

Council

12 December 2013

Agenda Item 60

Brighton & Hove City Council

Subject:	Winter Service Pressures		
Date of Meeting:	2nd December 2013 Health & Wellbeing Board - 27th November 2013		
Report of:	Director of Public Health		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The report identifies the range of activity in hand to manage winter pressures in a coordinated and integrated fashion.

2. RECOMMENDATIONS:

- 2.1 That the Health and Wellbeing Board notes the range of activities and delegates the Director of Public Health to develop further mechanisms to ensure coordinated and integrated working.

3. CONTEXT/ BACKGROUND INFORMATION / PLANNING

The requirement for effective winter planning crosses different organisations and a wide range of services, such as highways, emergency planning, housing, adult social care, schools, primary and secondary health care services. Some organisations produce their own detailed operational winter plans. This paper summary paper describes the preparations and connectivity in winter planning across the local authority and clinical commissioning group in Brighton & Hove.

CURRENT PLANNING AND RECENT REVIEWS

Current Planning

- 3.1. BHCC has a Winter Service Plan, which describes how the Council meets its legal obligations under the Highways Act. The Council has a duty as a highway authority to ensure, ***as far as is reasonably practicable***, that safe passage along a highway is not endangered by snow or ice. This means that although some form of service is mandatory, it is recognised that it is impossible to ensure that all or part of the network is always completely clear of snow or ice.
- 3.2. The Council has other winter-related plans related to specific service provision, such as Social Care procedures for service delivery during severe weather, and other initiatives to tackle fuel poverty, and excess winter deaths. Some joint

agency winter arrangements involving BHCC exist, for example, the MOU around the winter transport hub.

- 3.3. The Council has a well - established and documented process to escalate the response to incidents and a regularly exercised process for warning departments of periods of severe weather. Individual services use these warning as the trigger to activate their own response. This includes enhancing the Communications and Media messages. Where necessary communications are escalated to an Executive Director to give a strategic lead. A Major Incident Support Team meets on a regular basis and discusses the winter service arrangements so that operational managers are reminded of the actions required during winter
- 3.4. The local health economy has a Surge Plan, covering winter issues, and an agreed local escalation plan, jointly produced by a range of health agencies, and the Adult Social Services team within the Council. An Urgent Care Programme Board oversees the development of the plan and the high level strategic approach, and a local Urgent Care Task Force meets weekly over the winter to coordinate local responses in relation to the health economy around the Royal Sussex hospitals.
- 3.5. However, there is no cross-directorate, multi-agency overarching 'winter plan' that brings together diverse areas such as health, social care, transport, health protection, gritting, schools etc. While links are reflected in the various plans, beyond health and social care, plans are still developed separately. This means that opportunities for enhancing and/or simplifying service delivery in severe weather through operational synergies may be missed.
- 3.6. The legal obligations on the Council changed with the passing of the Health and Social Care Act 2012 ("the Act"), which gave the Council new duties to:
 - Improve the health of the people in its area, and
 - Take steps to ensure that plan are in place to protect the health of the population.

It also transferred a significant public health resource to support this role.

- 3.7. This change gives the opportunity for a revised approach to planning for winter in a more holistic fashion.
- 3.8. As well as the usual process for winter planning, a number of other initiatives have been established to ensure a coordinated, effective and efficient response across multiple agencies, and these are described below.

Findings from recent reviews

- 3.9. The Winter Service Plan Review Scrutiny panel in 2010 identified a range of improvements needed, including the need for greater coordination within BHCC and with partners, more streamlined chains of command, better linkages with schools & better communication. A debriefing of staff involved in winter planning in 2012/13 identified improvements in local resilience over recent years, but also noted the need for improved strategic direction and oversight of such issues. In

particular, the more integrated planning approach in the NHS is perceived to have had significant benefits in ensuring business continuity.

MANAGING WINTER PRESSURES

National Cold Weather Plan

- 3.10. A National Cold Weather Plan has been released annually since 2011, and this year's plan was released in late October. The plan encourages multi-agency cooperation to reduce excess winter deaths and promote health and wellbeing during winter & severe weather, and suggests this should be coordinated by Public Health.
- 3.11. Last year's national plan encouraged areas to apply for 'warm homes' healthy people funding. BHCC successfully applied for this funding, and incorporated the associated actions into the winter planning process. However, this funding will not continue into 2013/14. Instead, this year's plan states that what is required is "strong local leadership and partnership working at all levels across sectors to tackle the range of causes and reduce the number of "excess" deaths observed each winter".
- 3.12. This year's plan emphasises the commissioner and local authority role, requiring holistic planning linking in housing, schools and transport as well as 'health', to identify vulnerable people, and prevent morbidity and mortality, and highlights that the greatest total health burden occurs at relatively moderate cold temperatures.

Flu Vaccination

- 3.13. Flu continues to be a potentially serious illness in older, vulnerable people, and younger adults with coexisting chronic conditions. Although commissioning seasonal flu vaccination services is now carried out by NHS England, the Council has a role in assuring itself that this is being carried out robustly, and in supporting and encouraging the take up of the vaccine in the target groups. Locally, uptake amongst the over 65s is much lower than elsewhere in England. A social marketing survey trying to identify the barriers to immunisation in this age group has been commissioned for this year, funded by the former SHA.
- 3.14. The CCG is agreeing specific measures with the NHS Area Team to improve vaccination rates, including additional payments to practices that achieve higher rates, and additional financial support to increase immunisation rates among the housebound (including people in nursing homes).
- 3.15. When flu is common in the community, it increases the workload required to support patients/clients. However, flu also has an impact on the health of the workforce, and can result in significant loss of staff time due to staff contracting flu. Hence, encouraging flu vaccination amongst care staff both helps tackle business continuity issues, but also meets the duty of care to employees, who are likely to have more exposure to people with flu than the normal population.
- 3.16. This year's target for staff vaccination rates in agencies with frontline healthcare staff is 75%. Some extra funding made available to acute trusts (including

BSUHT) is in-part dependant on reaching targets. Frontline Council staff, particularly those in social care, are being strongly encouraged to take up the offer of vaccination by Occupational Health Teams. Work continues in partnership with the CCG to increase support for other non-statutory providers, especially the care home sector.

- 3.17. In addition, a seasonal flu vaccination programme for children has started; initially targeting children aged 2-3 years. One of the major aims of this programme is to reduce the circulation of flu virus in the community, and increase the protection for vulnerable adults and the elderly. Over time, this programme will be rolled-out to all ages of children, possibly through an annual schools based programme.

Pandemic Flu

- 3.18. Although there is no new specific risk of the start of a flu pandemic, it remains a high nationally identified risk. Further national guidance is due shortly, and local flu plans will be revisited in the light of its recommendations. Much work will take place across the wider community, within the Local Health Resilience Partnership, and the Strategic Resilience Forum, but local planning will still be needed, for example, to confirm collection points for anti-viral medication, and there may also be a local 'coordinating role'.

Winter health system escalation

- 3.19. In Brighton & Hove, the Winter Services Plan for highways is based on treating all main roads and all bus routes. The road network is treated throughout winter in advance of ice, frost and snow. In total, 192 miles or nearly 50% of the road network is treated. However, latest research across Europe, North America and UK confirms that treating roads with salt before snowfall removes only light snow flurries. If there is significant snow, it can be expected to settle even on treated roads. Salting before snowfall acts as a de-bonding layer between road and snow to help with clearance afterwards, but it is often impractical to spread sufficient salt to melt anticipated quantities of snow.
- 3.20. The Transport Hub arrangements for this winter have been revised. Activation will occur if major road problems are severe and/or prolonged (for example, lasting for more than one week).
- 3.21. The CCG is coordinating local winter surge escalation arrangements for the health economy. Adult social care is an active partner in the planning process
- 3.22. An additional £2.3m funding has been provided for the local health economy (CCG, Acute Trust, social care and other providers) to ensure that winter performance is maintained, particularly in relation to the 4-hour A&E wait.
- 3.23. A Local Health Economy Surge plan is attached as a supporting document. It was developed by the Urgent Care Programme Board – a multi-agency CEO level group that includes representatives from BHCC Adult Social Care. Its key components are:

- Robust single agency plans for business continuity
- Good communications and shared governance arrangements during a winter surge, including a local Urgent Care Task Force, meeting weekly at peak times
- Joint LHE plan for the management of outbreaks of infectious diarrhoea across acute, primary and community settings
- Flu immunisation, including frontline staff
- Targeted interventions for at risk groups
- Creating capacity in primary care to manage urgent care demand
- Reducing avoidable ambulance admissions

3.24. There are a range of risks around managing the winter pressures successfully, which have outlined in section 9 of the Surge Plan

Integrated working

3.25. Staff from NHS England's Area Team, and the Council delivered a Sussex Health CEO-level exercise on Fri 25th Oct. This has resulted in a draft protocol for surge escalation for the local health economy. This includes the following elements:

- Operational meetings across the Local Health Economy
- Prioritising referrals and assessment activity across the system
- Open extra hospital capacity and review staffing of services
- Authorisation of social care placements above normal funding levels, including spot purchasing of additional capacity
- Engagement and escalation processes with the overall social care market
- Supporting a co-ordinated approach across all agencies in relation to visits to vulnerable people

3.26. Within social care services, a number of work streams are in place to ensure robust business continuity

3.26.1. In-house service provision

- Each service has an up-to-date business continuity plan and information has been collated on the availability of all staff members, flexibility to work in alternate bases and alternate times of day as well as the skill base to complete alternative tasks.
- 'Independence at Home' has plans in place for 4X4 vehicle support, reviewed orders for winter grit, salt and shovels, and have purchased shoe socks for the county car and additional shoe grippers for individual staff.
- A vulnerability scale matrix continues to be used by Independence at Home, Independent Home Care Providers and District Nurses to allow a quick response to the most dependant service users/ patients in the community.

3.26.2. *Contracted services provision*

- Linking with service providers to remind them of their contractual requirements in relation to business continuity plans and business continuity within the monthly audit programme;
 - Ensuring providers receive key information, such as severe weather alerts and the flu vaccination programme;
 - Supporting home care providers to work collectively when severe weather conditions significantly impact on service delivery, such as heavy snow on the ground
- 3.27. Schools make their own decisions regarding closure due to weather conditions. However, during periods of severe weather, the Council issues advice to schools about risks, issues and the likely impact, to inform the local decisions about school closure. The Council is informed by schools immediately a decision to close its taken, and the Council website is updated very rapidly thereafter, to assure as much up to date information as possible is widely available.
- 3.28. A shared programme of work between Public Health & Housing is in place for this winter, providing a range of support, including:
- training for front line staff on warmer homes,
 - training for older people and volunteers to cascade warmer homes information to peers and colleagues
 - advice on managing energy bills and saving energy in the home
 - targeted financial inclusion checks
 - warm packs for rough sleepers and vulnerable residents, and
 - a small emergency grant scheme.
 - the *Winter Warmth Campaign* - a £20K PH funded campaign distributing advice cards with details of relevant services and thermometers to vulnerable people through children's and community centres, GP practices, libraries, pharmacies and supermarkets.
- 3.29. To maximise the success of integrated planning across the community, Council, staff from Public health, Social care and the Civil Contingencies Team, NHS providers, CCG, 3rd Sector, GP out of hours services and the NHS Area team are meeting to assure themselves that the winter plans are as robust and joined up as possible, and to see if they are messages in the national Cold Weather Plan that need to be taken on board.

Vulnerable People

- 3.30. There are plans to contact vulnerable people during an incident - and this relates not just to winter planning, but also in a heat-wave or other major incidents.
- 3.31. Current local arrangements are based upon identifying who, in which agency, would hold that agency's list of vulnerable people. There remain concerns about whether this arrangement is sufficiently developed to support shared working and prioritisation across multiple agencies, in the event of a very severe or long-term incident.

- 3.32. The Strategic Resilience Forum has recently updated its Vulnerable People Plan and this is being used as a starting point for work to develop a more robust local system. A development group has been established to progress this work.
- 3.33. There will be a specific local exercise in the New Year to test any new arrangements in one specific area, involving the operational staff who would need to make it work in a real emergency.

Severe Weather Emergency Provision (SWEP) for Rough Sleepers

- 3.34. Planning for the Severe Weather Provision in Brighton & Hove commences in September. We have two provider organisations responsible for the provision alongside the local authority. BHT are commissioned to provide and co-ordinate the shelter provision, CRI provide assertive outreach to rough sleepers to notify them of the emergency provision and co-ordinate lists of rough sleepers, the local authority provide emergency placement (B&B) accommodation.
- 3.35. A multi agency list of rough sleepers within the city is held by BHT First Base Day Centre and CRI Rough Sleepers Team, this is updated weekly and keeps track of those entering and leaving the city, this list is used to plan the amount of provision needed within the city during SWEP. The list is also used to manage the risk posed by some rough sleepers to each other and to staff within shelters, every step is made to avoid excluding individuals from the provision and by utilising the different shelter locations we can separate individuals and house vulnerable clients within emergency placement accommodation.
- 3.36. The majority of provision is made up of halls, dining rooms and day centres which provide some food, hot drinks, mats and sleeping bags. All local authority commissioned provision is staffed by experienced rough sleeper, homeless and hostel staff.
- 3.37. This year the following provision has been set up:
- BHT First Base Day Centre 30 spaces
 - New Steine Mews Hostel 10 spaces
 - St Patricks Hostel 15 spaces
 - Friends First Centre 10 spaces
 - B&B provision unknown dependent on vacancies
 - Churches Nightshelter 15 spaces (not part of the local authority commissioned provision but working closely with providers)
- 3.38. Because of the high numbers of rough sleepers this year we have made arrangements for two additional shelters which could open should the numbers require it. This would provide an additional 20 spaces.
- 3.39. SWEP provision is enacted when the temperature is predicted to drop below 0 degrees Celsius for 3 consecutive nights. The weather forecast is checked early in the morning on a daily basis through the Met Office and discussion is held about the need to open the shelters. Notification is sent to partner agencies and outreach to rough sleepers begins early in the morning should the decision be

made to open. The provision closes when the temperature is predicted to go above one degree Celsius for two days or more however this arrangement is flexible for example if the temperature is predicted to rise but there is snow on the ground then the shelters

Winter pressures and the revised local authority health protection function

- 3.40. Nationally produced advice to local authorities on their new health protection responsibilities has recommended the establishment of a health protection group, possibly reporting the Health and Wellbeing Board.
- 3.41. Local reviews have also noted the potential benefits of a defined council strategic lead for Health Protection.
- 3.42. The joint winter planning approach could be seen as a test bed for a new style of working on health protection issues.
- 3.43. As well as ensuring stronger integration for all the Council/health service run elements, the joint working group will explore whether there are ways of encouraging increased resilience through closer link with schools, other educational establishments, the third sector and other relevant bodies.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Continuation of the current system of planning in separate directorates. Whilst this will deliver the core responsibilities for all parts of the Council, it is likely that some potential benefits of more integrated working will be missed.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 As this relates to internal Council functions, no specific community consultation has taken place. However, third sector partners such as age concern play an important role in supporting vulnerable people and assisting local authorities in delivering relevant programmes.

6. CONCLUSION

- 6.1 The new duties of the local authority to take steps to ensure that plans are in place to protect the health of the population, offer opportunities to develop a more holistic approach to winter planning, as well as other similar planning tasks.
- 6.2 Each agency has produced its own business continuity plans, and cooperated in agreeing a multi-agency surge plan and escalation protocol for the local health economy.
- 6.3 Joint work has been initiated this winter to tackle specific multi-agency issues, such as the transport hub, or ensuring the safety of vulnerable people. An overarching group is also reviewing the National Cold Weather Plan to consider what improvements which could be made to local plans, and to ensure that we can maximise the synergies between plans. The success or otherwise of this group will be used to inform discussions on further ways of enhancing cooperation and integration between agencies.

6.4 Specific areas identified as needing further work which the joint planning group could address are:

- Working with the Director of Children's Services to explore how to ensure that as many schools as possible stay open as is safe and practicable during bad weather. This would involve close liaison and coordination with head teachers
- Continued engagement with primary care, via the CCG, to encourage the uptake of flu vaccination
- Ensuring continued running of core IT systems during severe weather, to maintain resilience.

7. FINANCIAL & OTHER IMPLICATIONS:

There is provision for Winter Planning within the budget and in reserves. Adult Social Care receives approximately £500k per annum of winter pressure funding (£570k in 2012/13) which is funded through health, joint commissioning plans are agreed with health on how such funding is applied. Transport has a revenue budget of £297k for winter maintenance in 2013-14. There is also a winter maintenance reserve which is used to supplement the transport budget if conditions are severe.

Housing management does not have a specific budget for winter planning. The estates services team would be on alert to clear snow and ice from council tenants' walkways and housing give money advice, especially over the winter months where tenants are struggling to pay their fuel bills. Housing management's capital programme for 2013/14 includes £8.2 million for works to communal boilers, Solar PV's and over-cladding work specifically targeted at reducing fuel poverty.

Finance Officer Consulted: Anne Silley

Date: 11/11/13

Legal Implications:

7.1 The proposed approach of increased integration in relation to winter planning is in line with the Council's legal responsibilities, in particular in relation to public health. The role of promoting integration and joint working in health and social care services across the City is delegated to the Health and Wellbeing Board.

Lawyer Consulted: Elizabeth Culbert

Date: 13/11/13

Equalities Implications:

7.2 Equalities implications will need to be considered for any plans emerging from the revised planning arrangements

Sustainability Implications:

7.3 None identified

Any Other Significant Implications:

7.4 None identified

Supporting Documentation

1. Surge Plan 13/14: Brighton and Hove LHE