

Mid Yorkshire Health and Social Care System

Winter Plan

2019/20

Draft

Version Control

Date	Version	Status
	0.1	Framework and first draft
23/7/19	0.2	Winter review information added CCG and MYHT
13/8/19	0.3	System winter feedback added
14/08/19	0.4	Formatting adjustments
3/9/19	0.5	Adding further information from providers
10/9/19	0.6	Further work added (awaiting funding approval and comms plan)
19/9/19	0.7	Proof read
23/9/19	0.8	Funding info provided from MYHT and LA; Wakefield and NK comms added (Awaiting NK extended hours) Presented at JUCIG further additions discussed
26/9/19	0.9	NK Primary Care added
2/10/19	1.0	YAS added. Amendment to Kirklees Council wording. SWYPFT to follow; message inserted

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Issue Date:	

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1. Summary and Introduction

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 Mid Yorkshire System footprint.

This Plan is intended to be simple and 'winter specific'; in addition to all year round transformation plans and to extend over and above business as usual therefore formed with a 'risk based' approach.

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

This winter providers are focussing on integrated working, supporting early discharge and reducing the number of long stay and delayed transfers of care. This is enabled with the introduction of a complex integrated discharge team originating within the Trust and supporting seamless transfers into community services. In addition more integrated working with care homes to reduce length of stay and timely supported transfers.

There is focus on preventing attendance at A/E by promoting self-care, access to out of hour's primary care and with Public Health initiatives such as telecare, heating initiatives and flu vaccines to prevent the need for urgent health care services. This will be supported by a significant communications campaign, trialling methods that have not been used in recent years.

Improved pathways directly on to wards for frailty and integrated teams at the A/E front door aim to reduce pressure in the emergency department.

With new initiatives introduced onto wards to prevent unnecessary delays once discharge has been agreed such with specific roles to support complex issues in order to reduce the length of stay for patients in hospital who are approaching medical optimisation.

Resources to fund additional capacity both within the acute trust and winter beds in community will reduce the pressure on the system over the winter period.

(SWYPFT Mental Health contributions to plan to follow as significant planning still in discussion)

2. Aims and objectives

- To Identify learning from last year and plan to work differently as an integrated health and social care system
- To establish what key challenges organisations will face this winter, to identify risks and mitigate
- To establish effective communications plan between system partners and for service users
- To test the plan and articulate a robust mechanism for escalation

3. Governance

This winter plan, associated risks and actions are owned by the Mid Yorkshire A&E Improvement Group (Local A&E Delivery Board equivalent). This is chaired by the Chief Executive of Mid Yorkshire Hospitals NHS Trust and the attendees including directors and senior managers from the following organisations:

- Mid Yorkshire Hospitals NHS Trust (Acute Trust and community nursing and therapy provider in Wakefield)
- Yorkshire Ambulance Service
- Locala (Provides community nursing, therapy and walk-in-centre in North Kirklees)
- Local Care Direct (Provider of GP out of hours service across in West Yorkshire and walk-in centre in Wakefield)
- Connexus (Provider of Wakefield GP extended hours service)
- South West Yorkshire Partnership NHS Foundation Trust
- Kirklees Council
- Wakefield Council
- Community Pharmacy West Yorkshire
- North Kirklees Clinical Commissioning Group
- Wakefield Clinical Commissioning Group

4. Scope

This plan is intended to cover the period from 1 Nov 2019 to 31 March 2020 and will stretch across MYHT system footprint partners, which includes Wakefield and North Kirklees districts.

Contributions to the plan have been sought from key partners across the system.

Organisations are expected to have in place their own winter plans which are expected to feature initiatives in more specific detail than that provided within this system plan. This plan is to demonstrate the high level issues the system may face this winter and with this the partnership working in place to develop new initiatives and mitigating risk.

5. Learning from last year

Mid Yorkshire Hospitals Trust (MYHT) feedback

Managing all patients within Division should be a priority over outlying patients as this allows specialties to support better review and therefore decrease length of stay (LoS). This approach also contributed to a reduction in outliers.

7-day therapy ensured that patients received timely input. This also contributed to improved LoS and a better overall discharge rate throughout winter. Since last winter, the service has received additional funding to provide weekend cover.

MADE events at strategic points in the winter ensured that the growth in long stay patients seen the previous winter (17/18) was contained and overall targets delivered. Changes this winter will be delivered through an Integrated Discharge Team approach.

The Trust managed its OPEL escalation differently throughout winter 18/19 escalating to OPEL 3 in limited situations ensuring that partner input when requested was provided to de-escalate quickly. The Trust will be considering a similar approach in winter 19/20.

Senior leadership through the winter room provided greater oversight and consistency of decision making. The Trust will be seeking to build on this approach again this winter.

Inter Facility transport coordinated through YAS provided more flexibility and a more consistent approach to the movement of patients between sites. The Trust will be seeking a similar arrangement in winter 19/20.

Frailty direct admission commenced on the DDH site reducing the volumes of >80 year olds presenting to ED. The model is expected to be extended to cover PGH in time for winter 19/20.

MYHT winter review report 18/19

A/E Attendances 2018/19

In paediatrics, the key increase in attendances throughout winter was in the 0-9 age category with an overall increase of 7% relative to 17/18 (1273 patients). Peaks in attendances for this group were January and March respectively.

For adults, the 30 to 39 age group had an overall increase of 9% (1232 patients). This group saw a peak in attendances in January and February.

The 50 and 59 age group saw an overall growth of 10% (1050 patients). Attendances were relatively high in January and February for this group.

There was a very marginal increase in attendances for age 80+ patients; however the 90+ age group saw a drop of 13% (230 patients).

ED Conversion Rate

Based on left department date

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2017/18	23.6%	21.7%	21.7%	22.0%	21.3%	22.0%
2018/19	20.9%	21.1%	21.2%	21.3%	21.2%	21.1%

ED Waiting Times

There is recognition that long waits in ED are detrimental to patients while also leading to ED overcrowding and exit block from a flow point of view.

There is a noted reduction of patients waiting in the department above 12 hours relative to winter 17/18.

There is a slight increase 3% in the numbers of patients waiting between 7 hours and 11 hours 59.

It is recognised that increased volume of attendances particularly at PGH will have made it difficult for any improvements / reductions to waiting time to be felt by staff in the Department.

Wait	< 2 hours	2-3.59	4-6.59	7-11.59	12-15.59	16+
%	5%	18%	18%	3%	-28%	-37%
volume	653	3518	1341	118	-351	-80

AMBULATORY EMERGENCY CARE - Both Wards (AAE, GAM)

Includes Admissions and Ward Attenders

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2017/18	1,337	1,319	1,398	1,162	1,290	6,506
2018/19	1,073	941	1,219	1,077	1,148	5,458
+/-	-20%	-29%	-13%	-7%	-11%	-16%

There is recognition that given multiple pathway changes throughout the year (including direct admission to frailty), AEC activity dropped relative to 17/18 despite

the overall increase in ED attendances. Same Day Emergency Care is a key priority for the Unplanned Care Programme 19/20

BEDS OPEN - Escalation Beds

Average daily beds open

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2017/18	2	24	72	46	50	39
2018/19	20	40	60	58	34	42
+/-	1204%	68%	-17%	26%	-32%	8%

26 winter beds on the Dewsbury site were opened in a planned way mid November and December 18; 'Surge before outlying' strategy supported better patient flow.

Avg LOS - Acute Admissions - Division of Medicine

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2017/18	7.11	7.00	7.95	8.19	8.43	7.73
2018/19	8.07	7.12	7.60	7.82	7.05	7.53
+/-	13%	2%	-4%	-4%	-16%	-3%

Avg LOS - Acute Admissions - Division of Surgery

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2017/18	2.30	2.42	2.29	2.40	2.15	2.31
2018/19	2.29	2.18	2.01	1.97	2.08	2.10
+/-	-1%	-10%	-12%	-18%	-3%	-9%

"SUPER"-STRANDED PATIENTS - All Specialties

Patients with LOS \geq 21 days

Average number of patients per day

Year	Nov	Dec	Jan	Feb	Mar	TOTAL
2017/18	168	182	236	220	209	203
2018/19	188	186	191	176	172	183
+/-	12%	2%	-19%	-20%	-18%	-10%

A key focus on super stranded patients was maintained from early November via a 'Site specific', silver command approach.

Multi Agency Discharge Events at key points in the year have allowed backlogs not to accumulate. This can be seen with specific reference to Dec/Jan last year which resulted in a surge that subsequently took several months to recover from.

What worked well

- Improved use of the Full Capacity Plan and associated outlier plan.
- Site specific leadership / daily management of long-stay patients.
- 7-day therapy on peripheral sites supported reduction of LoS.
- Inter Facility Contract contract through YAS provided greater transparency and flexibility to transfer patients.
- Regular programme of MADE events.
- Management of OPEL with escalation to OPEL 3 in limited cases to ensure system-wide buy in and support.
- Commencement of Frailty direct admission at DDH.

Areas for further review

- Medical staffing gaps presented a risk to the Trust with a number of concerns escalated by junior doctors (To be considered under Maintaining Safety POAP for the Unplanned Care Programme 19/20).
- Bottlenecks with patient flow on Acute Assessment Areas where base ward beds available but patients unable to move (To be considered under the Patient Flow POAP for the Unplanned Care Programme 19/20).
- Surge pressures continued well past March with the Trust being in Opel 3 for several days in April 2019.

Wakefield Local Authority Feedback

It is clear that winter pressures extend beyond November to March with significant pressures noted late April and early May last year and that staffing is a key component of reducing pressures requiring greater awareness and focus on sickness monitoring and granting annual leave.

In view of the number of acute beds and care home beds affected with infection last year, effective business continuity plans are key for infection control issues to ensure service delivery remains effective at all times, and Opel calls are essential for effective communication and action across partners.

Winter step down beds were block commissioned last year from two care home providers due to time constraints and planning; some providers felt the process for allocating the block funding for winter beds was unfair. It would be advised that this year a process is adopted that enables more providers to express interest and more homes to be involved.

It has been recognised that 90-150 people receiving domiciliary care services are admitted to hospital within an average 4 week period. At present, there is no specific support for domiciliary care staff to access if they are concerned about someone and they tend to manage the risk by ringing an ambulance or NHS111. It I felt there is a need to create a link for carers, perhaps to resource within the Connecting Care Hubs or Primary Care Home Networks to prevent unnecessary admissions.

Domiciliary care providers are not currently paid any retainer while service users are in hospital. This can mean that care staff regularly lose a significant amount of income while people on their round are in hospital. Retention of care staff would be much improved if we could pay a certain amount towards the time that people are in hospital. Other areas of the country that do this have also shown that discharge from hospital can be expedited when care staff are in place, perhaps even visiting people in hospital to support discharge arrangements. Costing for this are currently being explored and commissioners are working with providers to find out the extent of the issue and the potential effects of implementation.

Public Health feedback

It is essential to continue the collaborative winter communications approach between partners.

The Council Flu Clinics in care homes resulted in a significant increase in Social Care Worker flu vaccination uptake. The Infection Prevention Control (IPC) Team improved oversight, aiding discharge planning, effective outbreak management and greater system intelligence. This year there is plans to enhance the model to deliver council flu vaccination clinics to all care homes within the Kirklees and Wakefield district.

The Strategic Housing Energy Team received large numbers of enquiries from vulnerable and 'fuel poor' low income residents who have faulty or inadequate heating, and as a result are living in a cold damp home. These local residents are often more susceptible to respiratory illnesses or at risk of exacerbating existing cold related illnesses including COPD, Stroke or Asthma.

Learning from last winter the Energy Team aims to provide a more comprehensive programme to support these vulnerable residents with heating improvements. Referrals for heating improvements were generated through selected frontline health and social care workers, however, a more comprehensive range of stakeholders that deals with vulnerable residents with health problems should be established to reach more of those in need including for example GP surgeries.

Linked to the enhanced heating improvement programme referrals for additional support will be provided to residents to lower bills and maximise income including lower energy tariff and money and debt management advice in order to reduce the risk of fuel poverty as part of a more holistic support package moving forwards.

A heating improvement programme was delivered during the winter 18/19, however and has again been provided for this winter. It is a key challenge moving forwards to deliver a service for more residents in need over a longer period of time. Generating referrals for those with health problems living in cold homes and in most need of heating improvements will be addressed by developing more effective referral networks including building links with GP surgeries and the emerging new link worker programme.

Kirklees Local Authority Feedback

The uptake of choice and recovery beds was low last winter. 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 last year. The benefits of mobile agile working were realised however the role of the trusted assessor requires more development moving forwards.

Kirklees Locala Community Health feedback

Locala reported that the community matron input into both acute trusts was a very effective way of managing the community beds pathway. They acknowledged that admission avoidance needs to start before the patient is transported to the acute trusts and as a result the Locala Short Term Assessment Response Team (START) are working with YAS to create alternative pathways for patients in the community to transportation to hospital. These will involve direct access to a community nurse in the Single Point of Contact (SPOC), providing advice on which services are currently supporting patients as well as an urgent START response within 2 hours.

Participation in the Multi Agency Discharge Events (MADE) was instrumental in facilitating discharges from the acute trust into the community services.

Locala identified that patient transfer between sites in the acute setting created longer lengths of stay and that discharging patients direct from Pinderfields, rather than transferring them to Dewsbury, would support a reduced length of stay (LOS) in the patient pathway. Having social care and Locala staff on site in Pinderfields would support this process and a business case to support this has been shared with commissioners.

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 will be implemented.

Yorkshire Ambulance Service (YAS) feedback

By coordinating MYHT Winter transport through our Emergency operations centre and governance structures, provided a safe responsive service for patients

- Avoided duplication
- Aborted PTS journeys
- Operability between service lines promoted patient flow.

6. Challenges the system is aware of ahead of winter 19/20

Mid Yorkshire Hospitals Trust

Additional initiatives funded through winter monies will only support short term benefits unless integrated into business as usual. The Trust, through its Unplanned Care Programme, will be working to ensure that the key transformation becomes business as usual where possible rather than relying on short term funding.

Nurse staffing and vacancies remain a challenge however, throughout the past year, the Trust has appointed more Trainee Nurse Associates (TNA) to close this gap.

Gaps in the medical workforce remain a challenge. At divisional level, risk assessments have been completed as part of day to day business and plans to reduce associated risks transacted accordingly. This may require consultants to be based on the hospital site out of hours to ensure safe and appropriate levels of medical staffing particularly out of hours.

The number of patients medically optimised in the bed base remains a challenge despite overall super stranded patient (21 day plus LOS) numbers reducing.

The Trust will expect additional demand over winter. Modelling using data from previous winters' will be completed as part of the Trust's winter planning for 19/20. The Trust will identify the average additional capacity required over the period November through to March and proactively make plans for capacity creation to meet this gap. This will include but not be limited to; reducing occupancy by delivering the long stay patient trajectory, reducing / maintaining Length of Stay over the winter period, using the Trust's Full Capacity Plan.

Wakefield Local Authority

Fluctuating Independent Sector capacity provision for Residential / Nursing and Domiciliary care and recruitment and retention of staff in Local authority care teams continues to be a challenge.

Influenza is one of the biggest winter challenges each and every year; the Flu Campaign driven by the combined Wakefield and Kirklees Infection Prevention and Control team (IPC) is key in managing this challenge.

The IPC audit process and IPC programme supports the national and local Influenza campaign and initiatives. The IPC team promote key messages regarding influenza vaccination uptake to a number of health and social care settings, which includes; Training and Education Sessions for Social Workers, Care Homes, Domiciliary care providers, Nursery and child minder settings and GP Practices.

In addition to Influenza, Norovirus is another common infection bringing additional challenge for winter; the IPC team provide support, education and IPC training sessions to all health and social care providers including Social Workers, Care Homes, Domiciliary care providers and GP Practices.

Ongoing information and updates are circulated via the established newsletters. As part of the Wakefield and Kirklees IPC programme- the IPC service manage care home outbreaks and visit care homes, within 48hrs of a confirmed outbreak to gain assurances that the home is managing the outbreak effectively

North Kirklees Local Authority

The main concern is a lack of capacity in the Home Care market which impacts on flow from other services. It is intended to do intensive work in collaboration with providers to tackle the underlying issues.

Kirklees Locala Community Health

Locala have stated that any winter pressure support that requires staffing creates difficulties in relation to recruitment. Winter sees a surge in activity not only within the acute trusts but also within the community setting. Managing this spike in demand for the crucial 3-4 months can impact on Locala's performance in other areas, when resources are diverted away from routine work. In order to mitigate this issue Locala will have a clear picture of critical services and an understanding of services that can be delayed for short periods of time in order to release capacity to support any sudden spikes in activity.

Locala have undertaken a significant restructure of its community bed provision in line with a commissioner and partner organisation as part of an IMC review. This has significantly impacted on the Length of Stay in North Kirklees community beds. In winter 2018/19 Locala managed capacity across the winter months in part due to matron in-reach into the acute setting, supporting discharges directly home for patients, as an alternative to a community bed stay. To secure this capacity for winter 2019/20, the KILT triage service is being developed which will consider all alternative pathways to a community bed with home first as the primary aim.

Bank Holidays create significant pressure across the system. GP closure and increased community activity increases the risk of a spike in demand for acute hospital services. To mitigate for this Locala will ensure 7 day access to community beds and appropriate staffing in all critical services during the bank holiday periods. These numbers will be based on previous year's activity within each of the services involved.

Primary Care

Primary care 24/7 continues to experience significant pressures all year round and further increased by seasonal pressures in particular winter and the Christmas bank

holiday periods. Aligned to the National guidance to integrate urgent out of hospital care, the CCG is continuing to work with the partner providers to create a streamlined model that will support the wider system and patients to receive care that is in the appropriate place by the appropriate professional. This forms a significant part of the Urgent Care Transformation Plan embedded at the end of this document. This transformation is ongoing and the system is not expected to see positive impact in time for this winter however, partners will continue to provide Primary Care extended hours and out of hours cover across the footprint with significant support from primary care CCG and LA funding to promote the availability of GP appointments as an alternative to A/E attendance, via the winter Communications Plan.

The GP Care Wakefield extended hours service runs from 6pm-10pm Monday to Friday and 9am-3pm on Saturdays, Sundays and bank holidays. Patients can access urgent same day appointments by ringing their own practice number or 111. They will then be connected to a triage nurse who will complete a clinical assessment over the phone and offer advice an appointment with a GP or Advanced Nurse Practitioner (ANP) if necessary. Routine appointments are also available to those who struggle to access in hours appointments due to work or other commitments.

North Kirklees

Extended Access Service

An Extended Access service for North Kirklees CCG is commissioned from Curo Health 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 has primarily been provided at Dewsbury Health Centre and ensures access for 100% of the registered population of North Kirklees. 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.

The CCG recently approved a number of changes to North Kirklees model which should offer support to wider system pressures over the winter period.

- Increase of capacity from 30 minutes per 1000 patients to 45 minutes per 1000 patients
- Increase in the range of professionals and services delivering the service. Including a GP representative in each of the Hubs supporting the other clinical roles (Advanced Nurse Practitioners / Advanced Clinical Practitioners, Practice Nurses, Health Care Assistants, Phlebotomy services)
- Expand the number of hubs from 1 to 3 over the winter months providing additional GP capacity

Primary Care Network (PCN) Contract Directed Enhanced Service (DES)

From 1 July 2019, all 27 North Kirklees GP Practices signed up to the new Primary Care Network Extended Hours Directed Enhanced Service (DES). Provision of extended hour's 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:

- 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.
- An additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week
- 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)
- 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.

7. New initiatives planned across the system for this winter

Mid Yorkshire Hospitals Trust

The acute Trust's key focus ahead of this winter is two-fold:

To support the reduction of super stranded patients to create the capacity needed to meet winter demand. The Trust is well underway with delivering the 41% target required by March 2020 and is currently looking to expedite timescales with a plan to deliver the trajectory in time for December.

To facilitate direct admission for frailty patients on the PGH site will reduce demand on the ED and additionally ensure that frail patients are seen/treat quicker by the MDT team. This is expected to reduce readmissions and contribute to a reduction in LoS over time.

Together with social care partners, the Trust will also facilitate an Integrated Discharge Team (IDT). There are a number of aims behind this initiative:

- To support earlier discharge planning building on the ward based discharge model already in place
- To collectively work to more uniform discharge processes including documentation

- To reduce the volumes of patients medically optimised for discharge remaining in the bed base and therefore also the number of Delayed Transfers of Care (DToC)

In addition, delayed transfers of care for Leeds Patients will be cohort on the same ward so that expertise and resources are channelled via key links with Leeds colleagues in order to case manage and provide timely discharge for those patients out of area.

Wakefield Local Authority

New initiatives in partnership:

- The introduction of a Joint Integrated Discharge Team with the Acute Trust and Community Hubs
- Increased access to equipment and telecare initiatives
- Provide Discharge to Assess – with nominated Social Worker attached to Care Homes
- Develop Discharge to Assess pathway to link into Connecting Care community hubs
- Provide admission avoidance via Integrated community hubs
- Alternative bed base provision supported by Local Authority in partnership with health professionals

Public Health

In securing additional funding to support households with carers to receive funded care link, in addition to this vulnerable households will receive heating support. The Money Smart scheme provides a package of free support to help vulnerable residents save money and maximise their income in order to reduce the risk of fuel poverty.

North Kirklees Local Authority

Choice and recovery beds will be spot purchased this year based on demand and capacity supporting patient choice.

Annual leave training and non- working days will be monitored to ensure adequate staff are on duty at key times. The staffing capacity within reablement is being addressed through a review of rota patterns.

Staff will be provided with mobile IT equipment enabling them to work from various bases or from home should circumstances such as weather raise issues. Staff will be able to work flexibly across hospital sites.

Following difficulties with the trusted assessor post at MYHT the councils are exploring alternatives to widen the role and place it in a more appropriate service.

Intensive work with home care providers is underway to increase capacity and pathways and a MADE approach will be applied to intermediate care beds settings in the community to facilitate flow across the system.

The council is aiming to streamline intermediate care services within Kirklees Independent Living Teams (KILT) projects.

Work is underway to re-provide the Contingency contract and rebrand as Homefirst as currently the contingency is only available in the South. The intention is to have a Kirklees wide resource to reduce inappropriate non elective admissions and to support discharges from A&E, frailty units and UTCs and to support timely discharges and reduce DTOCs. The business case for this service is due at Integrated Commissioning Board on 3rd October.

The availability of this service will protect stretched reablement resources being utilised for people with low level needs who require very short term support. It supports a Discharge to Assess approach. A business case is under development and will be shared at the Integrated Commissioning Board - the preferred option needs sustainable funding and needs to be agreed at pace to have an impact this winter.

Yorkshire Ambulance Service

YAS will be providing direct access to Pinderfields frailty unit for ambulance patients and providing additional pathways through West Yorkshire.

8. Managing Risk across the system this winter

System Partners have asked to identify their main risks anticipated this winter and asked to consider the following list of 'known winter risks'

Prompts given for consideration:

- *Increased respiratory acuteness;*
- *Flu;*
- *Norovirus;*
- *Snow affecting public and staffing;*
- *Slippery-day affecting public and staffing;*
- *Peaks of high demand or pressure in your service;*
- *Peaks of high demand or pressure in other services;*
- *Bank holidays; Public;*
- *Bank holidays; staffing*

The table below contains system partner feedback:

Organisation	Risk	Mitigation
MYHT acute and community	Medical and nursing staffing shortages	This is an ongoing risk and the trust has operational processes and procedures to manage unexpected short staffing. Divisions review and risk assess staffing daily. This will continue throughout winter and feed into existing structures including weekend and out of hours planning. Where necessary, consultants will support resident overnight on- call to maintain safe service. Any use of the full capacity plan will be risk assessed against available staffing in line with operational policy requirements.
	Ongoing ED demand above contracted levels	This risk is being managed through the unplanned care programme. Internally the trust will mitigate this risk by delivering direct access pathways The CCG will further support a reduction in GP referrals being directed to the ED without a call to the trusts Operations line.
	The risks with Brexit are not fully quantified	The Trust is aware of this risk and will ensure that the Winter Board is fully sighted on any emerging impact to ensure any necessary planning can be in place.
	There is an increased risk of pressure associated with FLU	The Trust has noted this risk at its Winter Board meeting on the 5 th August 2019 and will ensure that there is appropriate contingency in place. This will include deployment of Pont Of Contact Testing (POCT) to support earlier isolation of infected patients. The Trust will link its plans to Primary Care and community via Primary Care Network Leads.
	Occupancy remains high despite progress on the long stay patient agenda	Deployment of the Integrated Discharge team will provide the Trust with More robust mechanism to reduce occupied bed days and length of stay.
NK LOCALA Community Health	Recruitment	Ensure we proactively fill gaps in service prior to winter pressures.
	KPI achievement for routine work	Ensure commissioners are aware of the risk to routine work when we are supporting sudden

		spikes in demand over winter.
	Supporting MADE events across the patch	Planning in capacity for regular attendance and support for the acute trusts for made and silver calls throughout the winter months.
	Embedding the new KILT / IMC integrated structure before winter 2019 / 20	A number of change workshops have been organised with attendees from Social care, Locala and both acute trusts.
North Kirklees Local Authority	Shortage of Home Support Resource	New Kirklees independent living team resource introduced. Spot purchasing of winter beds. Undergoing contracting processes to support Home Care and KILT responsibilities.
	Limited availability of nursing beds across Kirklees	Commissioning colleagues from both the council and CCG are working together and also with provider organisations to create provision and quality that matches need.
	Brexit	Business continuity plans have been reviewed to anticipate and plan for impact across council and providers.
Wakefield Local Authority	Staffing challenges Recruitment and retention Sufficient capacity to meet demand. Extending staff hours to support longer working day	Monitor annual leave requests and fulfil sickness monitoring procedures. Encourage flexible working.
	Adverse weather affecting service delivery	Effective Business Continuity (BCP) and contingency planning. Risk assessment and work reassignment.
	Provider complains about fair process for allocating winter beds funds	Set up a process early before winter to ensure there is an opportunity for providers to express an interest.
	Independent staff retention	Retainer payments being explored

Public Health	Influenza Outbreaks	<p>Implementation of the National and Local Influenza campaign messages to improve uptake.</p> <p>Provision of Care Home Council flu clinics. Wakefield and Kirklees Council staff vaccination teams offer this as part of the influenza campaign. They also provide training and advice to all community health and social care providers and the public.</p> <p>Messages are consistent to public and staff and are formed in partnership with acute trusts.</p> <p>Collaborative working persists throughout the winter period within public health and with Health Protection and EPRR teams.</p>
	Norovirus Outbreaks	The Infection Prevention and Control (IPC) team will support care home managers and staff during confirmed outbreak situations. The community IPC team contacts the home on a daily basis and shares details of the outbreaks with relevant partner organisations.
	Inability to support residents with essential heating improvements due to insufficient funds or the inability to identify and target households most in need of heating improvements	Highlight the need for funding and secure sufficient funding for the short term and aim to make this a long term initiative. Maintain existing stakeholder links and develop new referral pathways in conjunction with frontline health and social care partners
	Snow affecting public and staffing; Slippery-day affecting public and staffing	This is mitigated by Multi Agency Tactical Group (Wakefield District), staff and public awareness campaigns and 4x4 vehicle voluntary groups.
Yorkshire Ambulance Service	Increased seasonal demand and festive period activity	<p>Managing abstractions and reducing training abstraction to increase frontline resources</p> <p>Use historical data to map demand and resources</p> <p>Increased operational overtime budget to increase staffing at periods</p>

	Severe weather	Severe weather procedure and staff transport plan Business continuity plan
	Delays in Hospital handover	Live monitoring through 24/7 Regional Ops Centre Early escalation with acute Trust
	Increased staff sickness	Flu vaccination plan Robust OH services

9. Assurance, Escalation and Testing

CCG System survey

The North Kirklees and Wakefield CCGs EPRR team created a Winter Review survey monkey which had a series of questions for Mid Yorkshire health and social care system partners to complete. The purpose of the survey was to establish what people thought worked well over the winter during times of pressure, In particular relation to system escalation calls, and to identify areas for improvement.

The survey was distributed to all Mid Yorkshire A&E Improvement Group partners. In total 15 responses were received from 6 organisations:

Acute Care;
Ambulance/Transport;
General Practice;
Clinical commissioning;
Out of hours/extended hours GPs;
Community nursing

Summary of responses:

The summary of the responses is as follows (no responses returned from mental health, Local Authority or VCS)

Partnership

There was consensus that was that the system coped well and better than last year. This was based on people feeling that there was better partnership working between organisations. Primary care colleagues also noted that the milder winter helped. Generally respondents stated that the delivery of care to patients was good and the system worked effectively together.

OPEL Calls

Those engaged in the OPEL calls felt that they were helpful and well facilitated with the content of the OPEL calls deemed appropriate, however 15% of people attending

the calls did think otherwise. All respondents agreed that the escalation calls helped their organisation understand pressure within the system and facilitated action in response to any issue raised. Generally the frequency of the calls was found to be appropriate.

Workforce

Over 70% of respondents thought that workforce shortages impacted on the capacity to manage winter, 15% felt that this was very significant.

Capacity

There were mixed feelings regarding the effectiveness of additional community winter beds. Overall they were deemed to be useful, however 15% of respondents believed them to be of no use.

Communication

Just over 20% of respondents believed that the system did not communicate very well however the rest said communication went very well. It was thought that improving the communication around available beds in the community would have improved this.

Areas for improvement

- Primary care prevention and integration of primary care services with Emergency Departments and Ambulatory Emergency care.
- Better access to community provision to prevent hospital admissions and enable delays from hospital.

The Joint Unplanned Care Improvement Group has work-streams focussed on urgent care redesign and community pathways which pick up on these two points.

There were other suggestions around early winter planning and having an exercise to test the response to specific scenarios. It is recommended that system workshops be held to share and test winter plans.

Winter Plan Exercise and Testing

In October this year The CCGs Emergency Preparedness Resilience and Response (EPRR) met with key operational leads to plan an exercise to 'test' the system response to winter challenges, which is an NHS England requirement for assurance. The exercise will reflect upon the challenges identified by partners featured in this plan and will test 'real time' delivery and provide desk top challenges in order to test the whole system response.

In addition to this, organisations have been asked to review their current OPEL frameworks and these will be tested and updated during the exercise.

Escalation plans will be practiced and calls agenda and process will be explored and agreed for adoption during OPEL escalation calls across the winter period, in order to set in place a process which is timely, effective and consistent.

The 'live' element will test the winter call process, based on a scenario commonly presented during recent past winters. Standardised questions will be requested from each partner on the call in order to establish total system pressure, with the proposal that once tested this could be incorporated into the format of the calls during winter, a list of key indicators for system pressure are listed below:

10. Key indicators of system pressure:

This winter MYHT will no longer be using the A/E four hour target Urgent Emergency Care (UEC) standard as an indication of acute pressure which they have in the past. Instead, from 22 May 2019 the new UEC standards were initiated with focus on time to initial assessment, one hour from the decision to admit to a bed and no more than 12 hours in the emergency department.

Daily activity data in relation to this is currently collected for all three sites (PGH, PGI, DDH) as follows:

- Attendances
- Admissions
- Re-attenders
- Average wait for bed
- Longest wait for bed
- Average time in the emergency department
- Longest time in the emergency department
- Trolley waits longest than 4 hours
- Trolley waits longer than 12 hours

System winter escalation calls feature slightly different information which indicates system pressures at the time of the call; a list of proposed indicators to be requested as part of the format of the calls is detailed as follows and will be tested during the winter exercise detailed previously:

- Acute bed availability
- Intermediate care bed availability
- Community Interim bed availability
- Community care package availability
- Number of patients in acute trust medically optimised awaiting discharge
- Number of patients long lengths of stay 7 days plus
- Number of patients extended lengths of stay 21 days plus (national target of 40% reduction currently in place)
- Number of Patients in A/E departments
- Number of DTA'S IN A/E department
- Actions to reduce occupancy
- Home First Capacity

- Care home capacity
- MH bed availability

11. Mutual aid

Successful response to incidents has demonstrated that joint working can resolve very difficult problems that fall across organisational boundaries.

Mutual aid arrangements should exist between NHS funded organisations and also their partner organisations and these should be regularly reviewed and updated. Clinical networks should retain a key role in coordinating their specialist capacity.

Alternative bed base provision can be supported by Local Authorities across the footprint with in-reach capacity to support the trust on discharges where indicated.

Last winter YAS moved dedicated Inter Facility Transfer (IFT) resources into out of hours (OOH) discharge resources when the Trust was escalating discharge requests, which can be explored this winter if required.

Mutual aid will be discussed during escalation calls at times of high pressure for organisations across the system and support will be provided via discussion and collaboration which has worked successfully in previous years.

12. Winter Communications plan

Wakefield

This year combined funding from Wakefield CCG Wakefield Better Care Fund (BCF) and Connexus supports a comprehensive communications campaign on a much bigger scale than past winters.

Billboards will be commissioned and other outdoor space advertising such as electronic screens and bus shelters. This advertising will be strategically placed based on areas of high intensity users of hospital services and in public space where high volumes of people pass.

Social media such as facebook and intranet will be in place for communicating to public and staff.

GP resources such as posters and leaflets will be promoted across primary care.

Key messages will focus on selfcare and prevention of attendance at A/E with clear messages regarding alternatives to hospital such as promoting access to extended hours GP services.

A copy of this plan is attached as **appendix 1**

Kirklees and Greater Huddersfield

Aiming to support hospital and other services over this challenging period, the NHS has once again developed an integrated, multichannel communications campaign that will be implemented across England. Local NHS and partner organisations are expected to support and enhance this campaign through their own communications channels and additional activities as appropriate to their areas. Overall, the NHS winter communication campaign is designed to:

- Engage some of the society's most vulnerable people – frail, older people and those with underlying health conditions and their carers, to help them take better care of their health in winter and avoid becoming so ill that they require hospital admission.
- Reach out to pregnant women, parents of small children and people with long-term health conditions with flu vaccination related advice.
- Raise awareness of the wide range of NHS services and encourage people to use them appropriately.
- Ask NHS staff to have their flu jab.

In Kirklees, the winter messages will be derived from the NHS national and regional campaigns and will also include specifically targeted information with relevance to our specific populations and service challenges.

A copy of this plan is attached as **appendix 2**

13. Winter funding

West Yorkshire and Harrogate Health and Care Partnership Transformation Funding

An allocation of £755,013 was made to the Wakefield and North Kirklees system to support improvement and transformation of the Urgent and Emergency Care System, subject to receipt of clear spending proposals. This figure represents the Wakefield and North Kirklees share of the £3.8m of transformation funding from the West Yorkshire and Harrogate Care Partnership.

The funding intention is for the delivery of high quality, responsive and accessible unplanned care particularly during the winter period.

System partners were asked to provide plans on a page to requests funding from this resource for winter schemes details of which have been incorporated earlier in this plan:

- Opening an additional 26 beds at DDH to support winter flow
- Therapy staffing to support wider provision of 7-day services Trust-wide (PACE, DACE, Ward 8)

Better Care Fund

The Better Care Fund (BCF) winter grant is aimed at supporting the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures has identified 1.6m for the Wakefield District.

Based on learning from last year and identified risks for this winter, system partners have put forward proposal for funding for their areas in support of the winter planning arrangements this year.

The process has worked in conjunction with the proposed initiatives funded via the UEC funding mentioned above, which enables alignment of initiatives to strengthen the overall health and social care integrated approach to winter planning. Key focus of the funded initiatives supports prevention of delayed transfers of care and the 'home first' ethos in maintaining independence and in turn prevention of admission or re-attendance to hospital.

The following initiatives previously mentioned in this plan will be supported by the funding this year:

- Providing improved patients flow and enhanced capacity within the integrated discharge programmes within the acute trust.
- Admission avoidance and enhanced support for care closer to home via;
- Improving Domiciliary Care and integrated discharge processes.
- Implementing Discharge to assess to care home beds
- Initiating a virtual; assessment on wards for care home discharges
- Providing a community 'settling in' service for discharges to care homes
- Increasing Telemedicine in care homes
- Comprehensive communications planning
- Winter warmth initiatives
- Supporting unplanned care redesign

14. European Union Exit

At the time of writing the United Kingdom is set to leave the European Union on 31st October 2019. Planning within the health and care sector is focussed on preparing a no-deal exit.

Areas of risk

The Department of Health and Social Care's [EU Exit Operational Guidance](#) identifies 7 areas of activity that no-deal exit contingency planning is focussed. This provides details of national contingency arrangements and local requirements.

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce

- Reciprocal healthcare
- Research and clinical trials
- Data sharing, process and access

In addition, national planning assumptions identify that organisations may experience additional costs in the event that any supply issues and / or fall in the value of the pound leads to products becoming more expensive. This is likely to add to pressure within organisations already experiencing financial challenges.

Many of these areas are not new, for example medicine shortages, workforce challenges. The uniqueness is the risk to business continuity across different areas at the same time.

Summary of national contingency arrangements

To mitigate the impact of a no-deal Brexit, the Department for Health and Social Care has put in place contingency arrangements.

These include:

- Additional freight routes, including by air to be procured
- Liaison with larger suppliers
- Additional warehouse capacity to store stockpiles
- Requested pharmaceutical companies have an additional 6 weeks of buffer stocks
- National supply disruption groups
- National shortage groups in place

Local arrangements

Some of the local arrangements put in place include:

- Communicating messages to prescribers that they don't need to do anything differently
- Reviewing business continuity arrangements
- Liaising with suppliers not part of national assurance activity
- Communicating the EU settlement scheme to staff
- Reviewing arrangements against scenarios
- Taking action to ensure any personal data transfers that will entail transfer from the EU to the UK will continue.

Escalation

In the event that organisations experience issues relating to EU exit, organisations should escalate issues in the normal way.

Situation Reports

NHS England will be requesting daily sit-reps to reps for organisations to identify any issues.

15. Winter Plan Interdependencies

The following plans are not incorporated into this winter plan to avoid duplication however should be recognised as being interdependent with the plan in specific circumstances:

- **OPEL Escalation plan (further review this year)**



2018 10 31 Mid
Yorkshire A&EIG OPEI

- **Annual flu immunisation programme**



annual-national-flu-p
rogramme-2019-to-20

- **Kirklees Public Health Memorandum of Understanding**



2019-05-02 Health
MOU 0.5.pdf

- **Wakefield Public Health Outbreak Agreement**



2019.05. 20
Outbreak Agreement

- **Kirklees Council Outbreak Response Plan**



Outbreak Response
Plan 4.2.pdf

- **Wakefield Council Outbreak Response Plan**



Wakefield Outbreak
Response Plan.pdf

- **Cold weather plan for England**



2018 10 24
cold_weather_plan_fi

- **Urgent care and transformation plan**



UnplannedCare_Org
anogram1920_DRAF

Thank you to system partners for their valuable contributions to this plan

Appendix 1

Wakefield Communications Plan - Winter 2019/20

Author: Simon Gaskell, Senior Communications Officer

1. Aim

The aim of the winter communications campaign is to ease typical seasonal pressure on A&E services in the district by reducing the number of inappropriate attendances and admissions.

The 2019/20 campaign will focus on highlighting alternative urgent care and out-of-hours services in Wakefield.

In particular, the campaign will concentrate on promoting the GP Care Wakefield service commissioned by NHS Wakefield CCG and provided by GP confederation Conexus.

This is a relatively new service, having launched in September 2017 and there is still much work to be done to raise awareness of it to the Wakefield population.

The service is open 365-days-a-year, from 6pm to 10pm Monday to Friday and 9am to 3pm on weekends and bank holidays. It has three elements: i) Telephone advice and booking (triage) ii) Same day GP/ANP (Advanced Nurse Practitioner) appointments iii) Routine care appointments.

Patients access the service by calling their own GP practice. The phone line for every practice is then diverted to the GP Care Wakefield advice and booking centre during its opening hours.

GP Care Wakefield has relative spare capacity compared with other services, so it is hoped that by making people aware of it, it can pick up some strain felt elsewhere in the system.

The campaign will continue to, as in previous years, also push similar linked messages around 'Choose Well' and Flu (which is coordinated by Wakefield's Public Health team).

It will also link in with a fresh phase of the West Yorkshire and Harrogate Health and Care Partnership's 'Looking Out For Our Neighbours' campaign which looks to tackle issues of social isolation, loneliness and mental health over the winter months.

2. Target Audience

It has been noted from the 2018/19 campaign that the target audience then was hugely varied, ranging from over 65s to those with pre-existing long term health conditions, to those eligible for a flu vaccine, to parents with young children, to those who attend A&E more frequently (20-39-year-olds).

It was felt that this was too broad a target audience for the campaign and that, as a result, there was limited impact with all of the groups mentioned.

Therefore this year, it has been decided to focus on a key group – that being the frequent A&E attenders aged 20 to 39. This group may also tend to have children.

The campaign will still aim to capture all other demographics in its activity but by targeting a significant element of work onto a core group, we hope to be able to run a more effective campaign.

GPs are a secondary target audience who will receive 'winter toolkits' including a range of printed information about the alternatives to A&E and range of support available during winter. It is hoped that information can then be disseminated to service users.

3. Overall key Messages

1. **Did you know? You can get an evening or weekend appointment with your Wakefield GP this winter (GP Care Wakefield)**
 - a. GP Care Wakefield enables patients requiring urgent GP care after their practice has closed to access medical advice and, if required, access to a Wakefield GP appointment
2. **Out-of-hours services (Alternatives to A&E)**
 - a. Walk-in centre appointments at King Street in Wakefield are also available between 10am and 10pm (and there is no need to book)
 - b. If your condition is urgent but not life-threatening, go to Pontefract Urgent Treatment Centre
3. **Choose Well**
 - a. If you are feeling unwell but you are not sure of the best course of action to take, then our simple Choose Well guide will help you decide
 - b. There are a range of local health and wellbeing services to choose from and you don't always need to A&E
4. **Looking Out For Our Neighbours (winter version)**
 - a. Building on the award-nominated West Yorkshire and Harrogate Health and Care Partnership campaign from earlier in 2019, promote messages around neighbourly acts for neighbours which could help them out in what may seem small ways but could also contribute to avoidance of hospital admissions
5. **Flu vaccinations**
 - a. It's important that people who are at increased risk from flu have their flu vaccination each year
6. **NHS 111**
 - a. Emergency services are very busy. They should only be used in very serious or life-threatening situations
 - b. If you require urgent medical advice but it's not an emergency, call 111
7. **Pharmacy**
 - a. Seek immediate advice from a pharmacist as soon as you feel unwell
 - b. Pharmacists are experts in many aspects of healthcare and can offer advice on a range of long term conditions and common illnesses, such as coughs, colds and stomach upsets
 - c. Get your prescriptions before 24 December
8. **Stay Well This Winter (Help Us, Help You)**
 - a. The NHSE campaign covers many of the areas in our local winter plan, however we will use different platforms to plug any gaps we may have
9. **Mental Health**
 - a. As yet unidentified message but ask being put in to SWYPFT about anything relevant that could be captured during winter to focus on mental health as well as physical health

Outputs

4.1 Outdoor Advertising Campaign

'Out of Home' media specialists Clear Channel owns billboard, digital and paper print advertising sites across the Wakefield district.

This includes within the Ridings Shopping Centre, outside large ASDA supermarkets in Durkar, Glasshoughton and Pontefract and within bus shelters in prime locations within Wakefield city centre, such as outside Wakefield Westgate and Wakefield Kirkgate train stations.

Work was undertaken with Clear Channel to identify high impact public advertising sites to support key messages. This was driven by a large amount of insight work on emergency department demand by area within Wakefield and referral rates to A&E from each of the 37 practices in Wakefield for 2018-19.

Clear Channel presented a 'Campaign Map' highlighting key advertising locations close to areas from which there were high levels of ED attendance. They used their own insight data to also factor in the level of media consumption by 20 to 39-year-olds (our target audience) at these sites.

This was then cross-referenced with separate data on the utilisation of the GP Care Wakefield service in those areas, using the most up-to-date figures from 2019.

This comprehensive exercise helped pinpoint optimum locations for the advertising campaign ie. Areas with practices that featured in both the high ED usage analysis and low triage contacts per 1,000 population with GP Care Wakefield.

Google Maps was also used to assess which traffic routes advertising sites were on, as advertising is less likely to be seen on fast moving routes but more likely to be seen on slower/more congested routes. Alongside this, the prominence, and likely number of 'impacts' were assessed in each location.

Based on this work, a list of desired locations and media across the district to advertise GP Care Wakefield as an alternative for urgent care in the district was drawn up.

This features nine locations spanning six weeks during the busy December and January period. (16/12/2019 to 26/01/2020).

4.2 Winter Toolkits

A meeting of 13 August between the EPRR (Emergency Preparedness, Resilience and Response) team and communications representatives from Conexus, North Kirklees CCG and Wakefield CCG determined that it would be a good idea to use two GP winter toolkits: one for internal use in general practice and a separate toolkit that could be made use of by community groups and other stakeholders and which would be housed on the NHS Wakefield CCG website.

Within the toolkits will be a range of resources with some of the campaign's key messages around GP Care Wakefield and Choosing Well.

Once materials have been printed, collated and pulled together into physical packs, it is intended they will then be sent to each GP practice in Wakefield, the Walk In Centre, Urgent Treatment Centre and A&E itself.

Packs will also be used at TARGET events and PPG meetings. It is hoped that 'winter champions' can be recruited to help promote and distribute the toolkits within communities, in a similar way that 'Looking Out For Our Neighbours' champions contributed positively to the success of that campaign.

Re-signposting post treatment

Alongside publicity information, the idea of producing an A&E letter to be given to those who attend A&E with minor conditions that should have gone elsewhere to be treated has been raised. This will be given to them by a clinician after they have had treatment. Details to be discussed with Mid Yorks.

4.3 Social Media

In 2018, paid for social media advertising was commissioned but, an analysis of activity showed that in actual fact organic posts were more effective.

In total, paid social media reached 50,306 and had 735 engagements. That compared to 139 organic posts between September 2018 and February 2019 which reached a combined total of 177,320 people and had 7,637 engagements (likes, comments or clicks on links).

It has been decided to not pursue paid for social media advertising in 2019 but instead concentrate on organic activity but alongside this target influential community groups and 'influencers' on Facebook to distribute materials and messages contained in GP winter toolkits, as well as reactive messages when required eg. A&E pressures when there may be outbreaks of norovirus.

Key to this strategy is auditing and making contact with the admins of 'Where we live' type groups on Facebook where hyperlocal messaging that is posted is more likely to filter down to those living in those areas than promoted and paid for messages.

4.4 – Media Relations

It is recommended that there is focus on content that will attract press coverage and lively discussion on social media.

The story [about a woman attending A&E with a broken fingernail](#) has been referenced as a good example of highlighting inappropriate attendances at A&E.

Ideally, press releases will incorporate video with clinical staff about how they deal with winter pressures to raise awareness of services and promote the level of hard work and preparation that goes into winter.

It is recommended that local media are invited for a pre-winter briefing to build a relationship and culture of working with the press to help promote winter messaging.

It is suggested as a baseline we produce the following press releases:

Media Message Plan

September: Two year anniversary of GP Care Wakefield (WCCG)

October: Flu press release (Wakefield Council)

November: Self Care Week - Pharmacy (Wakefield CCG and Wakefield Council)

November: Flu uptake press release (Wakefield Council)

December: Christmas preparedness press release (WCCG)

December: Mad Friday press release (MYHT)

January: New Year's resolutions (smoking) press release (CCG and WY&H Cancer Alliance)

January: January Blues (CCG and SWYPFT)

4.5 – Animation/s

Since 2016, animations including messages about inappropriate use of A&E have been commissioned.

These include the 12 Days of Christmas animation in 2017 which listed the various types of conditions that were dealt with in A&E which weren't suitable.

Last year, there was also a 'Winter Wish' animation produced with a penguin theme which had a main film incorporating messages around extended hours GP appointments, pharmacies and getting your flu jab as well as shorter clips for all three messages which were used across social media.

These messages still stand and both films can be used once again without the need for commissioning another, fresh animation.

The #IsAandEForMe video which features real staff (from 2016) is also useable if needed.

4.6 – Internal Comms

All partners' internal communication channels will be used; focusing on educating staff as well as local patients.

Staff events

- Wakefield CCG Staff Briefing – November's Briefing (18 November)
- Wakefield CCG staff flu jabs – October and November

GP communications

- Fortnightly flu uptake results shared with GPs via Skyline and Primary Care team.

Digital internal comms

- Staff email signatures focusing on the different areas of the winter campaign
- Screensavers
- Skyline
- Newsletters – The Citizen, Connecting Care, Primary Care Newsletter

Face-to-face communication opportunities

- Stalls in the workplace, e.g.- in Pinderfields reception, White Rose House reception
- Notice boards in staff areas
- Team meetings

Appendix 2

NHS North Kirklees CCG
NHS Greater Huddersfield CCG

Winter Messages and Flu Vaccination 2019/20 Communications Plan

[updated 23/09/19]

1. Overview

This document describes the CCGs' local communications activities over the winter period 2019/20 and in support of the national NHS winter campaigns.

The winter months can be challenging for the NHS, especially for urgent care services. While we can usually manage high levels of A&E attendances, the seasonal increase in hospital admissions can lead to breaches of the urgent and emergency care standard and resources being diverted from elsewhere in the hospital to cope with the influx from A&E.

To support hospital and other services over this challenging period, the NHS has once again developed an integrated, multichannel communications campaign that will be implemented across England. Local NHS and partner organisations are expected to support and enhance this campaign through their own communications channels and additional activities as appropriate to their areas. Overall, the NHS winter communication campaign is designed to:

- Engage some of the society's most vulnerable people – frail, older people and those with underlying health conditions and their carers, to help them take better care of their health in winter and avoid becoming so ill that they require hospital admission.
- Reach out to pregnant women, parents of small children and people with long-term health conditions with flu vaccination related advice.
- Raise awareness of the wide range of NHS services and encourage people to use them appropriately.
- Ask NHS staff to have their flu jab.

2. National and regional campaigns

In Kirklees, our winter messages will be derived from the NHS national and regional campaigns and will also include specifically targeted information with relevance to our specific populations and service challenges. The NHS campaigns include:

- The NHS national marketing campaign. This campaign has been refreshed and updated and will this year focus on the overarching brand message *Help Us Help You (tbc for 2019/20)*
- The public flu immunisation communication programme, which is led by Public Health England at a national level and locally by Kirklees Council's public health team.
- A community campaign being developed by the West Yorkshire and Harrogate Health and Care Partnership and designed to encourage people to look out for those who might be most vulnerable within their own communities. This campaign will not specifically cover health messages, but is a continuation of the 'Looking out for our neighbours' campaign and themes.

More detail on each of these campaigns and timelines is below:

Help Us Help You

Details tbc

Flu vaccination

New resources for 2019/20 are available on the Government website: <https://www.gov.uk/government/collections/annual-flu-programme> and further material will be available on the Public Health England campaigns portal <https://campaignresources.phe.gov.uk/resources/campaigns> when it is available.

Timelines for the national work are *tbc*.

West Yorkshire and Harrogate community campaign

Details tbc

Self-care week

Self-care week runs from 18 - 24 November and offers an opportunity to highlight messages in relation to community pharmacy and looking after yourself.

3. Kirklees activities

As in previous years, the CCGs will support and supplement the national and regional campaigns highlighted above by using their own communication channels to develop and increase local awareness of key messages. These will include, for example, external channels such as CCG websites, locally tailored media releases, Facebook and Twitter; as well as internal bulletins, TV screens and staff team meetings. Opportunities are also being sought at community events to share key messages.

We will promote flu jabs locally using channels described in this plan and encourage people to let us know when they've had their jab via #flujab @NHSNKCCG

@NHS GHCCG. We will also work with our internal HR function to ensure key messages and flu vaccination sessions are widely promoted to CCG staff.

Encouraging people to seek help and advice from their local pharmacy will be an important message throughout the winter period. We will link with Community Pharmacy West Yorkshire to ensure that we align our efforts and will work together to as part of this year's self-care week (18 - 24 November) to highlight the services available in community pharmacies.

Helping our local population to help themselves and others will be a central theme of our winter communications which will run during the period.

In developing and implementing our activities over the extended winter period we will continue to work with partners, including Kirklees Council and hospital trusts to ensure that messages are relevant and respond to local needs and challenges.

We will maintain a flexible approach to our communications so that we can adapt and increase our planned activities should this be required as a result of local challenges or escalation over the period.

Key local messages

- ▶ Flu vaccine uptake, particularly amongst NHS staff and those aged under 65 years
- ▶ Support patients to choose the most appropriate service with focus on:
 - GP extended hours
 - Pharmacy
 - Use of walk-in and NHS 111
- ▶ Encourage patients to order repeat prescriptions well in advance of Christmas and New Year Bank Holidays
- ▶ Promote key national and local self-care messages to support patients to stay well this winter including what to have in your medicine cabinet
- ▶ 'Look out for your neighbour'

Target Audiences

- ▶ People aged 20 – 39 who may attend A&E inappropriately for themselves or with a young child
- ▶ Parents/guardians of young children (flu jab and A&E attendances)
- ▶ Pregnant women (flu jab)
- ▶ People under 65 years who are eligible for flu vaccine
- ▶ CCG/GP practice staff

Communication channels

We will use a range of existing channels to support the campaign including:

- NHS North Kirklees CCG and NHS Greater Huddersfield CCG Twitter and Facebook platforms
- Media releases with comments from clinical leads and case studies where available
- Printed leaflet to be widely disseminated
- Website
- Events
- Patient reference group network
- CVS network
- GP practices
- Pharmacies

We will also look for opportunities to provide positive input and commentary to local media over the period.

4. Evaluation

- Local media coverage of campaign messages
- Social media activity – shares/likes and #flujab @NKCCG @GHCCG
- Noise in the system around NHS winter plans
- Flu vaccination rates
- Post-winter system-wide evaluation of efforts/lessons learned

WINTER MESSAGES: Action Plans

CCG Activity:

Activity	Action/ Phase	Audience
Local messages	Websites and other communications will include messages around the importance of flu vaccinations, reminders about local services/signposting (including GP Extended Access), using community pharmacy for first symptom, bank holiday pharmacy opening times and pre-bank holiday prescription ordering and will respond to any local needs, for example in response to surge or escalation issues. Opportunities are being sought at local events to share messages.	Public / staff
Media releases	Press releases will be issued in line with the national campaign timetable throughout the winter period, with localised service information included as well as quotes from GP leads. Topics to include: <ul style="list-style-type: none"> • <i>Help Us Help You this winter</i> • <i>Importance of flu vaccinations for those at risk</i> • <i>111 promotion</i> • <i>Winter – generic health advice (including promoting messages to prevent the spread of infection)</i> 	Public

	<ul style="list-style-type: none"> • <i>Self-care week</i> • <i>Choose the right NHS service this winter</i> • <i>Slips trips and falls</i> • <i>GP Extended Access</i> • <i>Encouraging people to order repeat prescriptions before the bank holidays.</i> 	
Social media	<p>Tweets issued regularly in line with national campaign messages.</p> <p>Re-tweet national tweets. Encourage followers to tweet when they have had their jab and to use #flujab @NHSNKCCG @NHSGHCCG</p> <p>This includes issuing tweets when our own staff/GP members have received their jab. And encouraging GP practices to support this activity too.</p> <p>Facebook pages will include regular messages in line with both the national timeline and local promotions.</p>	Public / CCG staff
Film content	<p>We will develop our own short films to highlight the importance of getting the flu jab and explain the differences between flu and a cold.</p> <p>These will be used alongside nationally developed film content and shared via social media and used on our websites.</p>	Public
GP practice toolkit	<p>A toolkit of printed winter communication resources will be distributed to all GP practices by NHSE/PHE. To be confirmed for 2019/20 season.</p> <p>CCGs will make these resources available electronically on the practice intranet pages and will continue to promote winter messages regularly via GP bulletins.</p> <p>We will highlight Self-care week and encourage practices to promote this.</p> <p>An toolkit will be produced for GP practices containing electronic resources that can be used on practice websites, in newsletters and on social media, for example.</p>	GP practices/ practice patients
Community pharmacy toolkit	<p>A toolkit of printed winter communication resources will be distributed to all local community pharmacies by NHSE/PHE. To be confirmed for 2019/20 season</p>	Public
GP practice updates	<p>Fortnightly updates will be included in our internal GP bulletins. This will include encouragement to display material in practices and share with members of their PRG; updates on each phase of the national/local campaign; and any other useful/relevant information as the campaign develops.</p> <p>CCG comms will encourage practices to share good news stories and case studies for use in media releases.</p>	GP practices/ practice patients

	NB opportunities to share materials at Practice Protected Time events.	
Flyer	<p>An electronic flyer has been produced to highlight local urgent care services and self-care messages. This can be shared via social media and websites. Dependant on budget, this could be printed and distributed via outlets including :</p> <ul style="list-style-type: none"> • GP practices • Community and voluntary sector organisations • Libraries • Council advice centres 	Public
CCG websites	Promotion to appear on CCG website homepages with links to localised service information. This will be updated and enhanced with messages relating to key themes as the campaign progresses.	Stakeholders Public
Stakeholder newsletter	Promote key messages through CCG external stakeholder bulletin - Health Matters - which is circulated to organisations across Kirklees.	Stakeholders Public
Stakeholder toolkits	Promote the availability of the NHS winter 'pack' of resources to partners and encourage them to order and display materials.	Public
CCG staff updates	Key messages will be communicated to CCG staff via a range of mechanisms including TV screens, staff bulletins, staff intranet and team briefings. Key messages will include the importance of flu jabs for NHS staff and promotion of vaccination sessions	CCG staff