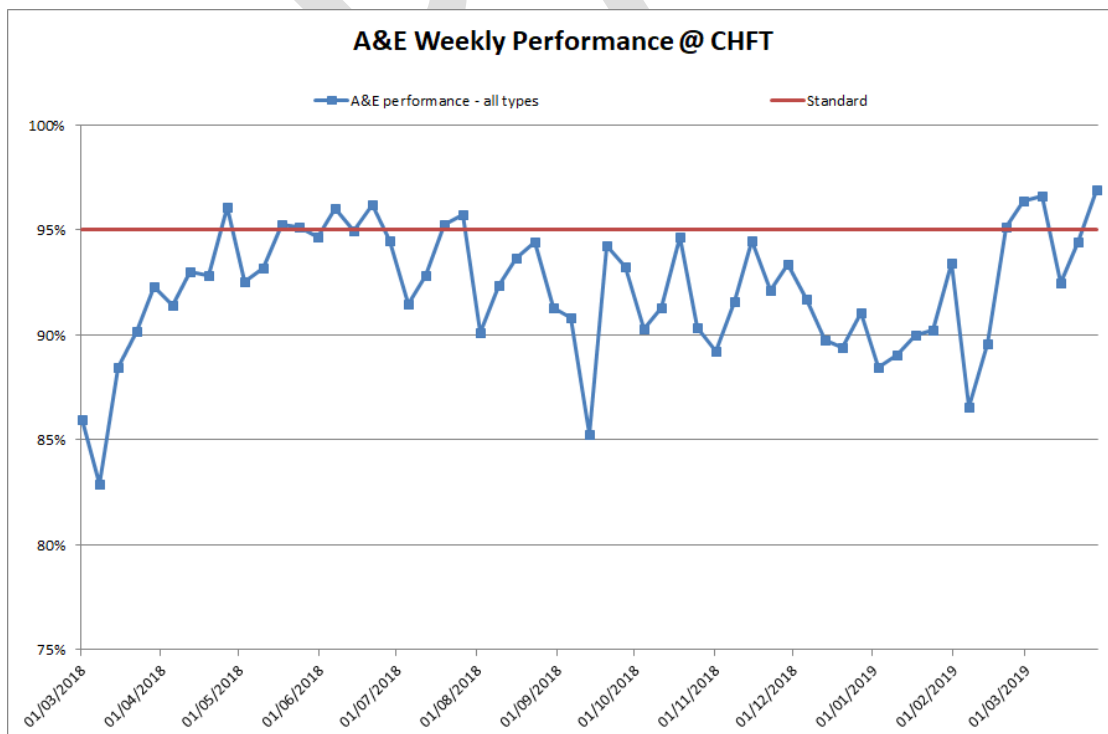
- Weekly system NHS England calls ran throughout the winter
- Flu whilst still being a major factor on pressures in the system appears to have peaked early (December) and was not as severe as in previous winters.
- The weather was considered moderate to mild over the winter period with limited snow days (3 episodes)
- CHFT deep cleaned wards at both hospital sights throughout the summer and up to the start of winter resulting in lower infection rates across the winter
- The established MADE calls and meetings continued over the winter supporting effective planning and discharge from CHFT.
- Only 2 system silver escalation calls were made over the winter period reflecting the effective use of MADE and partnership working
- The uptake of choice and recovery beds was low. These were purchased across three private homes in Kirklees. It is thought the reason for low uptake was in relation to patient's choice and having the beds available in three fixed locations
- Kirklees Local Authority improved internal planning to provide more responsive service, enabling better provision of staff resources at key pressure points.
- The trusted assessor role at HRI supported the smoother and quicker flow of patients into (or returning to) care homes and will be further funded through BCF for another year
- Non Weight bearing proof of concept was agreed to be continued into the winter. For the year 2018/19 421 patients were supported through this pathway with 1920 bed days in the acute trust saved.
- Locala reported that the community matron input into both acute trusts was a very effective way of managing the community beds pathway
- Locala Short Term Assessment Response Team (START) are working with YAS to create alternative pathways for patients in the community to transportation to hospital
- Locala acknowledge that participation in the Multi Agency Discharge Events (MADE) was instrumental in facilitating discharges from the acute trust into the community services.
- Multiple referral options are difficult for acute trusts to understand in relation to community intermediate care. In preparation for winter 2019/20 a Kirklees Independent Living Team (KILT) triage system, with one referral form and one point of referral for all Health and Social Care IMC services.

- Failure of a Kirklees framework home care provider (Allied) impacted on service provision and was managed with partners by escalating into Silver and coordinated by Kirklees Council.
- LCD Team – dynamic response planning to changing situations and commitment – management and staff working flexibly/additional hours at short notice – MDT able to flex as required.
- LCD report NHS111 support at key pressure points/managing patient expectations
- LCD effective triaging of potential Home Visits
- LCD report pharmacy and medication queries manageable throughout the winter period
- Extended Access support where a dedicated resource was agreed over the busy Christmas and New Year Bank Holiday weekends – Leeds, Huddersfield, Bradford
- “Red Bag” scheme for care homes rolled out across the system for care homes
- Capacity Tracker introduced to give a timely indication of vacancies in care homes across the district (and beyond)

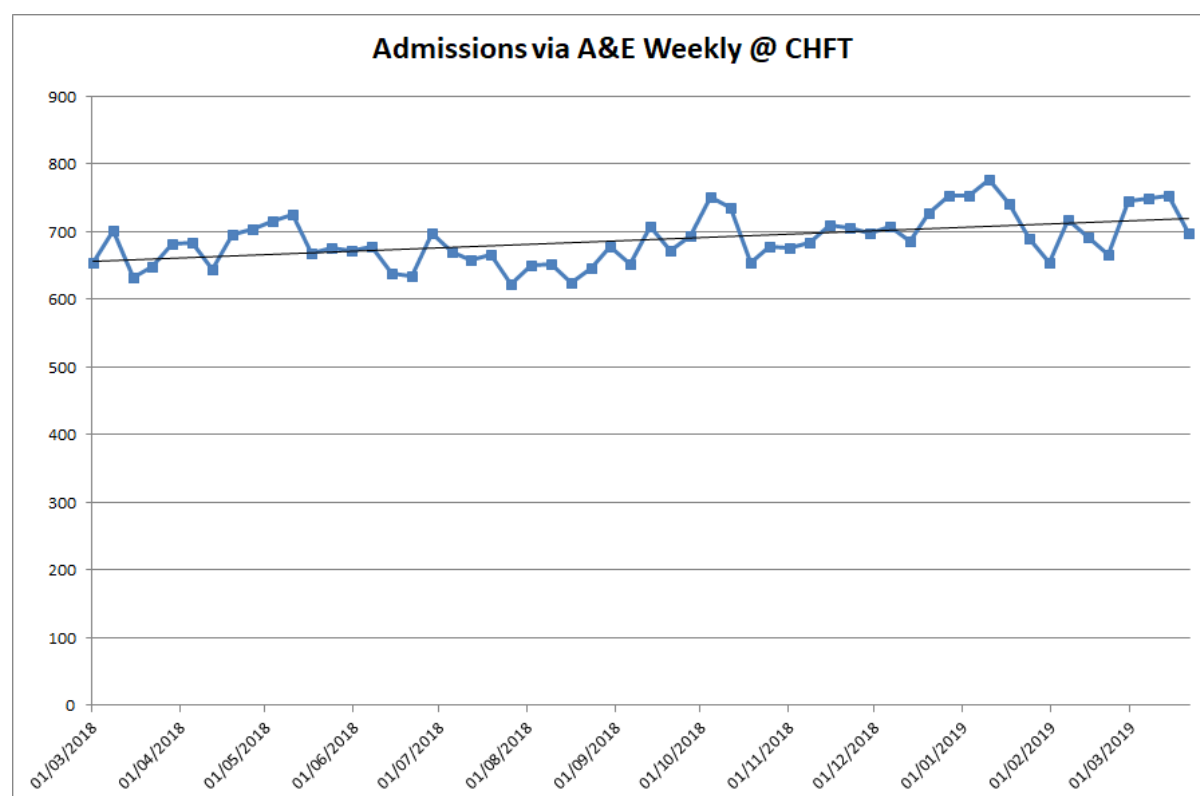
### 3. PREVIOUS WINTER PRESSURE

Whilst all Partners experience pressures on their services through the winter period and beyond, an understanding of system pressure can often be determined by looking at demand through A & E.

2018/19 winter activity data taken from the Urgent Care Board summary that is delivered to the AEDB monthly suggests that demand upon A&Es within our system was 4.4% higher compared to 17/18 (winter defined as Nov – Mar). Admissions via A&E show a sustained increase from March 2018 to March 2019. The AEDB will continually review data on a monthly basis throughout the year and feed updates to NHSE on a weekly basis. The charts below illustrate the weekly variation in A&E performance since March 2018 (data source – CHFT Sitrep). CHFT demonstrated a strong level of performance throughout March with an overall rate of 95% - achieving the standard, despite the increasing demand.



Admissions via A&E Mar 18 – Mar 19 The chart below highlights the weekly variation in the volume of emergency admissions at CHFT via A&E (data source - CHFT SITREP)



## 4. RISKS AND MITIGATIONS

### 4.1. DEMAND AND CAPACITY

#### NARRATIVE TO UPDATE

Last winter we had seen an increase on demand within A&E and admissions via A&E. It is noted through the demand reports that the Ambulatory unit is not in operation over the weekend periods. Due to the high number of admissions via A&E discharging became a priority to keep the flow moving. Daily communications were initiated last winter and worked well to monitor the position and bottlenecks.

Partners are to plan demand and bed capacities using last winter's data and plan elective operations as they feel that are suitable for the system and achievable. Partners will have discretion on what elective action they take over the winter period to address rising demand within the system. Learning from winter 17/18, CHFT has profiled their elective activity programme to deliver 12 months activity in the first 9 months of the year facilitating the switch of bed capacity for non-elective pressures whilst maintaining activity levels. Day case and cancer inpatients will continue across the 12 months as will Trauma & Orthopaedics where the bed capacity is ring-fenced.

From winter 2017/18 Partners developed a Memorandum of Understanding (MoU) for Partners to offer mutual aid to other Partners in times of high pressure. Primarily this would be in the sharing of staffing resources. The use of the MoU can be initiated at any time by any Partner who has agreed to the terms through surge and escalation processes.

Partners are expected to have capacity planning in place over the winter period and manage staff leave effectively through this period. In taking into account staff sickness and seasonal illnesses there is a strong possibility that cardiovascular & respiratory disease demand will increase over the winter period; staffing within these areas may require additional planning from Partners.

To assist in maintaining the NHS constitution over the winter period the following actions are expected to be embedded within the system:

- Ensuring clear streaming processes are in place for minors and majors in order to deliver the 4-hour target in A&E.
- Increasing Primary Care accessibility and capacity
- Ensuring effective rota fulfilment in services that support A&E flow, for example GP streaming services.
- Enabling direct booking facilities from A&E to GP surgeries in Greater Huddersfield and Calderdale. (Already established in Calderdale)
- Ensuring effective discharge process are in place to maintain and enhance patient flow, including implementation all 8 High impact changes.
- Ensuring ambulatory and frailty pathways are in place at both sites.

## 4.2 FUNDING

The West Yorkshire and Harrogate Health and Care Partnership have an allocation of transformation funding for 2019-20 for urgent and emergency care of £3.8m. Of this £580,593 has been allocated to this the CGH CCG health economy via the AEDB. It has been agreed to use this money to fund a proof of concept “Urgent Care Hub” at each of the Emergency Departments incorporating aspects of the national specification and Key Lines of Enquiry of an Urgent Treatment Centre. The AEDB and partners are currently working together to develop this project and what specific elements this funding will support.

Improved Better Care Fund (IBCF) provisions are the responsibility of the local authorities and thus the CCGs will seek reassurance that the IBCF funding is being allocated appropriately via the AEDB to ensure that the funding is achieving the best value for the system. It is recognised that the IBCF funding may not be directly allocated to the winter schemes, however the allocations will be expected to positively impact upon delivery of services over periods of pressure.

In summary the 2 council’s funding positions can be seen over the page.

Kirklees Council;

Winter Pressures - Proposed area of investment	Budget 2018-19	Actual 2018-19	Budget 2019-20
	£000's	£000's	£000's
<b>Residential care</b>			
- Additional residential bed capacity (55 beds for 5 months)	790	950	950
- Choice & Recovery Beds	50	50	50
<b>Domiciliary care</b>			
- Hospital retainer for domiciliary care	0	0	185
- Domiciliary care provider support	70	115	70
- Increased OT capacity	135	170	135
- Transfer equipment	10	4	0
- Additional investment to support carers	15	0	0
- Allied transfer	20	0	0
<b>Intermediate Care and Reablement</b>			
- Current Reablement Services providing additional home care	200	300	200
- Piloting enhanced reablement	300	271	270
<b>Hospital social work team capacity</b>			
- Skill mix and capacity for assessment support in hospital teams over winter	160	0	0
- Increase support for people with chaotic lives	10	0	0
<b>Mental Health Safe Place</b>			
- New Safe Place in Huddersfield town centre	100	0	0
<b>TOTAL</b>	<b>1860</b>	<b>1860</b>	<b>1860</b>

Calderdale Council;

Winter Pressures - Areas of investment	Budget 2018-19	Actual 2018-19	Budget 2019-20
	£000's	£000's	£000's
<b>Residential care</b>			
- Additional transitional beds	120	196	200
<b>Domiciliary Care Capacity</b>			
- Purchase of Home care Support	540	506	570
- Allied transfer	20	20	0
<b>Specialist Placements</b>			
- Mental Health & Dementia additional 5 placements	35	35	35
- MH accommodation based support	100	100	115
<b>Aids &amp; Adaptations</b>			
- Additional equipment to support discharges delayed by small adaptations	80	26	0
<b>Avoidable Admissions</b>			
- New Safe Place	25	37	0
<b>TOTAL</b>	<b>920</b>	<b>920</b>	<b>920</b>



## 4.3 PRIMARY CARE

Primary care is an integral aspect of our system and provides much needed support to our population.

### Greater Huddersfield

#### 1. Extended Access Service

An Extended Access service for Greater Huddersfield CCG is commissioned from Local Care Direct working in partnership with My Health Huddersfield (MHH) GP Federation. The contract currently covers the period to 31 March 2020 and provides 45 minutes per 1000 registered patients per week with capacity profiled to increase over the winter period.

The service is provided on a hub and spoke model with the central hub based at Huddersfield Royal Infirmary. The hub provides access for all registered patients within Greater Huddersfield and therefore allows the CCG to ensure access for 100% of the registered population. The 'spokes' are formed by 25 of the 37 GP practices to ensure equity of geographical access across the district.

The service provides access to pre-bookable and same day appointments to general practice services in the evenings (after 6:30pm) and offers access to pre-bookable and same day appointments on both Saturdays and Sundays and Bank Holidays.

The CCG recently approved a number of changes to the Greater Huddersfield Extended Access model which should offer support to wider system pressures over the winter period.

- a) Increase of capacity from 30 minutes per 1000 patients to 45 minutes per 1000 patients from 1 October 2019
- b) Increase in the range of professionals and services delivering the service. This will include provision of GP appointments, physiotherapy, virtual pharmacist advice and phlebotomy. During the next few months, this is also planned to include provision of cervical cytology appointments, care navigation and mental health provision.
- c) Expand the number of hubs from 1 to 2 over the winter months providing an additional 17 hours of GP time

#### 2. Primary Care Network (PCN) Contract Directed Enhanced Service (DES)

From 1 July 2019, all 37 Greater Huddersfield GP Practices signed up to the new Primary Care Network Extended Hours Directed Enhanced Service (DES). Provision of extended hours appointments (outside of the core GP practice hours of 8:00am to 6:30pm) is a core requirement of the Network Contract DES. This is separate from the CCG commissioned extended access services.

Primary Care Networks are required to provide:

- a) Additional clinical sessions (routine appointments including emergency or same day appointments) outside of PCN member practices core contracted hours to all registered patients within the Primary Care Network.
- b) An additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week
- c) A reasonable number of these appointments need to be provided face to face with the rest provided by telephone, video or online consultations (or a mixture)
- d) Extended hours appointments can be offered by a range of healthcare professionals

In previous winters, not all GP practices were signed up to the former Directed Enhanced Service (which was commissioned at individual practice level) and therefore this should see an increase in capacity for 2019/20.

### Calderdale

Calderdale CCG is in the process of developing a Winter Scheme for 2019/20 which builds on the scheme from the previous year.

The plan for 2019/20 is to maintain the baseline minimum of 70/1000 appointments which was embedded in 2018. The Winter element will commence between 25<sup>th</sup> November 2019 and 24<sup>th</sup> April 2020 (22 weeks) to offer an additional 5% appointments above the baseline.

Practices continue to work closely with A&E; Practices provide a 'staff only' telephone contact to support the management of patient flow and this continues all year round to support patient care and patient education. The new element of the scheme will be developed where practices will be asked to report quarterly the number of patients referred back to their registered GP Practice from A&E, using the criteria agreed in previous years and the outcome for the patient.

Calderdale Additional Winter Hours (at PCN level):

Calderdale CCG: Winter and Bank Holiday Capacity 2019-20			Locality In-Hours Routine Capacity		Locality Winter and Bank Holiday Additional Capacity	
Practice Code	Practice Name	Primary Care Network	Practice list size April 2019	Minimum standard for routine weekly appointments based on the 70/1000	5% Additional appointments required per week	Total Additional appointments over the 22 weeks
B84004	Hebden Bridge Group Practice	Upper Calder Valley PCN	18822	1318	66	1449
B84006	Todmorden Group Practice	Upper Calder Valley PCN	13526	947	47	1042
<b>Locality Total</b>			<b>32348</b>	<b>2264</b>	<b>113</b>	<b>2491</b>
B84011	Church Lane	Lower Valley PCN	11759	823	41	905
B84623	Longroyde Surgery	Lower Valley PCN	4456	312	16	343
B84008	Northolme & Kos	Lower Valley PCN	15179	1063	53	1169
B84014	Rastrick Health Centre	Lower Valley PCN	4720	330	17	363
B84003	Rydings Hall	Lower Valley PCN	8593	602	30	662
<b>Locality Total</b>			<b>44707</b>	<b>3129</b>	<b>156</b>	<b>3442</b>
B84016	Bankfield Surgery	Calder & Ryburn PCN	9397	658	33	724
B84007	Brig Royd Surgery	Calder & Ryburn PCN	10500	735	37	809
Y03112	Meadow Dale Goup Practice	Calder & Ryburn PCN	4400	308	15	339
B84009	Stainland Road	Calder & Ryburn PCN	11329	793	40	872
B84001	Station Road Surgery	Calder & Ryburn PCN	8692	608	30	669
<b>Locality Total</b>			<b>44318</b>	<b>3102</b>	<b>155</b>	<b>3412</b>
B84613	Beechwood Surgery	North Halifax PCN	8750	613	31	674
B84618	Caritas Woodside Surgery	North Halifax PCN	8897	623	31	685
B84010	Keighley Road Surgery	North Halifax PCN	10234	716	36	788
B84612	Lister Lane Surgery	North Halifax PCN	7561	529	26	582
B84013	Plane Trees Group Practice	North Halifax PCN	8485	594	30	653
<b>Locality Total</b>			<b>43927</b>	<b>3075</b>	<b>154</b>	<b>3382</b>
B84019	Boulevard Medical Practice	Central Halifax PCN	10481	734	37	807
B84610	Horne Street Surgery	Central Halifax PCN	4120	288	14	317
B84021	King Cross Surgery	Central Halifax PCN	8027	562	28	618
Y02572	Park & Calder Community Practice	Central Halifax PCN	5558	389	19	428
B84002	Queens Road Surgery	Central Halifax PCN	6447	451	23	496
B84005	Rosegarth Surgery	Central Halifax PCN	10069	705	35	775
B84615	Southowram Surgery	Central Halifax PCN	3053	214	11	235
B84012	Spring Hall Surgery	Central Halifax PCN	8681	608	30	668
<b>Locality Total</b>			<b>56436</b>	<b>3951</b>	<b>198</b>	<b>4346</b>
<b>Totals</b>			<b>221736</b>	<b>15522</b>	<b>776</b>	<b>17074</b>

#### 4.4 OUT OF HOURS SERVICE PROVISION

CCGs commissions Out of Hours GP Services from Local Care Direct (LCD). This covers the time period:

Day	Contractual period covered
Monday to Thursday	6:30pm to 8am on the following day
Friday Saturday Sunday	6:30pm until 8am on the following Monday
Good Friday, Christmas Day and Bank holidays	Full cover provided

#### 4.5 COLD WEATHER AND SYSTEM RESILIENCE:

More information on cold weather and its impacts can be found to support this plan within the Public Health England Cold Weather Plan for England (7 Wellbeing in Winter and Excess Winter Deaths);

At the October AEDB plans are in place for a table top exercise/discussion to test the system both in terms of winter preparedness and system resilience of Brexit plans (10 BREXIT)

This is a system wide table top exercise testing the responses and ability to escalate and de-escalate effectively and efficiently.

#### 4.6 SEASONAL RELATED ILLNESS:

Principally these are respiratory and gastrointestinal related. Partners have Outbreak Plans and Business Continuity Plans in place to manage these risks as they occur. These plans may need to be activated alongside this plan and other appropriate response plans.

#### 4.7 SERVICE DELIVERY AT BUSINESS AS USUAL LEVELS.

- Where any of these risks occurs extra pressures and demand may be felt on services and organisations may experience fluctuations in capacity. Where this is the case, it may be necessary to increase the Operation Pressures and Escalation levels (OPEL) to manage the situation as described within the CGH Surge and Escalation Response Plan.
- The Surge and Escalation Response Plan will be used to support this plan in events of escalated pressure or demand and OPEL levels actioned in line with that plan and agreed processes.
- Organisations are reminded that they have flexibility to work at higher OPEL levels than required to mitigate issues more efficiently when required.

## 4.8 WINTER TEAMS

The A&EDB had developed a working winter group that has representatives from all providers.

Organisation	Representative
CHFT	Bev Walker Mark Davies Helen Barker
Kirklees Council	Amanda Evans David McDonald Alistair Paul
Calderdale Council	Iain Baines Lorraine Andrews
SWYPFT	Stuart Bowdell
Calderdale CCG	Matt Walsh Debbie Graham Helen Wraith
Greater Huddersfield CCG	Carol McKenna Vicky Dutchburn Jon Parnaby
Locala	Jane Close

## 4.9 TRANSFERS OF CARE

Implementation of High Impact Changes:

It is widely acknowledged across the system that there is a need to reduce the harm to patients associated with delays in discharge. The impact of long stays in a hospital environment is well documented, particularly its contribution to de-conditioning and newly-termed 'pyjama paralysis'. Evidence indicates that 10 days in hospital can result in de-conditioning equivalent to 10 years. On discharge patients can be further impacted through social isolation and loneliness.

Working with local systems, we have identified a number of high impact changes that can support local health and care systems reduce delayed transfers of care...

**Change 1 : Early Discharge Planning.** In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

**Change 2 : Systems to Monitor Patient Flow.** Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

**Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.** Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

**Change 4 : Home First/Discharge to Access.** Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

**Change 5 : Seven-Day Service.** Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

**Change 6 : Trusted Assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

**Change 7 : Focus on Choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

**Change 8 : Enhancing Health in Care Homes.** Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Local Assessment of Current State (Sept 2019)	8 High Impact Changes							
	Discharge Planning	Patient Flow	MDT Working	Home first & Discharge to Assess	7DS	Trusted Assessor	Choice	Care Homes
1 – not yet		Apr 16			Apr 16	Apr 16		
2 - in place	Apr 16		Apr 16	Apr 16	Apr 17&18	Apr 17&18		
3 - established	Apr 17, 18 & 19	Apr 17&18	Apr 17	Apr 17, 18 & 19	Nov 18 Apr 19 Sept 19	Nov 18 Apr & Sept 19	Apr 16	Apr 16
4 - mature	Sept 19	Apr & Sept 19	Apr 18 & 19 & Sept 19	Sept 19			Apr 17, 18 & 19 Sept 19	Apr 17, 18 & 19 Sept 19
5 - exemplary								

It is the system's ambition to reduce numbers of delays in care within our system. From learning through the year the system providers and CCGs will be conducting activities such as MADE (Multi Agency Discharge Events) weekly calls (GHCCG) and bi-weekly meetings (CCCG) to identify and mitigate any delayed / stranded patients. It is encouraged that providers prior to winter conduct discharge focused activities to allow patient flow and capacity to be managed more effectively.

This MADE methodology with CHFT has been expanded to weekly calls with partners to support those patients in SWYPFT

As a system response the SAFER Board leads on this work (previously DTOC Governance Group) reporting into the Urgent Care SRG. Prior to the winter period it is expected that the DTOC levels within the trust is the lowest it can possibly be, this will allow a more robust and flexible system that can deliver the best care for our localities.

## 5. SUMMARY OF OVERALL RESPONSE

During a response to winter issues, the overarching roles for partner organisations under this plan are to:

- Ensure preventative measures are in place (including: flu campaigns and pneumococcal immunisation programmes for patients and staff). Doing this can maximise public safety by promoting personal resilience;
- Ensure joint working arrangements are in place between health and social care providers;
- Ensure winter infrastructure measures including emergency gritting, road clearance and access systems are in place;
- Be aware of, and apply escalation through the Surge and Escalation Response plan as appropriate and in line with the processes defined.
- Establish all providers to provide a regular winter de-briefs weekly to establish an overview of the system and issues that may present themselves.

## 6. KEY ACTIONS TO WINTER ISSUES

The table below outlines some of the key winter related issues and the subsequent actions to help manage those should they occur.

Issue	Action	Responsibility
Seasonal related illnesses within the community causing an increase in demands on health services for assistance, diagnosis and medical prescriptions.	<p>Monitor in relation to the agreed triggers and adjust the organisations Operational Pressures and Escalation Level (OPEL) in-line with arrangements under the CGH Surge and Escalation Response Plan.</p> <p>Vaccination programmes should be identified and implemented as appropriate.</p> <p>Where the illness is related to Flu consideration should be given to activating the West Yorkshire Resilience Forum Influenza Plan.</p>	All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from NHS England.

Issue	Action	Responsibility
<p>Seasonal related illness causing staff absenteeism above normal levels due to staff sickness or staff having to be off work to care for those sick or unable to attend usual care facilities/schools due to closures.</p>	<p>Activate Business Continuity Plans and adjust the organisations OPEL Level in-line with arrangements under the C&amp;GH Surge and Escalation Response Plan.</p> <p>Implementation and promotion of flu vaccinations for front line and critical service staff should occur to maximise uptake thereby increasing immunity and minimising the risk of staff absence due to their own sickness.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from NHS England or the relevant Public Health Team.</p>
<p>Response to impacts of Cold Weather causing issues with the transport network thereby affecting patient access to services.</p>	<p>Activate Individual organisations and any joint transport plans.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from the appropriate Local Authority or the CCG.</p>
<p>Response to impacts of Cold Weather causing issues with the transport network thereby affecting staff in getting to work and carrying out their business as usual activities e.g. travelling throughout their community to deliver services.</p>	<p>Activate Transport Plans and Business Continuity Plans. Also, where pressure and demand increases due to staff absenteeism consider adjusting the organisations OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate.</p>
<p>Response to impacts of Cold Weather causing issues with the transport network thereby affecting patient access to services. This will mean patients with</p>	<p>Patients/clients to contact their hospital/care provider if there are concerns about being able to access critical care during bad weather. The hospital/care provider should triage the request for snow clearing/ gritting and contact the Local Authority customer care team direct: 01484 225646 (24 hours) for assistance. The triage system helps to establish which requests are urgent so resources can be prioritised</p>	<p>Kirklees Council and Calderdale Council.</p>



Issue	Action	Responsibility
life-threatening conditions must have vital treatment at home, (e.g. chemotherapy, kidney dialysis, etc) and health care workers must be able to make home visits. Gritting of roads to access patient homes is necessary.	accordingly. Information is being widely circulated to residents again this winter-including a guide to getting prepared for bad weather. The council websites and real time info is also available. <a href="http://www.kirklees.gov.uk/winter/">http://www.kirklees.gov.uk/winter/</a> <a href="https://www.calderdale.gov.uk/v2/council/emergencies/preparing-emergencies/be-prepared-winter">https://www.calderdale.gov.uk/v2/council/emergencies/preparing-emergencies/be-prepared-winter</a>	
Tracking uptake of vaccinations	Where they are implemented tracking of vaccinations of vulnerable person uptake should occur (e.g. those under 3 and others in at risk groups). Where issues are detected in the uptake, identify actions and implement these as necessary to address this.	NHS England, Public Health England and Primary Care Teams
Access to flu vaccination services	Offer an enhanced flu vaccine service via community pharmacies commissioned to provide flu vaccine to at risk patients.	NHS England, Public Health England and Primary Care Teams All providers
General increases in staff absenteeism	Activate Business Continuity Plans and adjust the organisations OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan.  All organisations re responsible for managing planned leave to ensure that times of high demand are covered.	All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from the CCGs.
Safe staffing levels in A&Es on both sites	Activate Business Continuity Plans for A&E  Adjust the organisations OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan. A&E acute provider should be monitoring the activity within departments  Effective discharge processes in place refer to Adult Discharge Policy.  A&E front door signposting and streaming.  Other providers to offer support and assistance to relieve pressure within A&E	CHFT Kirklees Council/Calderdale MBC



Issue	Action	Responsibility
Staffing levels	<p>Activate individual organisations Business Continuity Plans and adjust the organisations' OPEL Level in-line with arrangements under the CGH Surge and Escalation Response Plan.</p> <p>Activate Comms Plan to communicate the issue and risks, Communicate to general public via comms route. Ensure effective signposting and streaming</p> <p>All providers to communicate area of issues (community, Acute, Primary Care) internally and offer assistance if available.</p>	CHFT, Locala, Kirklees Council, Calderdale Council

## 7. WELLBEING IN WINTER AND EXCESS WINTER DEATHS

Cold temperatures can affect physical and mental health and wellbeing and potentially cause an increase in mortality rates during the winter period. In order to manage physical and mental wellbeing in winter it is therefore necessary to ensure community members have access to warmth, via affordable heating for their homes and hot food and drinks.

- Local authorities and voluntary sector will co-ordinate the delivery of affordable warmth schemes.
- Both Calderdale and Greater Huddersfield have activated the primary care winter schemes to enhance GP access in order to support the system through winter as referenced earlier in the plan.
- Prior to each winter period Public Health England release an England wide overarching Cold Weather Plan. Within this document is guidance for responders.
- This plan identifies a national system for warning responders and the community about the risks of winter weather by a numeric system as follows:
  - Level 1:** Winter preparedness and action;
  - Level 2:** Severe winter weather is forecast (alert and readiness);
  - Level 3:** Severe weather action;
  - Level 4:** Major Incident (emergency response).

For more details on cold weather levels, actions to consider or other general further information on cold weather related to winter please see the UK Cold Weather Plan for England<sup>1</sup>.

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<sup>1</sup> **Note:** an up to date copy can be viewed online at: <https://www.gov.uk/government/collections/cold-weather-plan-for-england>

## 8. FLU PLANS

The National Flu Plan<sup>2</sup> sets out a co-ordinated and evidence based approach to planning for and responding to the demands of flu across England.

The National Flu Plan provides the public and health care professionals with an overview of the co-ordination and the preparation for the flu season and signposting to further guidance and information.

Those organisations within the C&GH A&EDB should be able to provide assurance and evidence that the considerations within the National Flu Plan are within their own flu/outbreak response plans and arrangements.

More details on a National response to flu and best practice for planning and response at a local level please see the National Flu Response Plan.

More locally there is the West Yorkshire Flu Plan. The requirements of this plan should be met as far as practicable in response in planning and response to flu incidents.

## 9. PUBLIC INFORMATION

Public Communications should be in line with the CCGs and Partners Winter Communications Plans.

Things to be communicated include, but are not limited to:

- Only using A&E and 999 when you really need it;
- Services and accessibility (including holiday opening times well in advance of those days being reached);
- Promote the use of high street pharmacies for common medical complaints;
- Having a well-stocked medicine cabinet;
- Using the online NHS symptom checker;
- CPWY opening times over bank holidays;
- Ensuring repeat prescriptions are ordered and collected in time.
- Prevention of spread and managing seasonal illnesses being experienced (e.g. influenza, norovirus etc.);
- Ice warnings over slips/trips/falls.

Options for communicating with the public include, but are not limited to:

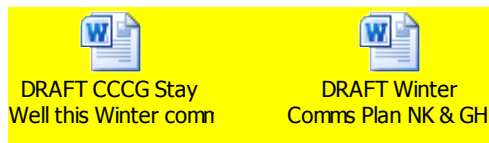
- Media campaigns (e.g. radio/TV adverts);
- Via front line staff support and advice;
- Via work and projects with the voluntary sector and community groups;
- Social media posts;
- Leaflets/posters in GP and Secondary Care environments;

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<sup>2</sup> **Note:** National Flu plan 2019-20 can be viewed online at:

<https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf>

- Mailshots (particularly targeting the vulnerable).



**UPDATES TO BE INSERTED**

## 10. BREXIT

At the time of writing this plan a scheduled (planned or otherwise) exit from the European Union is 31<sup>st</sup> October 2019. This may change dependent on government policy and direction.

The AEDB has discussed implications of Brexit on their health and social care economy and sought assurances from partners on their plan, risk and mitigations. Plans were in place for the original Brexit date of 31<sup>st</sup> March 2019 with these being reviewed continually by partners and assurances sought by the AEDB and the final date approaches/changes.

Support to the Brexit process and implications after exit are detailed in the Surge & Escalation Plan which should be read in conjunction with this document.

## 11. APPENDICES / ASSOCIATED DOCUMENTS

This section outlines the documents which have been used in the creation of this document and which support this document's implementation.

The documents identified in this section may be referred to throughout the document where necessary.

- Organisational specific Incidents Response Plan/Major Incident Plan;
- Organisational specific Business Continuity Plans;
- Calderdale and Greater Huddersfield Surge and Escalation Response Plan;
- National Flu Plan;
- Cold Weather Plan for England
- Organisation specific Infection Outbreak Plans;
- Local Authority Adverse Weather Plans;
- Local Authority Local Transport Plans;
- YAS Winter Concept of Operations (includes NHS 111 and Patient Transport Services).
- Partner Brexit plans and risk analysis

## APPENDIX A: TABLE OF PROGRESS AND AMENDMENTS

Version	Date	Created by / Amendments made by	Comments
Version 0.1	September 2019	Initial draft raised by Jon Parnaby	Draft

APPENDIX B: SUMMARY COLD WEATHER ACTIONS FOR HEALTH AND SOCIAL CARE ORGANISATIONS AND PROFESSIONALS, COMMUNITIES AND INDIVIDUALS

	Level 0	Level 1	Level 2	Level 3	Level 4
	<b>Year-round planning</b> <i>All Year</i>	<b>Winter preparedness and action</b> <i>1 November to 31 March</i>	<b>Severe winter weather forecast – Alert and readiness</b> <i>Mean temperatures of 2°C and/or widespread ice and heavy snow predicted with 60% confidence</i>	<b>Severe weather action</b> <i>Mean temperatures of 2°C and/or widespread ice and heavy snow</i>	<b>Major incident – Emergency response</b>

	Level 0	Level 1	Level 2	Level 3	Level 4
Commissioners of health and social care	<p>1) Take strategic approach to reduction of EWDs and fuel poverty.</p> <p>2) Ensure winter plans reduce health inequalities.</p> <p>3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).</p>	<p>1) Communicate alerts and messages to staff/public/media.</p> <p>2) Ensure partners are aware of alert system and actions.</p> <p>3) Identify which organisations are most vulnerable to cold weather and agree winter surge plans.</p>	<p>1) Continue level 1 actions.</p> <p>2) Ensure partners can access advice and make best use of available capacity.</p> <p>3) Activate business continuity arrangements as required.</p>	<p>1) Continue level 2 actions.</p> <p>2) Ensure key partners are taking appropriate action.</p> <p>3) Work with partners to ensure access to critical services.</p>	

	Level 0	Level 1	Level 2	Level 3	Level 4
Provider organisations	<p>1) Ensure organisation can identify and support most vulnerable.</p> <p>2) Plan for joined up support with partner organisations.</p> <p>3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).</p>	<p>1) Ensure cold weather alerts are going to right staff and actions agreed and implemented.</p> <p>2) Ensure staff in all settings are considering room temperature.</p> <p>3) Ensure data sharing and referral arrangements in place.</p>	<p>1) Continue level 1 actions.</p> <p>2) Ensure carers receiving support and advice.</p> <p>3) Activate business continuity arrangements as required; plan for surge in demand.</p>	<p>1) Continue level 2.</p> <p>2) Implement emergency and business continuity plans; expect surge in demand in near future.</p> <p>3) Implement local plans to ensure vulnerable people contacted.</p>	<p>Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the</p>

	Level 0	Level 1	Level 2	Level 3	Level 4
Frontline staff – care facilities and community	<p>1) Use patient contact to identify vulnerable people and advise of cold weather actions; be aware of referral mechanisms for winter warmth and data sharing procedures.</p> <p>2) Ensure awareness of health effects of cold and how to spot symptoms.</p> <p>3) Encourage colleagues/clients to have flu vaccinations.</p>	<p>1) Identify vulnerable clients on caseload; ensure care plans incorporate cold risk reduction.</p> <p>2) Check room temperatures and ensure referral as appropriate.</p> <p>3) Signpost clients to other services using 'Keep Warm Keep Well' booklet.</p>	<p>1) Continue level 1 actions.</p> <p>2) Consider prioritising those most vulnerable and provide advice as appropriate.</p> <p>3) Check room temperatures and ensure urgent referral as appropriate.</p>	<p>1) Continue level 2 actions.</p> <p>2) Implement emergency and business continuity plans; expect surge in demand in near future.</p> <p>3) Prioritise those most vulnerable.</p>	<p>Civil Contingencies Secretariat (CCS) based in the Cabinet Office.</p> <p>All level 3 responsibilities to be maintained unless advised to the contrary.</p>



	Level 0	Level 1	Level 2	Level 3	Level 4
GPs and their staff	<p>1) Be aware of emergency planning measures relevant to general practice.</p> <p>2) Ensure staff aware of local services to improve warmth in the home including the identification of vulnerable individuals.</p> <p>3) Signpost appropriate patients to other services when they present for other reasons.</p>	<p>1) Consider using a cold weather scenario as a table top exercise to test business continuity arrangements.</p> <p>2) Be aware of systems to refer patients to appropriate services from other agencies.</p> <p>3) When making home visits, be aware of the room temperature.</p>	<p>1) Continue level 1 actions.</p> <p>2) Take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health.</p> <p>3) When prioritising visits, consider vulnerability to cold as a factor in decision making.</p>	<p>1) Continue level 2 actions.</p> <p>2) Expect surge in demand near future.</p> <p>3) Ensure staff aware of cold weather risks and can advise appropriately.</p>	

	Level 0	Level 1	Level 2	Level 3	Level 4
Community and voluntary sector	<p>1) Engage with local statutory partners to agree how VCS can contribute to local community resilience arrangements.</p> <p>2) Develop a community emergency plan to identify and support vulnerable neighbours.</p> <p>3) Agree arrangements with other community groups to maximise service for and contact with vulnerable people.</p>	<p>1) Test community emergency plans to ensure that roles, responsibilities and actions are clear.</p> <p>2) Set up rotas of volunteers to keep the community safe in cold weather and check on vulnerable people.</p> <p>3) Actively engage with vulnerable people and support them to seek help.</p>	<p>1) Activate the community emergency plan.</p> <p>2) Activate the business continuity plan.</p> <p>3) Continue to actively engage vulnerable people known to be at risk and check on welfare regularly.</p>	<p>1) Continue level 2 actions.</p> <p>2) Ensure volunteers are appropriately supported.</p> <p>3) Contact vulnerable people to ensure they are safe and well and support them to seek help if necessary.</p>	<p>Level 4 alert issued at national level in light of cross-government assessment of the weather conditions,</p>

	Level 0	Level 1	Level 2	Level 3	Level 4
National level	<p>1) CO will lead on co-ordinating cross-government work; individual government departments will work with partners on winter preparations.</p> <p>2) DH, PHE and NHS England will look to improve the CWP and the monitoring and analysis of winter-related illness and deaths.</p> <p>3) PHE and NHS England will issue general advice to the public and professionals and work closely with other government departments and other national organisations that produce winter warmth advice.</p>	<p>1) Cold Weather Alerts will be sent by the Met Office to the agreed list of organisations and Category 1 responders.</p> <p>2) PHE and NHS England will make advice available to the public and professionals.</p> <p>3) NHS England will continue to hold health services to account for action and PHE will routinely monitor syndromic, influenza, norovirus and mortality surveillance data.</p>	<p>1) Continue level 1 actions.</p> <p>2) DH will ensure that other government departments, particularly DCLG RED, are aware of the change in alert level and brief ministers as appropriate.</p> <p>3) Government departments should cascade the information through their own partner networks and frontline communication systems.</p>	<p>1) Continue level 2 actions.</p> <p>2) NHS England will muster mutual aid when requested by local services.</p> <p>3) Met Office will continue to monitor and forecast temperatures in each area, including the probability of other regions exceeding the level 3 threshold.</p>	<p>coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.</p> <p>All level 3 responsibilities to be maintained unless advised to the contrary</p>

	Level 0	Level 1	Level 2	Level 3	Level 4
Individuals	<p>1) Seek good advice about improving the energy efficiency of your home and staying warm in winter; have all gas, solid fuel and oil burning appliances serviced by an appropriately registered engineer.</p> <p>2) Check your entitlements and benefits; seek income maximisation advice and other services.</p> <p>3) Get a flu jab if you are in a risk group (September/October).</p>	<p>1) If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you.</p> <p>2) Check room temperatures – especially those rooms where disabled or vulnerable people spend most of their time</p> <p>3) Look out for vulnerable neighbours and help them prepare for winter.</p>	<p>1) Continue to have regular contact with vulnerable people and neighbours you know to be at risk in cold weather.</p> <p>2) Stay tuned into the weather forecast ensure you are stocked with food and medications in advance.</p> <p>3) Take the weather into account when planning your activity over the following days.</p>	<p>1) Continue level 2 actions.</p> <p>2) Dress warmly; take warm food drinks regularly; keep active. If you have to go out, take appropriate precautions.</p> <p>3) Check on those you know are at risk.</p>	<p>Follow key public health and weather alert messages as broadcast on the media.</p>