

Health Overview & Scrutiny Committee

Date: **24 November 2021**

Time: **4.00pm**

Venue **Council Chamber, Hove Town Hall**

Members: **Councillors:** Moonan (Chair), Deane (Group Spokesperson), McNair (Group Spokesperson), Brennan, Grimshaw, John, Lewry, Meadows, West and Wilkinson
Invitee: Frances McCabe (Healthwatch), Caroline Ridley (Community & Volunatry Sector), Michael Whitty (Older People's Council))

Contact: **Giles Rossington**
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AGENDA

8 PROCEDURAL BUSINESS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
 - (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

9 MINUTES

7 - 10

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 14 July 2021 (copy attached).

10 CHAIR'S COMMUNICATIONS

- 11 PUBLIC INVOLVEMENT** **11 - 12**
A written question has been received from Mr Ken Kirk (copy attached)
- 12 MEMBER INVOLVEMENT** **13 - 28**
To consider the following matters raised by Members:

A written question has been received from Cllr Grimshaw relating to a complaint made about Child & Adolescent Mental Health Services (copy attached)
- 13 PRESENTATION, HASC COMMISSIONING STRATEGY**
- 14 SUSSEX-WIDE WINTER PLAN 2021/22** **29 - 114**
Report of the Executive Lead, Strategy, Governance and Law (copy attached)
Contact Officer: Giles Rossington Tel: 01273 295514
Ward Affected: All Wards
- 15 CANCER SERVICES (DIAGNOSIS AND TREATMENT)** **115 - 128**
Report of the Executive Lead, Strategy, Governance and Law (copy attached)
Contact Officer: Giles Rossington Tel: 01273 295514
Ward Affected: All Wards

Date of Publication - Tuesday, 16 November 2021

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FURTHER INFORMATION

For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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1 Procedural Business

- 1.1 (a) Substitutions. There were none.
- (b) Declarations of Interest. There were none.
- (c) Exclusion of the Press & Public. Resolved – that the press & public be not excluded from the meeting

2 Minutes

- 2.1 Resolved – that the minutes of the 24 February meeting be agreed as an accurate record.

3 Chair's Comms

4 Public Questions

- 4.1 There were none.

5 Member Questions

- 5.1 There were none

6 Dental Services and Covid

- 6.1 This item was presented by Mark Ridgeway, NHS England Dental Commissioner.
- 6.2 Mr Ridgeway explained that NHSE commissions NHS primary and acute dental services. Where dental practices are commissioned to undertake NHS dentistry, they do so via a contract for a specified level of activity. This is negotiated with each individual practice.
- 6.3 The Covid crisis impacted access to dental services, with practices closed between March and June 2020. Practices were still able to offer general and analgesic advice and to prescribe anti-biotics in this period. Urgent dental care hubs were established, as were services for the most clinically vulnerable.
- 6.4 Practices re-opened in June 2020, but with significantly reduced capacity due to additional hygiene requirements (particularly with regard to aerosol

- procedures) and the difficulty of sourcing some specialist PPE. In consequence, practices focused on urgent needs.
- 6.5 NHSE has offered additional funding for Sussex dental practices to undertake additional NHS hours, but take-up of this offer has been relatively low, with practices citing safety and staffing issues.
- 6.6 Not all practices who undertake NHS dentistry have met their activity requirements in the past year due to the impact of closures and reduced capacity. However, practices have been paid the full amount they were entitled to under their NHS contracts in order to help them remain financially sustainable. Practices are required to meet at least 60% of their contracted NHS activity this year.
- 6.7 In response to a question from Cllr Deane on in-reach into care homes, Mr Ridgeway responded that there had been some in-reach for urgent needs, although only limited services could be delivered in this way.
- 6.8 In answer to a question from the Chair on community dental services, Mr Ridgeway confirmed that Sussex Community NHS Foundation Trust holds the contract for Brighton & Hove.
- 6.9 In response to a question from Fran McCabe on when services could be expected to return to normal, Mr Ridgeway responded that this was dependent on national guidance. Currently, the local requirement is that practices deliver at least 60% of their contracted NHS capacity this year.
- 6.10 In answer to a question from Fran McCabe on how people can get help with urgent dental problems if they cannot contact their dental practice, Mr Ridgeway stated that all dental practices should be contactable and able to offer advice. NHSE will follow-up if they become aware that any practice is not meeting its contractual responsibilities to NHS patients.
- 6.11 In response to a question from Cllr McNair on recruitment in Brighton & Hove, Mr Ridgeway told members that there should not be any particular recruitment problems associated with the city.
- 6.12 In answer to a question from the Chair on whether the local dentist/patient ratio was improving, Mr Ridgeway responded that it was, in part due to the launch of a new dental service in Moulescoomb. Mr Ridgeway also agreed to follow-up on a query from the Chair as to whether the new service currently has any dentists operating.
- 6.13 The Chair noted that there was a perception that practices are prioritising their private work over NHS dentistry. Mr Ridgeway responded that NHSE has no means of auditing private dental work as this is not within its jurisdiction, but that it is working with practices to ensure that they meet their current targets for NHS activity.
- 6.14 Fran McCabe noted that Healthwatch are getting a number of reports of people being told that there are no NHS appointments available for them, but that private appointments would be available. Mr Ridgeway responded that this is something that NHSE are looking into. There are financial penalties if practices fail to meet their NHS activity targets (i.e. currently 60% of their contracted NHS activity).

- 6.15 The Chair suggested that the HOSC should schedule an update report within the next 12 months and should look specifically at community and children's dentistry in the next 6 months.

7 Covid Update

- 7.1 This item was presented by Rob Persey, BHCC Executive Director, Health & Adult Social Care; and by Ash Scarff, Deputy Managing Director, Brighton & Hove CCG. Mr Persey and Mr Scarff outlined the current local position in terms of Covid infections, vaccination take-up etc.
- 7.2 In response to a question from Cllr McNair on why city take-up of second jabs was relatively low, Mr Scarff responded that this is partly due to demographic factors: the city's atypically young population profile means that fewer people are currently eligible for second jabs than the national average, hence the data shows lower percentage take-up.
- 7.3 The Chair noted that the fact that Brighton & Hove is a university city has been cited as a reason for high local infection rates. However, if this is the explanation, why are rates in Brighton & Hove higher than in some other university cities? Mr Persey responded that there are other factors in play also, including the generally young demographic of Brighton & Hove (even if university students are excluded) and the fact that the city has a large hospitality sector.
- 7.4 In response to a question from Fan McCabe on why vaccination rates in the 80+ age group were not yet at 100%, Mr Persey responded that this is something health and care partners are closely examining. However, some of the shortfall may simply be due to personal choice.
- 7.5 Cllr McNair asked what level local infection rates would have to reach before people were asked not to visit. Mr Persey replied that this would be dependent on national guidance, but that the likely trigger would be a dramatic impact on local NHS services.
- 7.6 In response to a question from the Chair about winter planning, Mr Scarff confirmed that planning for winter is ongoing and that a report on system winter plans will be referred to the HOSC in autumn 2020.
- 7.7 In response to a question from the Chair on long Covid, Mr Scarff told members that Sussex Community NHS Foundation Trust has established a Post-Covid Assessment Service, and an enhanced local GP service will be launched. National data suggests that we may have to do even more in coming months.
- 7.8 In answer to a query from Cllr McNair about volunteers, Mr Scarff told the committee that volunteer numbers are currently robust. However, there is an awareness that it is essentially the same people volunteering all the time and that eventually fatigue may set in.

Public Question received from Mr Ken Kirk:

“Worries about NHS under an ICS are ...

1. Rationing of care - owing to specified financial limit, care will be limited, possibly denied, quality downgraded;
2. More privatisation without transparency, see HSSF’s list of mainly private companies <https://www.england.nhs.uk/hssf/supplier-lists/#shared-or-integrated-care-records>
3. Private executives in decision-making positions, despite Bill amendments, can be on place-based committees, IC Partnerships;
4. Patients at risk – removes need for discharge assessment;
5. Deregulation of professions – down-skilling of medical care and ‘race to the bottom’ on pay/T&Cs.

Some councils have issued demands (a) – spending determined in partnership with LAs, guaranteed full access to services etc.

What action should you take to defend our health services?”

- a. See Appendix of <https://councillors.knowsley.gov.uk/documents/s71697/HWBB%20SP.pdf?StyleType=standard&StyleSize=none>

Item 12 Member Involvement

Member Question from Cllr Grimshaw

Mascot has brought the issue of its complaint to Sussex Partnership NHS Foundation Trust (SPFT) to me and asked me to raise at the HOSC (see attached documents from Mascot).

4 October 2021

Sam Allen, CEO Sussex Partnership NHS Foundation Trust
Geoff Raw, Chief Executive Officer, Brighton & Hove Council
Adam Doyle, ICS Leader & Chief Executive Officer, Sussex Health & Care Partnership
Deb Austin, Executive Director Families Children & Learning, Brighton & Hove Council
Service leads & organisations working with children & young people in Brighton & Hove

Complaint in relation to the commissioning and provision of services from CAMHS Sussex Partnership NHS Foundation Trust ("CAMHS SPFT")

mASCot Formal Complaint

The Directors of mASCot C.I.C and the mASCot membership wish to draw your attention to serious concerns with CAMHS SPFT and call for an urgent and immediate response into how these ongoing concerns will finally be resolved.

mASCot is a local parent led organisation who support families on the journey to and after their child receives a diagnosis of autism & neurodiverse related conditions. We have been an established support network for 15 years and have a membership of over 1,000 families. We provide day to day family support and work alongside the Local Authority, Health Service, and schools to improve services for our neurodiverse families.

Within our large community we continue to hear daily accounts of systemic failures involving CAMHS SPFT. Whether families have been seeking help for years or are new to the service, the **same** problems that were documented in the 2014 Services for Children with Autism Scrutiny Panel report continue.

Neurodiverse children and young people are the largest cohort requiring help from CAMHS SPFT. As such, many of our mASCot families have been referred to or will need to access CAMHS SPFT as it is the only service with statutory professionals who can help with their age group and neurodiverse conditions.

CAMHS SPFT is therefore the gateway for many of the interventions our neurodiverse children need, whether it be assessment, diagnosis, medication, or therapeutic support. It has become a bottleneck and families are being refused assessment, and access to help is being declined or significantly delayed.

mASCot feedback issues, via parent representatives on boards and panels. Our collective voice is important because parents & carers need to focus on their children and may not have the capacity to individually fight for the care their children need and deserve, nor should they have to. Many of our

families are at breaking point because of the struggle to have their children's specific needs acknowledged and catered for. The main areas of concern experienced:

- Disjointed communication & assessment process
- Lack of ASC & neurodiverse appropriate therapeutic intervention
- Poor management of medication
- Disrespectful & insensitive attitude towards families – culture of 'Parent Blame'

mASCot led in the initiation of the 2014 Autism Scrutiny and have been involved in the re-planning and development of the new Neurodevelopmental Pathway from its inception. This new pathway has been referred to many times as the 'answer' to the problems highlighted within CAMHS SHFT, however this pathway has been in the planning stage for five years. Its incompleteness, and/or the acknowledged national underfunding of mental health services for children & young people, can no longer be an excuse for why these longstanding issues with this specific service have not been resolved.

mASCot Directors and the mASCot community membership submit a formal complaint with associated evidence linked to this letter. Please respond to info@asc-mascot.com to acknowledge receipt of this complaint within 14 days of the date of this letter.

Regards



Sam Bayley Director
mASCot Directors & mASCot membership

www.asc-mascot.com

cc:
Caroline Lucas MP
Lloyd Russel-Moyle MP
Peter Kyle MP
Hannah Clare, Chair of Young People & Skills Committee
Sue Shanks, Chair of Health & Wellbeing Board
All Councillors
Anna Gianfrancesco, Assistant Director Children's safeguarding & Care
Jo Lyons, Assistant Director Education & Skills
Georgina Clarke Green, Assistant Director Health SEN & Disabilities
Dr Rick Fraser, Chief Medical Officer
AMAZE
PaCC
Healthwatch
OFSTED
CQC

Sam Allen, CEO Sussex Partnership NHS Foundation Trust
Geoff Raw, Chief Executive Officer, Brighton & Hove Council
Adam Doyle, ICS Leader & Chief Executive Officer, Sussex Health & Care Partnership
Deb Austin, Executive Director Families Children & Learning

Complaint in relation to the commissioning and provision of services from CAMHS Sussex Partnership NHS Foundation Trust ("CAMHS SPFT")

Please respond to info@asc-mascot.com to acknowledge receipt within 14 days of this letter and to confirm the dates by which the answers to the various concerns will be addressed. This should be within a reasonable time-period and no later than one month from the date of this letter.

You are respectfully requested to pass this letter to your legal advisors to respond formally and to set out the steps to be taken to remedy the situation as a matter of urgency.

CAMHS SPFT has a duty of care towards those it is empowered to serve. CAMHS SPFT is in breach of its legal duty of care towards service users and potential service users (neurodiverse children and young people in need of mental health support and diagnostic services in Brighton & Hove and Sussex). This breach is unacceptable, inexplicable and must be remedied. We look forward to your formal response to the concerns in this complaint.

For families, there is a history of poor service from CAMHS SPFT. The Services for Children with Autism Scrutiny Panel report April 2014 [*Scrutiny Report](#) prepared by Brighton & Hove City Council, set out recommendations which CAMHS SPFT are fully aware of, but to date, many mASCot members feel few positive improvements have been made.

Individual service users and parental groups have continued to raise concerns/complaints, to numerous professionals within CAMHS SPFT and via PALS, both as constructive feedback or official complaints, both in writing and via meetings and these have not been acted upon adequately nor satisfactorily responded to. Concerns have also been raised by the Healthwatch report 2014 (Sussex) [*Healthwatch report](#) and the Parents and Carers' Council report 2017 [*PACC report](#) together with Brighton and Hove Clinical Commissioning Group's own Autism Scoping Report 2016 [*ASR report](#)

Notwithstanding being on notice of this and the impact of these failures. We seek clarification of:

- why not all the Scrutiny Report's recommendations have not been implemented,
- what grounds CAMHS SPFT has for failing to adopt these practices sooner,
- what steps CAMHS SPFT will take to adopt those practices,
- the timescales for doing so.

Clearly time is of the essence as these inexplicable failures have seriously adverse impacts on those affected.

In addition to the Scrutiny Report's recommendations there are additional issues that we wish to formally

draw to CAMHS SPFT's attention so that they can be incorporated into the necessary changes currently in construction in standard practice and standards and guidance for CAMHS SPFT professionals and staff as part of the current re-design of the Neurodevelopmental Pathway.

There is always the opportunity to change the management of the work culture and ethos of CAMHS SPFT. mASCot members have reported serious ongoing concerns in the following areas which are summarised below with full responses linked.

1. Disjointed communication & assessment process

The attached lived experience/anecdotal evidence demonstrates that families overwhelmingly feel there is lack of consistency and transparency in the assessment process within CAMHS SPFT and that it is not fit for purpose and serves only to waste time and increase stress for both staff and service users.

Neurodiverse families are aware that over the last 5 years, work has been undertaken to consolidate a new Neurodevelopmental Pathway. However, until this new Pathway is implemented with the whole service adequately staffed and trained, the mental health, wellbeing and educational attainment of all children awaiting assessment for all neurodiverse conditions is extremely compromised and strategies to support these children and their families remain unclear and unmet.

Following the COVID pandemic the NHS has adopted effective communication portals which means that there is much scope for guidance from within the NHS on setting up such information, communication and tracking services. An efficient, effective service provider always sets up clear lines of communication to end users and reduces the time potentially spent by CAMHS SPFT staff dealing with personal case enquiries and all general enquiries.

This is now standard practice in other private and public service providers and government websites and has been for many years. For example, one can access medical records via the NHS APP; order medication and communicate with GPs directly via surgery portals (thereby releasing the staff/GP's time); track the status of an applicant's application for a driving licence or passport. One can even check the status of a conveyancing transaction with a legal services provider via their portal. This is now basic, standard procedure. The Local Authority use computer communication for all reports/assessments/conversations regarding a child and it is inconceivable that CAMHS SPFT cannot adopt this practice to release time dealing with enquires (or more to the point, ignoring enquiries presumably due to time pressure) and for staff to undertake work to progress applications.

This will also help resolve some of the current problems identified in the attached evidence:

- referrals lost or acknowledged received and then lost,
- the long wait between assessment and receiving the written report which delays all other interventions from schools and services,
- delays in assessment or and discharge with no explanation,
- reports not being written,
- reports being sent to the wrong people,

- inaccurate information being recorded that takes months/years to amend resulting in cases mistakenly being closed,
- long waits with no communication,
- phone calls unacknowledged or not returned,
- poor case hand overs involving CAMHS SPFT,
- case notes not being read before meetings thus wasting time,
- parents having to chase CAMHS SPFT to visit schools to complete assessments,
- referring families to private support agencies that charge,
- failing to accept private diagnosis and then failing to refer to the appropriate pathway,
- assessments not tailored to communication or ability level of the child,
- failure to inform/update service users of important information relating to staff absences that may affect provision nor explain temporary changes to, or the reshaping of, services.

As such, the outdated communication system in use by CAMHS SHFT has additionally resulted in parents only able to glean 'off the record' information regarding the assessment process, for example, from professionals during parental workshops. Whilst parents were glad to receive information snippets, it is inappropriate to expect parents to disseminate vital service information to the parent community in this way; workshops are designed to be a support for parents and not for individual parents to be a channel for statutory service information sharing.

Furthermore, regarding Covid-19 and lockdowns, parents and agencies have questioned why CAMHS SPFT closed its doors to families in January until March 2021. There was no point of contact within CAMHS SPFT at this time for families regarding their children's assessments, nor how to access medication and no therapy provision was provided.

We are fully aware of the impact Covid-19 has had on all statutory services but are confused as to why voluntary organisations, such as mASCot, PaCC and Amaze as well as Seaside View and private assessment clinics have still been contactable and available to SEND families throughout multiple lockdowns. When CAMHS restricted/reduced its service this caused extreme distress to many families.

CAMHS SPFT is in breach of its legal duty of care towards service users and potential service users and we seek clarification of:

- how, future service provision and related information will be communicated to the public, as a matter of urgency, and if not, the justification for this,
- what legal basis it felt entitled to restrict and suspend services,
- what emergency 'disaster recovery' plan did CAMHS SPFT have in place as all services are required to do. Please provide a copy. This is not a confidential document.
- what factors affected CAMHS SPFT's ability to comply with this emergency plan,

We propose that the latest reasonable date for setting this up is 6 months from the date of this letter.

"They are dangerously incompetent, and my family has no trust and no confidence in their service. Our relationship with them began in 2014, and it has continued to erode ever since".

"The lack of cooperation and empathy is disgusting. Got told to speak to PALs and that was it".

"Respond to distressed parents when they ask a question! Have a telephone line where someone actually picks up".

"Lack of understanding or any excuse to not assess - My son was referred for an ASC assessment by a professional and myself. It was refused on the grounds that he had friends".

"They literally dumped us from one list to another with no help, support or advice".

"We all understand that Covid brought up massive issues for CAMHS, but the lack of communication was extremely stressful, and was a problem before covid came along. Only being able to access an answering machine (and one where the recorded message essentially told you that they wouldn't be calling you back if your query was regarding stage 1 or stage 2 assessments!) and not hearing back was incredibly stressful and would have been made much easier if we'd just been kept in the loop about what was happening. Just be open about it. Being able to continue with assessments over video call. We had video appointments with many other departments over lockdown/covid, including assessments with NHS Occupational Therapy and NHS physiotherapy, and video appointments with The Wellbeing Service. We managed to co-ordinate with educational psychologists and assess and make an entire EHCP".

Parental evidence

2. Lack of ASC & neurodiverse appropriate therapeutic intervention

The attached lived experienced/anecdotal evidence demonstrates CAMHS SPFT discriminates against children & young people who have co-occurring diagnosable and severe mental health difficulties, as well as their ASC or/and ADHD. This is an extremely serious matter that must be remedied as a matter of urgency.

Your attention is drawn to the regrettable fact that there is a practice, whether a formal or informal policy, of refusing to provide an appropriate service and treatment that caters to those who present with both severe mental health difficulties as well as ASC or/ & ADHD.

Therapies and interventions must be adapted to the neurodiverse needs of the individuals. **NICE Autism spectrum disorder in under 19s: support and management paragraph 1.1.5, 1.1.8, 1.4.2.*

At present a one size fits all approach is practiced. This is discriminatory as offering options that are unsuitable for someone with ASC or/and ADHD and not adapting to their needs is a breach of CAMHS SPFT's legal duty of care to provide services to those individuals.

Perhaps this is not clearly understood by staff and training is required. As a result, they are unable or unwilling to tailor their service and approach to meet these young people's needs and so, to discharge their legal duties towards them.

An example, the regular occurrence of families being threatened with being removed, or being removed, from the service list due to a failure to attend one or more appointments without taking into consideration that the child cannot attend or manage appointments due to anxiety, fear, agoraphobia, or other reason related to their autism.

[Evidenced here](#)

In addition, a high percentage of emergency referrals to CAMHS SPFT are refused due to difficulties being identified as purely 'autistic behaviours' requiring support. There is a lack of autistic behavioural specialists within CAMHS SPFT, and this lack of specialism must be addressed. If CAMHS SPFT is not the appropriate service to provide this, who are these families being referred to?

Both these current approaches result in hundreds of autistic youngsters without access to appropriate/impactful early support via CAMHS SPFT identified in the linked evidence:

- high risk/complex/acute needs being referred to CAMHS SPFT from other agencies being declined as told not meeting their threshold that result in child being left with no support to deteriorate,
- being inappropriately referred on to other services,
- families seen by underqualified or inappropriate staff thus wasting time or returning family to long waiting lists for appropriate staff,
- professionals not keeping appointments, families arriving with no staff to see them,
- what little intervention offered is often not appropriately adapted for neurodiverse service users,
- if child fails to engage, due to lack of adaption, case then discharged with no further support,
- lack of help in-between assessments,
- post diagnosis limited intervention/support for families or failure to provide the support promised,
- often not enough flexibility in approach with service users.

It is vital that the new SEND strategy 2021-2026 [*SEN Strategy](#) formalises a non-discriminatory approach, supported by the new Neurodevelopmental Pathway. Please confirm this will occur.

The discrimination and breach of legal duty must be remedied forthwith. Please respond within 1 month of the date of this letter with your proposals for training of staff and the tailoring of services appropriately.

"There is no support or provision afterwards anyway! Why are we making our kids jump through hurdles for??? Just to get medication or strengthen an EHCP application".

"Calling, no one getting back, still waiting for help, not in school, no friends, in bedroom, She has been abandoned and absolutely anything could have happened to her, and nobody would have known".

"The anxiety group for YP is not autistic friendly and don't capture the experiences of autistic experiences of MH issues. Their response is the CCG requires them to do this, doesn't explain why they can't use additional measures designed for ASC young person".

"CAHMS are like an impenetrable fortress. They don't even explain to the YP why they aren't offering any help".

"ASC or/and ADHD young people receive little if any adapted therapies yet require adaptations in education etc".

"Lost count of being told CAMHs aren't commissioned to work with autism... YP can't access the standard therapies delivered by CAMHs, then seen as not engaging".

"Therapies are siloed into different teams with little interaction or note sharing between them".

Parental evidence

3. Poor management of medication

The attached lived experienced/anecdotal evidence demonstrates the shocking situation that CAMHS SPFT clinicians are failing to prescribe or authorise renewed medication in a timely manner. Our member's evidence shows that this has resulted in families experiencing the sometimes traumatic and often debilitating circumstances of running out of medication due to the unavailability of clinicians or any administrative staff at CAMHS SPFT to respond effectively to the problems identified in the attached evidence:

- lack of permanent staff in psychiatric positions, posts not filled,
- delays in reviews or renewing medication due to 'admin issues', with serious consequences of lack of appropriate treatment leading to suicide attempts or detention under the Mental Health Act,
- failure to inform families of waiting times for medication reviews or give advice between check-ups,
- parents having to chase prescription renewals with GPs having to bridge gaps,
- lack of flexibility in available medication to suit child's ability to take,
- failing to work in collaboration with private practitioners.

This is a clear and serious breach of their legal duty of care to provide a medical service. All other medical services provided emergency services at least during lockdown. This is, frankly, negligent. It is most definitely a breach of the duty of care owed by CAMHS SPFT and the individual clinicians and staff resulting in quantifiable distress and harm to patients and their families.

CAMHS SPFT is asked to provide an explanation as why this occurs. The discrimination and breach of legal duty must be remedied forthwith. Please respond within 1 month of the date of this letter with your proposals for rectifying these breaches.

"CAMHS then went on to say that they cannot give any timeline for any type of discussion re. medication as they currently have no psychiatrists who can prescribe".

"After my son had been started on his medication there was a delay of 2 weeks in between the first month's prescription and the second due to "admin issues" which meant he was then

restarting the process of his body getting used to the medication, further delaying our follow up medication review which was supposed to take place after he was on the medication consistently for 2 months”.

“Perhaps my situation was rare but in the event of moving the transition of notes from one local CAMHS to another should not take a year, especially when a patient is mid-way through a medication trial”.

“We were told medication advice would be put in a letter. I have chased and chased this and after 4 months was told no letter was ever written/ dictated and the psychiatrist has left the service. We are now at 6 months and have been told to wait for transition to adult services for medication advice, and not to go to the GP”.

“I was told they had a locum psychologist, so they were only prioritising review of meds for people that were on them as covid had triggered lots of reviews and they had massive depletion of staff”.

Parental evidence

4. Disrespectful & insensitive attitude towards families - culture of ‘Parent Blame’

The attached lived experience/anecdotal evidence demonstrates that CAMHS SPFT customer service and communication culture is not fit for purpose.

Any family attending CAMHS SPFT, whether they be neurodiverse or neurotypical, will require clear and supportive information, guidance and support from clinicians and their support staff. Staff must consider the communication needs of **all** their users to ensure differentiation and inclusivity for all families.

Families understand the lack of resourcing in mental health services for young people, but this is no excuse for the lack of customer care most mASCot families attending CAMHS SPFT experience. CAMHS SPFT is formally notified that training is required in customer service across all staffing levels, from reception staff to professionals involved with all families.

Clinicians and their support staff frequently fail to provide clear communication, or effective support and guidance, often combined with a lack of positive regard or basic courtesy:

- parenting still being scrutinised as causing their child's difficulties, even when a child has a diagnosis, EHCP and/or attending a special school,
- failing to offer positive regard or empathy toward service users, staff routinely adopt an abrupt/belittling or patronising attitude, families not feeling heard/ cared for,
- talking inappropriately in front of child with no sensitivity about diagnosis,
- staff do not respond to phone calls for updates or information, creating frustration and stress for families wanting help and advice, other agencies then having to intercede to obtain response,
- cases refused or dismissed with no information provided of why,
- retelling stories to multiple teams is re-traumatising,
- inadequate complaint procedure that is not user friendly.

There is still a perceived culture of **'parent blame'** which was highlighted in the 2014 Scrutiny Report. The outdated and unacceptable perception that parents are responsible for their children's difficulties/disabilities and additional needs is wholly unacceptable and it continues to risk obscuring the condition and/or medical needs of the child and devalues the legitimate concerns of parents, eroding their wellbeing.

There is no excuse for this attitude as much work has/is being done to educate professionals, for example [A Time For Autism](#) a resource for professionals to improve their awareness when working with autistic families.

In conclusion, we stress that CAMHS SPFT requires a parental approach based on respect and that this is a vital element of service provision. This discrimination and breach of legal duty must be remedied forthwith.

Please respond within 1 month of the date of this letter with your proposals for the training and monitoring of staff and the tailoring of services appropriately.

"Young person detested going there, felt patronised way spoken to YP. Hated it. Parent feeling undermined and cross examined and one time called a liar by practitioner".

"The input of CAMHs was an extra trauma".

"Parent told not to take notes as would get a report in 2019, not heard and then told wouldn't be getting a report due to a backlog and someone had left".

"Lack of empathy was overwhelming CAMHS actions towards parents when their child is in crisis (A&E for self-harm or suicide attempts) can be at best considered dismissive, and at worst, contemptuous. We left feeling horrified, unsupported, and quite frankly we were all far more distressed than when we went in. We haven't been back since. Instead, we spend the majority of X's DLA money on a private doctor"

"If they were less contemptuous of the role of parents in (x)'s care, I truly believe that the outcomes for children would be more positive".

"Continued pressure from me re appointments led to suggestions I required parenting support".

"I found CAMHS personnel to be rude, disrespectful, challenging and inclined to blame parenting for all issues despite the clear and multiple diagnoses including autism, anxiety, alexithymia etc".

"My son had a very traumatic experience when we went to CAMHS and got so upset by the questions being fired at him he cried and froze. He has not seen or spoke to anybody else since this happened, we have had no support at all from them throughout the whole of lockdown".

"Very scary experience, feel very intimidated as though you're lying... We should feel like they are on our side and support us but it's not like that".

"I felt dismissed and patronised, and it left me in a state of humiliation and betrayal (as I had opened myself up, giving detail of my family history, which at times was traumatic, in the family therapy process,

for it to come to nothing in helping my boy)"

"I have been totally alone in dealing with the boy's mental illnesses and he has become totally depressed and abandoned. The whole process is like being on an eternal hamster wheel as a parent".

"Someone then phoned me up and was really rude and told me off for chasing. She was so rude I was in tears".

"It was like we were going through a sheep dip or a sausage factory. Diagnosis being dumped on us and then we were forgotten about. It was a very bad experience".

"Employ people who can be nice and kind and sympathetic of situations and people".

Parental evidence

In summary

Improved communication via efficient use of IT, improved customer care, seeking and responding to feedback, creating bespoke/differentiated packages for the individuals under CAMHS SPFT's care, will result in an improved service which embodies good practice and positive outcomes for young people which sadly is not currently there in many cases.

We have set out several questions above which we seek responses to along with a copy of the emergency procedure document. For your ease of reference these are summarised below:

We seek clarification of:

- why many of the recommendations of Services for Children with Autism Scrutiny Panel Report 2014 have not been adopted?
- what grounds CAMHS SPFT has for failing to adopt these practices?
- what steps CAMHS SPFT will take to adopt those practices?
- timescales for doing so and justification for those timescales,
- set up a case tracking service,
- set up communication of service information via the Local Offer or similar portal,
- set up training and tailoring of services for ASC, ADHD, and neurodiverse service users with mental health issues,
- set up specialist behavioural staff for those without mental health issues,
- provide an explanation why failings in medication prescription occurred and what will be put in place to avoid delays in future,
- what steps CAMHS SPFT will take to adopt appropriate staff training on customer service to all families and particularly tailored to the requirements of ASC or/and ADHD and neurodiverse conditions?
- what legal basis it felt entitled it to suspend/impede services over lockdown?
- provide a copy of CAMHS SPFT 'disaster recovery' emergency plan for the provision of services which should have been triggered by the pandemic and explain what factors affected CAMHS

SPFT's ability to comply with this emergency plan. We will revert to you on consideration of this with any further queries we may have on compliance with this document.

In addition:

- what is being done to lessen the backlog of assessments that have built up during Covid-19 and how will the timeframe for assessment, currently being quoted as a 2 to 3 year wait, be reduced?
- will assessments be outsourced to private clinics to reduce waiting times as in other counties and, if not why?
- when will the list of private assessment clinics/diagnostic centres whose reports will be accepted by CAMHS SPFT and other services, be available to service users wishing to pursue a private assessment? as currently CAMHS is both gatekeeping and monopolising service provision.
- we need a new complaints procedure, that links parents directly to service leads rather than families being directed to PALS, as PALS this proven ineffective in resolving these longstanding and ongoing problems.

We have set out above the numerous breaches of CAMHS SPFT's statutory duty of care towards children and young people across Sussex. These breaches have resulted in qualifiable financial loss and harm to health which were foreseeable results of such breaches such as:

- individual daily suffering,
- self-harm (due to insufficient treatment),
- suicidal ideation (due to insufficient treatment),
- significant loss of education with resultant loss of potential earnings,
- loss of potential earnings for parents who must provide care without the support they are entitled to from CAMHS SPFT,
- parents have been obliged to incur the cost of private medical diagnosis/treatment to obtain support and medication to protect their children's welfare in the absence of CAMHS SPFT.

In the light of the above serious breaches, you are respectfully requested to pass this letter to your legal advisors to respond formally and to set out the steps to be taken to remedy the situation as a matter of urgency. It is sincerely hoped that this matter can be resolved by negotiation and co-operation without the need to take further action. Representatives of mASCot and other appropriate parties are willing to attend meetings to discuss how matters can be improved for the benefit of service providers and users.

Please note, it is not acceptable for the response to cite:

- the national underfunding of mental health services for children and young people,
- the 'current ongoing redesign' of the Neurodevelopmental Pathways,
- or to imply that these problems are historic.

These have been excuses provided since 2014 and it is simply untenable to continue to cite this as grounds for dismissing this document, these breaches, and the failure to complete the required changes set out above, and in the Scrutiny Report of 2014. CAMHS SPFT has had sufficient time to complete

these changes, retrain staff and remedy the situation. Any reference to these points only serves to illustrate the failure to appreciate the severity of the situation.

In addition, these failings have been combined with an apathetic, lacklustre and lip service attitude towards improvements needed.

This was evident at a PaCConnect meeting in 2014 when CAMHS SPFT service leads referred to “we talk about things, but they go into black holes... we've been in a state of flux... what we say we are going to do we should do... there was talk about doing things, but little ever gets actioned” which led mascot to raise concerns with local councillor’s [mASCot’s letter](#).

The work culture has not changed and shows no sign of changing. The circumstances in this complaint are live (mASCot evidence gathered between June/October 2021) hence the request for full details and the offer to assist to bring this unacceptable situation to a close as a matter of urgency. Time is of the essence for our families.

Please respond to the above email address to acknowledge receipt within 14 days of the date of this letter and to confirm the dates by which the answers to the various questions will be responded to. This should be within a reasonable time-period and no later than one month from the date of this letter.

Please note that whilst we are more than happy to attend positive meetings with a view to progressing change, we do require these answers to be set out formally in writing for our and our members’ consideration and with our advisors.

mASCot Directors & mASCot membership

info@asc-mascot.com

[*Disjointed communication & assessment process parental evidence](#)

[*Lack of ASC & neurodiverse appropriate therapeutic intervention parental](#)

[*Failure to engage parental evidence](#)

[*Poor management of medication parental evidence](#)

[*Disrespectful & insensitive attitude towards families - culture of ‘Parent Blame’ parental evidence](#)

Subject:	Sussex-Wide Winter Plan 2021/22		
Date of Meeting:	24 November 2021		
Report of:	Executive Lead, Strategy, Governance & Law		
Contact Officer:	Name:	Giles Rossington	Tel: 01273 295514
	Email:	Giles.rossington@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this paper is to provide the Brighton and Hove Health Overview and Scrutiny Committee with an update on progress to date in relation to winter planning for 2021/22.

2. RECOMMENDATIONS:

- 2.1 The Brighton and Hove Health Overview and Scrutiny Committee are asked to review and comment on the Sussex-Wide Winter Plan 2021-22 Update.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covers the period October 2021 to 31 March 2022. The plan should ensure that the local systems remain resilient and are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.
- 3.2 Health and care systems typically experience increased demand pressures during the winter months due to a number of factors including:
- Seasonal illnesses (e.g. flu, norovirus)
 - Extreme weather (e.g. falls in icy conditions)
 - Exacerbation of respiratory illnesses and a range of long term conditions due to cooler weather.
- 3.3 Adding to pressures in 2021/22 are Covid 19 and the need for the NHS to recover from previous waves of Covid, particularly in terms of addressing the backlog of elective procedures due to the cancellation of operations etc. when the health system was forced to concentrate resources on Covid outbreaks.

- 3.4 Health and care systems have been planning systemically for winter surge pressures for a number of years, and typically a key part of this process is assessing how well the previous year's plans met demand, and using learning from this to inform the subsequent year's planning. The HOSC will schedule an update report in Spring/Summer 2022 to better understand the success of the current winter plan and the lessons learnt for succeeding years.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Not relevant to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 None directly for this report. However, the Sussex-wide winter plan is a partnership endeavour, with input from partners across the system including the Local Authority, providers and commissioners.

6. CONCLUSION

- 6.1 The purpose of this paper is to provide the Brighton and Hove Health Overview and Scrutiny Committee with an update on progress to date in relation to winter planning. The Brighton and Hove Health Overview and Scrutiny Committee are asked to review and comment on the Sussex-Wide Winter Plan 2021-22 Update.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 There are none to this report for information.

Legal Implications:

- 7.2 There are no legal implications to this report.

Lawyer Consulted: Elizabeth Culbert Date: 01/10/21

Equalities Implications:

- 7.3 The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the totality of services that have been developed to meet the needs of the local population which would be in line with agreed local and national strategies and priorities. An

Equality Impact Assessment is not appropriate for this paper. Where services are further developed to support delivery during the winter period EIAs will be undertaken.

Sustainability Implications:

- 7.4 The Sussex-Wide winter plan considers how best to use NHS and local authority resources across Sussex in order to cope with seasonal demand surges for health and care services. Any negative carbon impacts of these plans (e.g. through people potentially having to travel further from home to access services where local capacity is stretched) need to be considered. However this needs to be balanced against the risks to individuals of not being able to access appropriate health or care.

Brexit Implications:

- 7.5 No direct implications identified. Brexit continues to have implications for the Sussex health and care workforce, and this is monitored as part of workforce planning.

Any Other Significant Implications:

- 7.6 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. B&H HOSC Sussex-wide Winter Plan 21-22 update
2. Brighton & Hove Cold Weather Plan

Winter Plan 2021-22

Summary of Winter Plan

Winter Plan 2021-22

- Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans are developed with input from partners across the system including the Local Authority, providers and commissioners
- The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from the end of November to 31 March 2022
- Our plans ensure that local systems are able to manage demand surge effectively and maintain patient safety and quality during this period
- For 21/22, the planning process considers the impact and learning from last Winter, as well as learning from the Summer period and the system response to Covid-19 to date. Plans are being developed on the basis of robust demand and capacity modelling and mitigations to address system risk.
- The Winter Plan was submitted to NHSE/I on 17th September 2021 following a revision to the Winter planning timeline from NHSE/I due to the deteriorating position of UEC performance both regionally and nationally, combined with growing pressures with Covid and RSV. It is expected that the system will receive feedback from NHSE/I in the next week and be asked to respond to a regional assessment of the plan. The plan has been shared with the Local A&E Delivery Board (LAEDBs) and was approved on 23rd September
- The plan takes account of Covid-19 management and response in the system, including capacity required to respond to surge

Summary of Winter Plan

The objectives of the Winter plan are:

- To maintain patient safety at all times
 - To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
 - To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls
 - To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed
- 35
- To avoid ambulance handover delays of over 30 minutes
 - To ensure delivery of the elective care recovery and restoration trajectory
 - Strengthen Same Day Emergency Care (SDEC), Ambulatory Emergency Care (AEC) model and the Acute Frailty model
 - Deliver capacity to manage any Covid-19 demands including critical care capacity
 - Manage any flu or other infection control challenges safely and effectively

The Winter Plan was developed in conjunction with the following Key Lines of Enquiry (KLOE):

- Plan for managing covid surge scenarios
- Plan for non-covid / normal winter pressures
- Plan for protecting planned care and cancer treatment through winter pressures
- Plan for MH

Winter Plan – Challenges and Mitigations

Challenges	Mitigating actions
<p>1. Workforce</p> <p>There is a risk that workforce will be further challenged during the Winter period across health and care sector due to:</p> <ol style="list-style-type: none"> Sickness / isolation requirements General attrition Increase in retirements/return to retirement Impact of mandatory vaccination for care staff <p>In addition, the vaccination programme continues to demand staff from within the system, reducing availability to bolster/backfill sickness and absences in key services</p> <p>Alongside a potential reduction in goodwill and ability to provider extra resource from existing staffing pool this creates <u>a risk that there will be workforce challenges in health and care settings throughout the period.</u></p>	<p><u>Provider level</u></p> <ol style="list-style-type: none"> Careful and co-ordinated application of staff annual leave. Assessment of staffing levels on a daily basis and implementation of local response actions to meet shortfalls in capacity, including: internal redeployment of staff, informed by risk-assessed priorities; augmentation of bank capacity, and utilisation of bank and agency staff in priority areas; ongoing provision of enhanced health and wellbeing, and resilience support. Continued implementation of workforce expansion plans. <p><u>System level</u></p> <ol style="list-style-type: none"> Workforce Directors' weekly collective review and escalation meetings, chaired by CCG Chief People Officer. Activation of Mutual Aid process. Application of a consistent risk-based assessment of the need for contact traced staff to remain away from the workplace. Maintained consistency in the application of bank rates.
<p>2. Care Market – Capacity and Responsiveness Risk</p> <p>There is a current issue and further risk that the independent sector provision of care home and home care packages of care cannot meet demand against a drop of increased staff vacancies to:</p> <ol style="list-style-type: none"> Take discharges from acute settings including End of Life Care discharges - impacting MRDs Continue to support existing community based care provision – impacting on safety of patients and risk of acute admissions 	<ol style="list-style-type: none"> Implement 2021/22 annual inflation uplifts recognising that both Local Authorities have applied annual inflation to their fees offered already from the start of the financial year. Review with local authorities of potential for longer term contracts and block payments to help support workforce planning Partnership work with local authority to directly engage with and to stimulate the market as much as possible. Work with quality team to review risk of harm on case by case basis Work with community providers for contingent options to provide or maintain bespoke complex care outside of acute settings.
<p>3. IPC, Flu, Covid and other – Demand, Performance, Quality and Safety</p> <p>There is a risk that there may be a further Covid-19 wave over and above current modelled predictions, in addition to the risk that the system may see a surge in Flu and other viral illnesses this Winter due to suppression. <u>There is a risk that demand outstrips capacity and risks the delivery of performance, alongside quality and safety of services.</u></p>	<ol style="list-style-type: none"> Ongoing System implementation of IPC controls and guidance across the system, including testing (patients and staff) Monitoring and reporting of NHS provider outbreaks with additional Infection Prevention specialist support from the CCG Implementation of the COVID 19 booster campaign and annual Flu vaccination (staff and patients) Quality escalation calls to monitor patient safety, quality and patient experience by Chief Nursing officer/ Deputy Chief Nurse across Providers Continued monitoring of quality and performance standards across NHS Providers via monthly quality review and performance meetings. Review of the system memorandum of understanding to support infection prevention but manage flow between providers for viral illness.
<p>4. Acute and Community Setting - Discharge and Flow</p> <p>Given the current supply constraints and fragility in the care market, there is a risk that flow will continue to be compromised over Winter. This may be compounded by the challenges with care homes and domiciliary care providers accepting Red/Amber patients for discharge.</p>	<ol style="list-style-type: none"> MRD improvement action plans and trajectories in place across all three systems Systems are developing plans to include projected capacity requirements for hospital discharge Community beds to be utilised for Red/Amber discharges using side rooms and cohort bays Utilisation of the MRD escalation framework and operational system support from the resilience team Local Authority actions to continue to engage care market and secure additional capacity

Winter Plan – Primary Care

Ref.	Action	Delivery Date	Expected Impact
PC 1.1	Weekend nursing home GP support will be increased at bank holidays and other times of pressure in the system to reduce admissions and ED attendances	In place	<ul style="list-style-type: none"> Reduced admissions and ED attendances
PC 1.2	The CCG will work with Healthwatch to design consistent messaging for use by GP practices to confirm the patients can still access primary care, face to face if needed	November 2021	<ul style="list-style-type: none"> Reduce no. patients reporting inability to access face to face appointments
PC 1.3	To support practices going into winter, particularly in the event of a resurgence of Covid-19, significant investment has been made in General Practice of £2.4m for Brighton and Hove to ensure practices can stream and see patients effectively. Funding for hot hubs has been agreed up until the end of March, and use of these sites will be maximised to provide additional primary care capacity if needed	In place up to end Mar 2022	<ul style="list-style-type: none"> Reduce no. patients reporting inability to access appointments Improve patient outcomes
37: 1.4	A number of LCSs, including Assertive Outreach for BAME and other patients protected characteristics, have been agreed to increase the offer to patients in primary care	In place	<ul style="list-style-type: none"> Increased take up of health checks, vaccination programmes, and other preventative measures to improve health and reduce health inequalities
PC 1.5	A flu plan will build on the 105 increase in vaccination rates in 2020/21. This includes updating the Flu toolkit to all practices, weekly monitoring of vaccination rates, and subsequent timely action by exception if needed	In place	<ul style="list-style-type: none"> Improved vaccination uptake and availability of flu vaccines Effective monitoring of flu vaccination rates in place
PC 1.6	Proactively encourage engagement with NHSE <i>Time to Care</i> Programme for the bottom 10% of practices in Brighton and Hove	End Oct 2021	<ul style="list-style-type: none"> Improve Demand and capacity management in practices; and as a result improved access to primary care for patients
PC 1.7	Additional CCG staff will be appointed to support the continued Covid-19 mass vaccination programme	Nov 2021 (subject to recruitment)	<ul style="list-style-type: none"> Increased staffing capacity for Covid-19 vaccination programme
PC 1.8	An escalation framework will be developed to identify resilience issues at an early stage	Mobilisation Oct/Nov 2021	<ul style="list-style-type: none"> Increased visibility and management response to mitigate pressures in primary care
PC 2.0	Access to primary care will be increased by making GP-IA capacity available for NHS111 through direct booking. Primary care support to UTC will be increased, freeing up the GP at front door / UTC to see nts	End of Oct 2021	<ul style="list-style-type: none"> Reduce ED/UTC attendances Reduce overcrowding Increased face to face capacity Improve patient outcomes

Winter Plan: Primary Care and Brighton and Hove Local Authority Homeless Actions

Homeless services in primary care		Status
<ul style="list-style-type: none"> Patient list size– 1418 [17% increase in yr.]. ARCH have treated 982 different patients on 6552 occasions. This represents over 69% of our registered patients using the surgery every month 	Ongoing	Ongoing
Joint Primary Care and Local Authority Actions	By When	Status
<ul style="list-style-type: none"> A hospital in-reach team consists of a GP and an advocacy worker 	Ongoing	Ongoing
<ul style="list-style-type: none"> Step Down Beds – 5 beds in a 24/7 supported accommodation service with care staff and clinical in-reach to support the safe discharge of medically fit to discharge or delayed transfer of care patients who are without a fixed abode from general health wards. The service is accessed via the Pathway Team 	Ongoing	Ongoing
38 <ul style="list-style-type: none"> A&E Preventing Admissions Worker – Justlife Health Engagement Worker based at A&E working to divert homeless clients from admission by supporting access to housing and support services. 	Ongoing	Ongoing
<ul style="list-style-type: none"> Out of Area Health Engagement Worker – Justlife Health Engagement Worker working with clients with a history of rough sleeping placed in emergency accommodation out of city to support access to health services, and longer term housing. 	Ongoing	Ongoing
<ul style="list-style-type: none"> Expansion of the Integrated Primary Care Team to include Clinical Lead, Occupational Therapist and Therapy Assistant 	Ongoing	Ongoing
<ul style="list-style-type: none"> COVID Care Hub, [5 beds] supporting rough sleepers who cannot isolate 	Ongoing	Ongoing
<ul style="list-style-type: none"> Out-reach service for Flu and Phase 3. Initiate Covid booster programme and Flu Vaccination for homeless and insecurely homed 	Ongoing	Ongoing
<ul style="list-style-type: none"> Severe Weather Provision shelter is open to all when temperature drops to ‘feels like’ 0 degrees or in response to an Amber Weather Warning 	Ongoing	Ongoing
<ul style="list-style-type: none"> ‘Off street offer’ connect rough sleepers to appropriate accommodation 	Ongoing	Ongoing

The 18 Month Hospital Discharge Plan

The 18 month Hospital Discharge Plan is a proposed joint plan between health partners and Brighton and Hove City Council to deliver a period of recovery and stabilisation around hospital discharge planning.

The national Hospital Discharge Programme (HDP) provided systems with temporary funding to support improved hospital discharge during the peak Covid-19 pandemic and allowed for 'discharge to assess' models to be implemented, which significantly reduce hospital discharge delays.

Currently, the continuation of the national HDP is not certain beyond the end of September 2021, and therefore partners have agreed to develop local plans to ensure the continuation of hospital discharge.

This is to support local NHS services with the continued restoration and recovery of elective and cancer procedures, as well as to ensure that services have sufficient capacity to respond to the anticipated surge in demand for emergency care during the winter season.

The 18 Month Hospital Discharge Plan

The 18 month Hospital Discharge Planning period runs from October 2021 to March 2023. This incorporates the winter planning for 2021-22 and for 2022-23.



40 The joint approach to planning enables the local authority to plan together with NHS partners for a more sustainable and efficient hospital discharge model where risks and resources are shared to deliver a common set of standards and service improvements for local residents.

Longer-term joint planning provides a more stable horizon for securing the necessary capacity in a more efficient way, with a stronger response from the provider market by encouraging longer-term recruitment and retention of essential care workforce.

Winter Plan – Next Steps

Action required	By When	Status
Demand and capacity modelling completed	August 2021	Completed
System development of the Winter plan	August - September 2021	Completed
Updated OPEL Escalation Framework for 21/22	August 2021	Completed
Review and sign-off of Winter Plan	16 September 2021	Completed
NHSE submission	17 September 2021	Completed
Review and sign-off of final plan following NHSE review	September – October 2021	Not due yet
41 Stress testing table-top exercise undertaken	5 October 2021	In progress
Monitoring of plans and actuals against planning assumptions	October 2021 – End March 2022	Not yet due
Detailed plan for Christmas and New Year confirmed	December 2021	Not yet due
Winter lessons learnt stock-take exercise	March 2022	Not yet due



Brighton & Hove Cold Weather Plan 2021

Protecting Health and Reducing Harm During Winter

(To be read in conjunction with the Cold Weather Plan for England & supporting guidance)

This Cold Weather Plan is the overarching plan for the Brighton and Hove City Council and complements the Winter Plans produced by healthcare and partner agencies. This Plan helps prevent the major avoidable effects on health during periods of cold weather in England. The Cold Weather plan is compiled by public health with input from all BHCC Directorates. It describes the key issues for the city, cold weather alert system, related work-streams and governance arrangements.

It is over seen by the Brighton and Hove Health Protection & Screening Forum, that reports into the Integrated Care Partnership and the Health and Wellbeing Board via the Director of Public Health.

This Plan is based on the most recent Cold Weather Plan for England dated January 2019

Document Control

Version	V2.0 draft
Drafted by:	Becky Woodiwiss Public Health Principal and Barbara Hardcastle Public Health Specialist Public Health, Health & Adult Social Care Directorate, Brighton and Hove City Council and Brighton & Hove Clinical Commissioning Group
Reviewed by: Approved by:	Health and Adult Social Care Directorate Management Team October 2021 B&H Health Protection & Screening Forum, September 2021
Date Issued:	October 2021
Review Date:	September 2022
Target Audience:	Brighton & Hove City Council Health & Adult Social Care, other Directorates, partner agencies and Local Health Economy. Including The Health Protection & Screening Forum, NHS secondary and community providers, Clinical Commissioning Group (CCG), Primary care, Out of Hours (OOHs) Provider, & Brighton & Hove City Council, Community and Voluntary sector
Mandatory / Statutory guidance Requirements Winter guidance and advice	Civil Contingencies Act 2004 http://www.legislation.gov.uk/ukpga/2004/36/contents NHS EPRR Framework & associated guidance http://www.england.nhs.uk/ourwork/gov/epr/ Public Health England Cold Weather Plan for England http://www.gov.uk/phe/cold-weather-plan BHCC Covid19 Local Outbreak Plan https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan NHS Community Health guidance https://www.england.nhs.uk/coronavirus/ Annual seasonal influenza (flu) vaccination programme https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan Keep Warm Keep Well - NHS Choices (www.nhs.uk) https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather Met Office Weather Ready pages 'Are you ready for winter ?' https://www.metoffice.gov.uk/weather/warnings-and-advice/weatherready Excess winter deaths and morbidity and the health risks associated with cold homes https://www.nice.org.uk/guidance/ng6 Preventing excess winter deaths and illness associated with cold homes Quality standard [QS117] Published date: March 2016 https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards Cutting the cost of keeping warm https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm

Version Control

<i>Plan Version</i>	<i>Pages</i>	<i>Details</i>	<i>Date</i>	<i>Author</i>
1.0		Final draft	01/09/2020	B Woodiwiss
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Contents

1.	Introduction	6
1.1	Planning for winter 2021/2022	6
1.2	Impact of cold weather	6
1.4	The national Cold Weather Plan	7
1.5	Key messages for action	8
2.	Aim	9
3.	Objectives	9
4.	Planning implications for Brighton & Hove	10
4.1	Level 0 - underpinning planning requirements	12
5.	Actions for the alert levels	13
6.	Indoor room temperatures	18
7.	Risk of Cold Weather (governance and assurance) at B&H	18
8.	Cascading Cold Weather Level Alerts	19
8.2	Local cascade arrangements within B&H	19
9.	At-risk groups	20
10.	Covid Winter Plan	21
10. 1	Covid 19 Cold weather Care Home settings	22
11.	Seasonal Vaccination Programmes	23
11.1	Influenza vaccination programme 2021/22	23
11.2	Covid-19 Vaccination programme	25
12	Arrangements in local providers	26
12.1	BHCC Health and Adult Social Care	26
12.2	BHCC Families, Children and Learning Directorate	28
12.3	BHCC Seafront Team	29
12.4	Cityclean	29
12.5	The BHCC Highways Winter Service Plan 202 -21	29
12.6	BHCC Flood Management	30
12.7	BHCC Housing	30
12.8	BHCC Emergency Planning and Resilience team (EP&R)	31
12.9	Clinical Commissioning Group	31
12.10	University Hospitals Sussex NHS Foundation Trust	32
12.11	Sussex Community NHS Foundation Trust	32
12.12	IC24 (NHS Out of Hours Provider)	33
12.13	British Red Cross	33
12.14	Community and Voluntary sector	33
12.15	Brighton & Hove Energy Services Co-operative	34

13	Communication	34
13.1	Three areas of communication	34
13.2	Awareness	34
13.3	Warning	35
13.4	Local Warning and Informing	35
13.5	Staff information	35
14.	Key public health messages	35
Appendix 1		38
Appendix 2		38

Table of figures

Figure 1 Cold Weather Plan Alert Levels.....	11
Figure 2 Summary cold weather actions for health and social care organisations and professionals, communities and individuals.....	17
Figure 3 Indoor room temperatures.....	18
Figure 4 those at greater risk of harm from cold weather	20

1. Introduction

1.1 Planning for winter 2021/2022

Planning for the Winter of 2021/22 is in the context of the COVID-19 pandemic, its health and socio-economic impacts, resulting services changes, and an expanded Seasonal Influenza Vaccination Programme.

The COVID-19 pandemic started in January 2020 and waves of infection have continued to occur since, however the vaccination programme has had an impact on reducing the number of deaths and hospital admissions¹. A [Local Outbreak Control Plan](#) is in place to prevent and manage any further outbreaks.

Throughout the response phase many service changes have been made to ensure service users and staff are safe. These changes have embedded over the spring and summer, so services are COVID-19 prepared for the winter demands.

The enhanced Flu Programme has expanded the eligible groups and targets to vaccinate, and it is hoped will reduce impact of seasonal Flu during winter.

1.2 Impact of cold weather

In recent previous years there have been significant periods of severe and sustained cold weather. This has highlighted the need to have effective plans in place to mitigate the effects of cold weather on health.

On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths (EWDs) are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year. Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong [evidence](#) that many of these winter deaths are indeed 'extra' and are related to cold temperatures and living in cold homes, respiratory illnesses, and cardiovascular conditions as well as infectious diseases such as influenza are the main causes of excess mortality in preceding years. This is predominantly in the older age groups, those with chronic illnesses and children, Heavy snow and ice has a small direct effect on health, predominantly as a result of falls and injuries. Additionally, it causes disruption to the delivery of health, social care and other services. In the recent past, the rate of winter deaths in England was twice the rate observed in some northern European countries, such as Finland.

Although there are several factors contributing to winter illness and death, in many cases simple preventative action could avoid many of the deaths, illnesses and injuries associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather.

¹ <https://new.brighton-hove.gov.uk/covid-19-key-statistics-brighton-hove>

Living in a cold home has significant and demonstrable direct and indirect health impacts. There is strong evidence that shows it is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. People live in cold homes often due to fuel poverty ². A household is considered to be fuel poor if it has higher than typical energy costs and would be left with a disposable income below the poverty line. Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home.

1.3 COVID19 and the cold

Those at high risk of COVID19 infection, morbidity or mortality are similar population groups as those at greater risk from the ill health effects of cold weather (Fig 2.6). For COVID19, these are the over 70s, those with chronic health conditions especially respiratory and CVD, those clinically extremely vulnerable, pregnant women and people living in areas of higher deprivation and experiencing ongoing health and/ or socio-economic inequalities.

A combination of factors are likely to exacerbate the situation further over the colder months, the continued vulnerability of the population, and poorer weather, may mean that people spend more time in their homes, where transmission may be more likely. The socio-economic impacts will cause greater fuel poverty, should public spaces be closed again due to another lockdown it will reduce the warm places people can visit. If services continue to work from home fewer people will be visiting people homes, so there will be less opportunities to notice a home is cold, damp or hard to heat.

There are also small but relevant direct effects of the environmental conditions on the virus which persists for longer at lower temperatures either outdoors or in a cold and poorly ventilated home, and with lower UV levels.³ Changes in delivery of health, social care and other support services may also impact on health seeking behaviours adding to the risk for the very vulnerable. As part of the ongoing management of the COVID19 pandemic people will need to self-isolate in their homes for periods of time if they contract the infection or are a primary contact. Additional support will be needed for those with cold homes or who are living in fuel poverty.⁴

All services delivered in preparation for or in response to the cold weather will follow the COVID19 infection prevention and control guidance relevant for their service and appropriate for the recipient and community context.

1.4 The national Cold Weather Plan⁵

² Annual Fuel poverty statistics report 2021, The Department for Business, Energy and Industrial Strategy: <https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2021> (accesses Sept 2021)

³ NERVTAG: Seasonality and its impact on COVID-19, 22 October 2020 Paper prepared by NERVTAG and EMG on seasonality and its impact on COVID-19. Updated: 6 November 2020

⁴ <https://www.nice.org.uk/guidance/NG6/chapter/1-recommendations> (accessed Sept 2021)

⁵ The CWP 2021 is not published at the time of writing

The Cold Weather Plan for England (CWP), published annually since 2011 aims to prevent avoidable harm to health, by alerting people to the negative health effects of cold weather and enabling them to prepare and respond appropriately.

The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people.

The EWD Index is excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths.⁶ Local and national excess winter mortality is highly variable year on year and shows no clear trend. However, in the 2018 to 2019 winter period (December to March), there were an estimated 23,200 EWD in England and Wales and this was substantially lower than in most previous years.⁷ Excess winter deaths index for Brighton & Hove also showed a fall in 2018-19. There were 51 EWDs (7.4%) lower than England (15.1%) and the South East (14.3%). This was the third lowest EWD figure in the South East.

The Cold Weather Plan for England is at <https://www.gov.uk/government/collections/cold-weather-plan-for-england> this page contains links to the national plan, health risks of cold homes, a supporting 'making the case' document, and an easy-read summary document, action cards for all groups involved, 'Keep Warm Keep Well' leaflet and supporting guidance.

The National CWP acknowledges the roles of Local Authorities, Directors of Public Health, NHS England Regional Office, Clinical Commissioning Groups, Health and Wellbeing Boards (HWB's), NHS Trusts, GP's, Emergency Planning Officers, and others. The Department of Health and Social Care commissioned an independent evaluation of the CWP from the Policy Innovation Research Unit (PIRU) in 2012. The findings indicate that negative health effects start at relatively moderate outdoor temperatures of around 4-8°C. Although the risk of death increases as temperatures fall, the higher frequency of days at moderate temperatures means that the greatest health burden in absolute numbers of deaths, occurs at these moderate temperatures. This means that action to prevent excess winter morbidity and mortality should not be restricted to the very cold days, but should be carried out throughout the year tailoring solutions to protect the most vulnerable.

The Fuel Poverty Strategy for England (currently under review) emphasises the role the health and social care sector can play in tackling fuel poverty and sets targets up to 2030.⁸

1.5 Key messages for action

⁶

<https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/ati/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043>

⁷

<https://fingertips.phe.org.uk/search/excess%20deaths#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000036/iid/90360/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/ovw-do-0>

⁸ <https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm>

This Brighton and Hove Cold Weather Plan is a good practice guide and the actions denoted within it are illustrative. There are five key messages recommended to all local areas:

1. All local organisations should consider the Cold Weather Plan for England and satisfy themselves that the suggested actions and Cold Weather Alerts are understood across the system, and that local plans are adapted as appropriate to the local context.
2. City Council and NHS commissioners should satisfy themselves that the distribution of Cold Weather Alerts and the National Severe Weather Warning Service (NSWWS) which provides information on snow and ice, will reach those that need to take action.
3. City Council and NHS commissioners should satisfy themselves that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place, their professional judgements and remain COVID-19 safe.
4. Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather.
5. Long-term planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and should be included in joint strategic needs assessments⁹ and B&H Joint Health and Wellbeing Strategy 2019-2030.¹⁰

2. Aim

- 2.1** The aim of this plan is to set out the procedures and work-streams to be implemented within Brighton and Hove City Council, the local health economy (LHE) and with key city partners in support of the National Cold Weather Plan for England.

3. Objectives

- 3.1** The objectives of this plan are to:

- To define the partners engaged with the implementation of this Plan
- To ensure the requirements of the National Plan are complied with locally, by clearly stating the work-streams agreed to be relevant and those partners engaged in their delivery.
- To set out the coordination and oversight / assurance arrangements in support of the Plan.
- To understand and mitigate, as far as possible, the impact of cold weather on the community and those most vulnerable to cold weather.
- To safely deliver this Plan in the context of COVID19 guidance.

⁹ <http://www.bhconnected.org.uk/sites/bhconnected/files/6.4.2%20Fuel%20poverty%20FINAL.pdf>

¹⁰ <https://www.brighton-hove.gov.uk/sites/default/files/health/brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf>

- To support those self-isolating as a result of COVID-19 illness or Test and Trace Service instructions to keep well and warm at home.
- To review any implications for this Plan of the EU exit such as staffing and access to relevant supplies.

4. Planning implications for Brighton & Hove

The Plan is linked to a system of cold weather alerts – generated by the [Cold weather health watch system](#) developed by the [Meteorological Office](#) including the 'National Severe Weather Warning Service' (NSWWS). This comprises five levels of response based on cold weather thresholds. The thresholds have been developed to trigger an alert when severe cold weather is likely to significantly affect people's health and they also take account of temperature along with other winter weather threats such as ice and snow.

The Cold Weather Watch system operates in England from 1st November to 31th March every year, in association with [UK Health Security Agency](#) (UKHSA) and [Office for Health Improvement and Disparities](#). (OHID) However, should thresholds for an alert be reached outside of this period, an extraordinary heat-health alert will be issued and stakeholders are advised to take the usual public health actions. The alerts take account of temperature along with other winter weather threats such as widespread ice¹¹ and heavy snow¹².

¹¹ **Widespread ice** – Ice forms when rain falls on surfaces at or below zero; or already wet surfaces fall to or below zero. The ice is usually clear and difficult to distinguish from a wet surface. The term “widespread” indicates that icy surfaces will be found extensively over the area defined by the Met Office in the alert

¹² **Heavy snow** – Snow that is expected to fall for at least two hours. Geographic extent is not considered, and sometimes the event can be quite localised

The levels are set out in the table below:

Level 0	Year round planning to reduce harm from cold weather	This emphasises that year-round planning is required to build resilience and reduce the impact of cold weather. This level of alert relates to those longer-term actions that reduce the harm to health of cold weather (e.g. housing and energy efficiency measures, and long-term sustainable approaches to influence behaviour change across health and social care professionals, communities and individuals.)
Level 1	Winter preparedness and action	Level 1 is in force throughout the winter from 1 November to 31 March and covers the moderate temperatures where the greatest total burden of excess winter death and disease occur. This is because the negative health effects of cold weather start to occur at relatively moderate mean temperatures (4-8°C depending on region) and there are normally many more days at these temperatures each winter.
Level 2	Alert and readiness	Level 2 is triggered when the Met Office forecasts a 60% chance of severe winter weather, in one or more defined geographical areas within 48 hours. Severe winter weather is defined as a mean temperature of 2°C or less and/or heavy snow and widespread ice
Level 3	Severe weather action	This is triggered as soon as the weather described in Level 2 actually happens. It indicates that severe winter weather is now happening, with snow and ice, and an impact on health services is expected A NSWWS warning is highly likely to have been issued as well
Level 4	National emergency	This is reached when cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include for example power or transport problems, or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, multi-sector response at national and regional levels will be required.

Figure 1 Cold Weather Plan Alert Levels

The decision to go to a Level 4 is made at national level and will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat (Cabinet Office)

4.1 Level 0 - underpinning planning requirements

- Strong local leadership and partnership working at all levels across sectors and is vital to tackle the range of causes and reduce the number of “excess” deaths that are observed each winter.
- Long term strategic planning and commissioning to reduce cold-related harm. This is considered core business by Health and Wellbeing Boards (HWBs) and joint strategic needs assessments (JSNAs), as evidenced by the linking of these arrangements to the Public Health led Health Protection & Screening Forum and HWB.
- To alert all City stakeholders to the availability of the action cards¹³ for:
 - ✓ Commissioners in the Local Authority and the NHS Sussex Brighton & Hove Clinical Commissioning Group (CCG)
 - ✓ Frontline Health & Social Care staff in community & care facilities
 - ✓ GP’s & Practice Staff and Community Pharmacies
 - ✓ Community & Voluntary Sector organisations
 - ✓ Provider Organisations
 - ✓ Other relevant organisations in the city
 - ✓ Individuals.
- To ensure there is a link to the City’s Vulnerable People Plan and other Emergency Planning Resilience and Response plans.
- The Public Health Outcomes Framework includes indicators to reduce excess winter deaths¹⁴ and address fuel poverty¹⁵
- Working with partners to ensure that a strategic approach to the reduction of EWDs and fuel poverty . In particular:
 - ✓ To develop a shared understanding of EWD’s and what partners can do to reduce them.
 - ✓ To identify those most at risk from seasonal variations.
 - ✓ To improve winter resilience of those at risk via a locally annually agreed programme.
 - ✓ To ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions.
 - ✓ To achieve a reduction in carbon emissions and assess the implications of climate change.

¹³ Action Cards are available here <https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service>

¹⁴

<https://fingertips.phe.org.uk/search/excess%20deaths#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000036/iid/90360/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/ovw-do-0>

¹⁵

<https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/tbm/1/page-options/ovw-do-0>

- ✓ Work with Communities Equalities and Third sector Team at BHCC to widen reach to vulnerable communities and population groups in the city
- To consider how cold weather and winter plans can help to reduce health inequalities, target high-risk groups and address the wider determinants of health.
- To ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice).
- To work with partners and staff on risk reduction awareness, information and education including vaccinations.
- To engage with local CVS organisations for planning and implementation of all stages of the Plan.
- Agreement that B&H communications and media messages will be jointly coordinated by BHCC and CCG comms teams.
- Annual Flu campaign to support the vaccination uptake across all eligible groups and to the wider population

5. *Actions for the alert levels*

The table on the next page sets out the expected minimum actions for each of the alert levels for a range of stakeholders and the public:

Summary cold weather actions for health and social care organisations and professionals, communities and individuals

	Level 0	Level 1	Level 2	Level 3	Level 4
	Year-round planning All Year	Winter preparedness and action 1 November to 31 March	Severe winter weather forecast – Alert and readiness Mean temperatures of 2°C and/or widespread ice and heavy snow predicted with 60% confidence	Severe weather action Mean temperatures of 2°C and/or widespread ice and heavy snow	Major incident – Emergency response
Commissioners of health and social care	1) Take strategic approach to reduction of EWDs and fuel poverty. 2) Ensure winter plans reduce health inequalities. 3) Work with partners and staff on risk reduction awareness (eg Flu and Covid19 vaccinations, signposting for winter warmth initiatives).	1) Communicate alerts, messages and other relevant information and materials to staff/public/media. 2) Ensure partners are aware of alert system and actions. 3) Identify which organisations are most vulnerable to cold weather and agree winter surge plans.	1) Continue level 1 actions. 2) Ensure partners can access advice and make best use of available capacity. 3) Activate business continuity arrangements as required.	1) Continue level 2 actions. 2) Ensure key partners are taking appropriate action. 3) Work with partners to ensure access to critical services.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office. All level 3 responsibilities to be maintained unless advised to the contrary.
Provider organisations	1) Ensure organisation can identify and support most vulnerable. 2) Plan for joined up support with partner organisations. 3) Work with partners and staff on risk reduction awareness (eg Flu and Covid19 vaccinations, signposting for winter warmth initiatives).	1) Ensure cold weather alerts are going to right staff and actions agreed and implemented. 2) Ensure staff in all settings are considering room temperature. 3) Ensure data sharing and referral arrangements in place. 4) Communicate alerts, messages and other relevant information and materials to staff and services users	1) Continue level 1 actions. 2) Ensure carers receiving support and advice. 3) Activate business continuity arrangements as required; plan for surge in demand.	1) Continue level 2. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Implement local plans to ensure vulnerable people contacted.	

Summary cold weather actions for health and social care organisations and professionals, communities and individuals

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Frontline staff – care facilities and community</p>	<ol style="list-style-type: none"> 1) Use patient contact to identify vulnerable people and advise of cold weather actions; be aware of referral mechanisms for winter warmth and data sharing procedures. 2) Ensure awareness of health effects of cold and how to spot symptoms. 3) Encourage colleagues/clients to have Flu and Covid19 vaccinations. 	<ol style="list-style-type: none"> 1) Identify vulnerable clients on caseload; ensure care plans incorporate cold risk reduction. 2) Check room temperatures and ensure referral as appropriate. 3) Signpost clients to other services using 'Keep Warm Keep Well' booklet and other relevant information and materials . 4) Communicate alerts, messages and other relevant information and materials to staff and services users 	<ol style="list-style-type: none"> 1) Continue level 1 actions. 2) Consider prioritising those most vulnerable and provide advice as appropriate. 3) Check room temperatures and ensure urgent referral as appropriate. 	<ol style="list-style-type: none"> 1) Continue level 2 actions. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Prioritise those most vulnerable. 	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">GPs and their staff</p>	<ol style="list-style-type: none"> 1) Be aware of emergency planning measures relevant to general practice. 2) Ensure staff aware of local services to improve warmth in the home including the identification of vulnerable individuals. 3) Signpost appropriate patients to other services when they present for other reasons. 	<ol style="list-style-type: none"> 1) Consider using a cold weather scenario as a table top exercise to test business continuity arrangements. 2) Be aware of systems to refer patients to appropriate services from other agencies. 3) When making home visits, be aware of the room temperature. 4) Share comms and campaign materials to staff and patients 	<ol style="list-style-type: none"> 1) Continue level 1 actions. 2) Take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health. 3) When prioritising visits, consider vulnerability to cold as a factor in decision making. 	<ol style="list-style-type: none"> 1) Continue level 2 actions. 2) Expect surge in demand near future. 3) Ensure staff aware of cold weather risks and can advise appropriately. 	

Summary cold weather actions for health and social care organisations and professionals, communities and individuals

	Level 0	Level 1	Level 2	Level 3	Level 4
Community and voluntary sector	<ol style="list-style-type: none"> 1) Engage with local statutory partners to agree how VCS can contribute to local community resilience arrangements. 2) Ensure VCS organisations can identify and support their most vulnerable groups members and service users 3) Develop a community emergency plan to identify and support vulnerable neighbours. 4) Agree arrangements with other community groups to maximize service for and contact with vulnerable people. 5) Share general winter comms and campaign materials through community networks 	<ol style="list-style-type: none"> 1) Test community emergency plans to ensure that roles, responsibilities and actions are clear. 2) Set up rotas of volunteers to keep the community safe in cold weather and check on vulnerable people. 3) Actively engage with vulnerable people and support them to seek help. 4) Communicate alerts, messages and other relevant information and materials to VCS organisations and service users and to be shared onwards through community networks 	<ol style="list-style-type: none"> 1) Activate the community emergency plan. 2) Activate the business continuity plan. 3) Continue to actively engage vulnerable people known to be at risk and check on welfare regularly. 	<ol style="list-style-type: none"> 1) Continue level 2 actions. 2) Ensure volunteers are appropriately supported. 3) Contact vulnerable people to ensure they are safe and well and support them to seek help if necessary. 	<p>Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.</p> <p>All level 3 responsibilities to be maintained unless advised to the contrary.</p>
National level	<ol style="list-style-type: none"> 1) CO will lead on co-ordinating cross-government work; individual government departments will work with partners on winter preparations. 2) DHSC, UKHSA¹⁶ and NHS England will look to improve the CWP and the monitoring and analysis of winter-related illness and deaths. 3) UKHSA/OHID¹⁷ and NHS England will issue general advice to the public and professionals and work closely with other government departments and other national organisations that produce winter warmth advice. 	<ol style="list-style-type: none"> 1) Cold Weather Alerts will be sent by the Met Office to the agreed list of organisations and Category 1 responders. 2) UKHSA/OHID and NHS England will make advice available to the public and professionals. 3) NHS England will continue to hold health services to account for action and UKHSA will routinely monitor syndromic, influenza, norovirus and mortality surveillance data. 	<ol style="list-style-type: none"> 1) Continue level 1 actions. 2) DHSC will ensure that other government departments, particularly MHCLG RED, are aware of the change in alert level and brief ministers as appropriate. 3) Government departments should cascade the information through their own partner networks and frontline communication systems. 	<ol style="list-style-type: none"> 1) Continue level 2 actions. 2) NHS England will muster mutual aid when requested by local services. 3) Met Office will continue to monitor and forecast temperatures in each area, including the probability of other regions exceeding the level 3 threshold. 	

Summary cold weather actions for health and social care organisations and professionals, communities and individuals

Individuals	<ol style="list-style-type: none"> 1) Seek good advice about improving the energy efficiency of your home and staying warm in winter; have all gas, solid fuel and oil burning appliances serviced by an appropriately registered engineer. 2) Check your entitlements and benefits; seek income maximisation advice and other services. 3) Get Flu and Covid19 vaccinations. 	<ol style="list-style-type: none"> 1) If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you. 2) Seek help from local community groups and networks to help you remain safe and well. 3) Check room temperatures – especially those rooms where disabled or vulnerable people spend most of their time 4) Look out for vulnerable neighbours and help them prepare for winter. 	<ol style="list-style-type: none"> 1) Continue to have regular contact with vulnerable people and neighbours you know to be at risk in cold weather. 2) Stay tuned into the weather forecast ensure you are stocked with food and medications in advance. 3) Take the weather into account when planning your activity over the following days. 	<ol style="list-style-type: none"> 1) Continue level 2 actions. 2) Dress warmly; take warm food drinks regularly; keep active. If you have to go out, take appropriate precautions. 3) Check on those you know are at risk. 	<p>Follow key public health and weather alert messages as broadcast on the media.</p>
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Figure 2 Summary cold weather actions for health and social care organisations and professionals, communities and individuals

¹⁶ Oct 2021 Replacement for Public Health England UKHSA = UK Health Security Agency

¹⁷ Oct 2021 Replacement for Public Health England OHID = Office for Health Improvement and Disparities.

6. Indoor room temperatures

Recommended indoor temperatures for homes in winter

Heating homes to at least 18°C (65F) in winter poses minimal risk to the health of a sedentary person, wearing suitable clothing.

Daytime recommendations:

- the 18°C (65F) threshold is particularly important for people **65 years and over or with pre-existing medical conditions**; having temperatures slightly above this threshold may be beneficial for health
- the 18°C (65F) threshold also applies to **healthy people (1 –to 64 years)***; if they are wearing appropriate clothing and are active, they may wish to heat their homes to slightly less than 18°C (65F)

Overnight recommendations

- maintaining the 18°C (65F) threshold overnight may be beneficial to protect the health of those **65 years and over or with pre-existing medical conditions**; they should continue to use sufficient bedding, clothing and thermal blankets, or heating aids as appropriate
- overnight, the 18°C (65F) threshold may be less important for **healthy people (1 to 64)*** if they have sufficient bedding, clothing and use thermal blankets or heating aids as appropriate

*There is an **existing recommendation** to reduce sudden infant death syndrome (SIDS). Advice is that rooms in which infants sleep should be heated to between 16 to 20°C (61 to 68F)

Figure 3 Indoor room temperatures

7. Risk of Cold Weather (governance and assurance) at B&H

- 7.1 The health, social, economic and environmental risks associated with a spell of severe cold weather have been assessed by the Sussex Local Resilience Forum (SRF) (Ref H18) and included on the Sussex Community Risk Register. Information regarding the risk of severe weather can be found on the Sussex Local Resilience Forum website <https://www.sussex.police.uk/SysSiteAssets/media/downloads/sussex/about-us/sussex-resilience-forum/srf-community-information-on-risks-in-sussex.pdf>
- 7.2 It is the responsibility of the NHS England South (South-East) and for Sussex DsPH to engage with providers and multi-agency partners via the Local Health Resilience Partnership, (LHRP), a body linked to the SRF to assess risks and to ensure plans are in place to protect the communities of Sussex from health-related vulnerabilities.

- 7.3 The following partners have been consulted to produce this updated Plan, all of whom are aware of their responsibilities and have their own organisational plans.
- 7.4 Oversight of these arrangements will be provided by the Brighton and Hove Health Protection & Screening Forum, which reports to the Health & Wellbeing Board, in line with the National Cold Weather plan.
- 7.5 All partners must ensure that staff with an active part to play in the cold weather response need to be aware of the CWP and any training needed for its requirements and implementation.

8. ***Cascading Cold Weather Level Alerts***

8.1 The Level will be publicly displayed on the Metrological office website at <http://www.metoffice.gov.uk/health/professionals/cold-weather-alerts>

8.2 Local cascade arrangements within B&H

- The BHCC Emergency Planning & Resilience Team forward alerts to all internal BHCC department nominated leads;
 - Health & Adult Social Care – work with vulnerable adults
 - Families, Children & Learning – work with vulnerable children and families
 - Housing Neighbourhoods and Communities – work with vulnerable communities and neighbourhoods
 - Economy, Environment and Culture – work with local businesses and transport and the urban environment
 - Strategy, Governance and Law – for Communications team
- BHCC EPRR also send to;
 - External partners locally including the Community and Voluntary sector
 - ‘Community Resilience’ contacts that request the service.
- BHCC Adult Social Care (ASC) have provided assurance that they will inform ALL B&H care & residential homes and home care providers
- Brighton and Hove CCG (having delegated authority for Primary Care Commissioning), inform city GP Surgeries via a process agreed with the CCG Primary Care Team.
- The CCG Resilience lead disseminates alerts to CCG staff (on-call managers, agreed primary care staff and Communications), and to IC24 (Out Of Hour’s provider), and to Sussex Partnership Foundation Trust, (SPFT) and to the British Red Cross.
- All category 1 providers (including SCFT / University Hospital Sussex Trust / SECamb etc) also receive alerts direct from the Met Office.

It is therefore confirmed that systems are in place to ensure that all who need to receive cold weather alerts are doing so within the city.

9. At-risk groups

These include examples of sub-categories, as well as living conditions and health conditions which may place people at risk to the potential of their vulnerability in relation to the cold weather. (See figure 4 below).

Brighton & Hove has an old housing stock with 66% of houses built before 1945 (compared with 43% across England) and many private sector properties labelled 'hard to treat' (for example those with solid walls) in relation to energy efficiency measures. Brighton and Hove has an estimated 11.3% of households living in fuel poverty, equating to 14,575 households. This is higher than both the South East (7.9%) and England (10.3%)¹⁸.

Groups at greater risk of harm from cold weather (as defined by the national CWP) are detailed in fig 4 below. (It is recognised that the NICE guidance refers to 65+).

- older people (in particular those over 75 years old, otherwise frail, and or socially isolated)
- people with pre-existing chronic medical conditions such as heart disease, stroke or TIA, asthma, chronic obstructive pulmonary disease or diabetes
- people with mental ill-health that reduces individual's ability to self-care (including dementia)
- pregnant women (in view of potential impact of cold on foetus)
- children under the age of five
- people with learning disabilities
- people assessed as being at risk of, or having had, recurrent falls
- people who are housebound or otherwise low mobility
- people living in deprived circumstances
- people living in houses with mould
- people who are fuel poor
- homeless or people sleeping rough
- other marginalised or socially isolated individuals or groups

Figure 4 those at greater risk of harm from cold weather

¹⁸ <https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1/pat/6/ati/102/are/E06000043/iid/90356/age/-1/sex/-1/cat/-1/ctp/-1/cid/4/tbm/1>

It is important that all services across all sectors identify those at greatest risk this winter, taking into account intersecting risks. Ask about living in a cold home, and support vulnerable individuals to access existing resources to keep warm. For example, people with COVID-19 or those who have been asked to self-isolate by the NHS Test & Trace service will be isolating in their own homes. If they have cold homes or are fuel poor and cannot heat their homes adequately, they may be at increased risk of the negative health effects of the cold weather. This may exacerbate their illness especially if the home is damp. It may also reduce compliance with self-isolation guidance from the Test & Trace service.

The Local Outbreak Plan identifies the Community Hub as route by which people who are self-isolating can get practical support if it is needed.

People being discharged from hospital or in-patient care may be at increased risk of the cold if their home was left empty and / or unheated. All discharge, rehabilitation and reablement plans consider home circumstances. People are only discharged if they are considered to be well enough for self-care. Cold homes and fuel poverty may not be an obvious consideration however from this year most services include questions about ability to heat the home. Further links and contact details should be made explicit for support with cold homes and fuel poverty given the impact on health and recuperation especially for older people and those with respiratory or CVD conditions.

10. Covid Winter Plan

The Government released their Covid Winter Plan which recognises that winter is always a challenging time for the NHS and all sector care services. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (Flu). It is a realistic possibility that the impact of Flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of Flu over winter 2020-21¹⁹. There is considerable uncertainty over how these pressures will interact with the impact of COVID-19. Contingency planning will be ongoing with close monitoring and review of the data, epidemiology and the science.²⁰

The Plan includes two scenarios depending on the levels of Covid in circulation, numbers in hospital, in critical care and consider wider social impacts.

There will be ongoing work with the Local Contain Frameworks additional support to areas with high number of cases and numbers in hospital; continuing health protection regulations; advising people on how to protect themselves and others with clear guidance and communication. Further developments in treatment and care with advances in antivirals and therapeutics for those with Covid, including long covid will also be supported centrally.

¹⁹ <https://acmedsci.ac.uk/file-download/4747802>

²⁰ <https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021>

Plan A

- Vaccination: Ongoing offer to un(der)-vaccinated; booster for Groups 1-9; single dose for 12-15 year olds (See detail at 12.15)
- Test, Trace, Isolate and Support to limit transmission: Local Authorities continuing to support enhanced Community Testing; local case tracing; managing self isolation support payments
- Support for health and care: Build Back Better Plan with funding to support managing pressures and recovering services; Flu vaccination (see detail at 12.14); Long Covid NHS services; mandatory care staff vaccination (CQC settings)
- Advice: Get vaccinated; let air in; use masks; test and isolate; stay at home if unwell; wash hands; use the app.
- Businesses: Working Safely / H&S approach; consider using NHS Covid pass
- International: Vaccinate the world and manage risk at the borders

Plan B (based on NHS pressures)

- Enhanced communications to the public reflecting increased risk
- Vaccine passport using NHS App: mandatory for nightclubs, crowded venues 500+, crowded outside events 4,000+, all events 10,000+.
- Masks mandated (settings tbc)
- Work from home advice
- Further stringent restrictions, although considered unlikely, may follow pending severity of the situation.

This Cold Weather Plan has been provided to the partners listed for consultation, amendment and agreement. An update on issues linked to winter preparedness for 2021/22 as follows below.

10.1 Covid 19 Cold weather Care Home settings

Care settings managers should remind staff about the following:

- To follow hand hygiene guidance see [Info sheet G Hand Hygiene](#)
- Type IIR masks are still recommended for the delivery of social care (in the absence of Type II) in line with local NHS recommendations
- Staff should follow the PPE guidance for mask changing [Personal protective equipment: resource for care workers working in care homes during sustained COVID-19 transmission in England - GOV.UK \(www.gov.uk\)](#)
- For winter the minimum acceptable living environment temperature is 18c – the HSE advice is to maintain a warm temperature at same time as keeping rooms ventilated e.g. adjusting indoor heating if windows are open to ventilate spaces; opening windows at higher level to reduce draught effect.
- Ventilation is even more important in absence of natural sunlight as the virus will survive longer.
- Air conditioning units can be used, but they must bring air in from the outside, not recirculate the room air. They need to be maintained following manufactures guidance, ensuring they are cleaned regularly including emptying the capture tray/tank if present.

- Flu vaccination for all staff and residents should be strongly encouraged; there is growing evidence of poorer outcomes for those with Influenza and Covid-19 co-infection
- COVID-19 PCR and LFT tests and reagents need be stored in accordance with the manufacturer's instructions.
 - PCR tests use various types of transport medium, however if there is prolonged exposure to elevated temperatures outside the range they should be stored at, it could reduce their shelf life, packaging integrity, discolouration, pH shift and degradation of physical characteristic, which affects the efficacies of the test
 - for Innova Lateral Flow Devices the test cartridge and extraction solution must be stored at ambient temperature (2-30°C). The reagents and devices must be at room temperature 15-30°C when used for testing
 - the tube and cap can behave differently, leading to leakage of the medium, and the torque (screw part) on the tube decreases
 - if the kits have been stored at elevated temperature, there is a risk of inaccurate results.

Risk assessment must be undertaken to identify the hazards and risks associated with elevated storage temperature, consider regular temperature monitoring and control will be necessary to ensure this and frequency of monitoring should be based on a local risk assessment.

11. Seasonal Vaccination Programmes

Flu is a respiratory illness and COVID-19 is primarily a respiratory illness. There are strong similarities between the two - those at higher risk of acquiring it, side effects and subsequent complications, and mortality.

11.1 Influenza vaccination programme 2021/22

This year the national Flu programme has extended uptake targets, expanded groups eligible for the vaccination and widened delivery routes in response to the additional infection prevention measures needed for COVID-19.²¹

There are imminent plans to establish for winter 2021/22 a joint Flu and Covid-19 NHS Sussex Programme Board with a range of Task and Finish groups focussing on key aspects such as; health & social care staff, primary care, outbreak arrangements, vaccine supply, data, communications, health promotion and prevention. Locally, the city's multi-sector Flu Planning meeting co-ordinates implementation across organisations in support of the Flu prevention plan.

Due to the Covid prevention measures of mask wearing, social distancing and lockdowns, the amount of Flu circulating in 2020 was very low. It is thought that as society has opened-up again there is a high likelihood that the 2021-22 Flu season could be up to 50% larger than typically seen. It could also coincide with Covid 19

²¹ <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

outbreaks, placing additional pressure on the NHS.²²

Traditionally uptake of the Flu vaccine has been consistently lower than the SE and England average for all eligible groups with the exception of the schools programme which achieves 67% uptake.²³

This is supported by a major new public facing marketing campaign to encourage take up amongst eligible groups for the free Flu vaccine, and a targeted campaign for front-line health and social care workers. Resources will be available to from the OHID Campaign Resource Centre at: <https://campaignresources.phe.gov.uk/resources/> Vaccinations are available to those not in the target groups through pharmacies at a low cost (£8-£15)

Free Flu vaccinations are available for:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff including:
 - a registered residential care or nursing home
 - registered domiciliary care provider
 - a voluntary managed hospice provider
 - Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.
 - Learning from the Covid19 vaccination programme as revealed a range of workforce who are day-to-day directly delivering health and social care to vulnerable residents and these groups will be considering as within this Flu programme. Examples include special school staff giving PEG feeds²⁴ to children; social care workers in supported living hostels.
- At the Brighton and Hove level additional groups are being considered as clinically vulnerable such as homeless and rough sleepers, regular services users of the Alcohol and Substance misuse services.
- BHCC have an annual scheme with pharmacies for its staff to have the Flu vaccinations for those that are not eligible for the free NHS vaccinations.

Uptake ambitions - at least 75% for all groups this year with 100% for all groups of health and social care workers.

²² [National flu immunisation programme 2021 to 2022 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-flu-immunisation-programme-2021-to-2022-letter)

²³ [https://fingertips.phe.org.uk/profile/public-health-outcomes-](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/qid/1000043/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/page-options/oww-do-0)

[framework/data#page/0/qid/1000043/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/page-options/oww-do-0](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/qid/1000043/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/page-options/oww-do-0)

²⁴ <https://patient.info/treatment-medication/peg-feeding-tubes>

The vaccinations need to be delivered in line with infection prevention COVID-19 guidance.

Flu immunisation of frontline health and social care staff

As set out above, the main care providers are expected to deliver a significant improvement in staff vaccination rates this year moving towards a compliance rate of 100%. Having staff vaccinated reduces their own vulnerability, increases the resilience of the provider, and reduces the threat of transmission to patients. Staff vaccination programmes are in place across local provider organisations. Although uptake will be monitored by NHS England and UKHSA, local providers' coverage will be monitored via the Flu Planning Group, Covid19 Place-based Vaccination Cell Sussex COVID19 Programme Board, Brighton & Hove Immunisation Programme, Board A&E Delivery Board, at Quality Review Group meetings with providers and by the CCG's Executive Management Team.

BHCC and the CCG are actively encouraging all front line health, social care,²⁵ residential and Care Homes to vaccinate their residents and these are free of charge

Community pharmacies will be able to vaccinate all residents and staff in care settings as part of the NHS programme.

11.2 Covid-19 Vaccination programme

At the time of writing some of the further delivery details for the Covid-19 vaccination programme are being finalised.^{26 27}

It covers;

- Mandatory covid19 vaccinations for all those working in care home
- continuing roll out the first and second doses for those 16+ who have not yet been vaccinated with enhanced efforts to improve uptake in those areas and populations with lowest uptake
- vaccinating 12-15 year school children, prioritising the clinically extremely vulnerable
- delivering a third dose (booster) in a phased approach to those in cohorts 1-9 starting in October with
 - those living in residential care homes for older adults
 - frontline health and social care workers
 - all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
 - adult household contacts of immunosuppressed individuals

²⁵ health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

• health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

• health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

²⁶ <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/>

²⁷ <https://www.sussexhealthandcare.uk/keepsussexsafe/sussex-covid-19-vaccination-programme/>

- from November to all adults aged 50 years or over

12 Arrangements in local providers

These sections provide a short overview of the arrangements that are in place. The following text has been provided by the services.

12.1 BHCC Health and Adult Social Care

Public Health - Reduction of excess winter deaths and fuel poverty are Public Health (PH) priorities as highlighted in the Public Health Outcomes Framework.

Public Health and Housing co-chair a cross-sector, multi-agency Fuel Poverty and Affordable Warmth Steering Group, which meets quarterly to oversee delivery of the Fuel Poverty and Affordable Warmth Strategy 2016-2020. During the COVID-19 pandemic, key partners have met virtually with increased frequency to share information and coordinate support to households struggling to pay energy bills. Public Health have ensured links between this group and the Welfare Support and Financial Assistance Group. The overarching aims of the Fuel Poverty & Affordable Warmth Steering Group are to:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce fuel poverty and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes.

The steering group will also consider additional issues for those who are self-isolating due to COVID-19 and ensure relevant connections with the Community Hub and other local initiatives as appropriate.

Building on previous successful partnership work and in collaboration with the steering group, initiatives to support at-risk groups during the winter months and beyond will be commissioned by Public Health. The Warmth For Wellbeing programme focusses on reaching marginalised and isolated communities, to identify and engage with those who are at elevated health risk due to living in fuel poverty and/or a cold home and reduce the health impacts through;

- Information and advice
- Home visits and assessments in line with COVID-19 guidance
- Provision of small measures
- Debt & benefits advice and casework
- Small hardship grants

Citizens Advice charities across Sussex have partnered with Your Energy Sussex, the local energy supplier backed by councils from across Sussex, to offer fuel vouchers to vulnerable households struggling to pay their fuel bills. Eligible householders can apply to their local Citizens Advice for multiples (up to 3) of a £49 voucher for a family and £28 voucher for a single occupier. Funding is limited and additional sources of funding are being explored to widen and extend this support. This scheme will end later this year when available funds are depleted.

Adult Social Care - Both Domiciliary and bed-based services are delivered by the Directorate, which has well-rehearsed Business Continuity Plans and heightened infection prevention and control measures in response to the COVID-19 pandemic. Independence at Home have service level agreements with both the Seafront Team and City Parks at BHCC, who will assist where possible with 4x4 vehicles and drivers in bad weather i.e. snow. Services and organisations across health and social care work closely together. Each service has a process in place which identifies level of need, the number of visits required and in what time scales. This assists in identifying and prioritising community visits at times of high demand / limited resources / extreme weather conditions. All services delivered are considered in light of the COVID-19 guidance.

Flu vaccination is actively encouraged in all provider and commissioned services as staff are eligible under the National Flu Programme. All HASC front line social care delivery staff are actively encouraged to visit their general practice or local pharmacies for Flu vaccinations.

The ASC team also maintains links with independent Care Homes (including Nursing Homes), and Home Care providers in the City.

A range of resources are distributed through ASC networks for example Helping to prevent winter deaths and illnesses associated with cold homes; A quick guide for home care managers ²⁸ [Advice to Care Homes Guidance on Outbreaks of Influenza in Care Homes](#), promotion of the pneumococcal vaccination and norovirus prevention.

Cold weather information is routinely be shared widely across the city through these general contacts.

Access.Point@brighton-hove.gov.uk and / or Contracts Unit Admin Team

ContractsUnit.AdminTeam@brighton-hove.gov.uk

Control.Carelink@brighton-hove.gov.uk carelinkplus@brighton-hove.gov.uk

The [Adult social care: our COVID-19 winter plan 2020 to 2021](#) sets out national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. Examples include arrangements for safely reopening day services or respite services; support the wider PPE needs of the sector, rolling out further testing, visiting guidance and additional funding for infection prevention and control.

²⁸ <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-winter-deaths-and-illnesses-associated-with-cold-homes>

BHCC Health and Adult Social Care commission the 'Severe Weather Emergency Protocol' (SWEP). This activates when the temperature feels like 0 degrees for 1 night, (SWEP will also open where possible on an Amber weather warning). The [SWEP service](#) offers overnight shelter to rough sleepers. Community and third sector organisations working with rough sleepers within the city are involved in ensuring that rough sleepers are informed when the service is open and how to access. The service is open to all rough sleepers regardless of local connection.

This service is normally offered in shared sleep environments and we are in planning stages to look at how we deliver the service this winter to ensure the safety and wellbeing of rough sleepers whilst COVID-19 remains a real risk. We will be sharing plans as they are developed.

An annual plan is agreed with the NHS to support the patients journey on discharge from hospital:

- a dedicated resource in Emergency departments to support rapid discharge from hospital
- D2A – discharge to assess beds, and additional mental health support
- Participation in HIT team in acute services in time of escalation to minimise use of care capacity and ensure correct discharge pathways are followed
- Independence at home – reablement home care to support D2A process

12.2 BHCC Families, Children and Learning Directorate

It is important to involve services for children and families in winter preparations and health protection, particularly in order to [reach the city's schools](#). Schools closures have a clear impact on the city, and support to business continuity planning in educational settings is available. Key city gritting routes do not always cover all individual routes to schools. Following the mandatory school closures earlier in 2020 as part of the Covid pandemic response, schools, their pupils and their families are more set up for and experienced in home and remote learning techniques. This could help with school's badly affected by poor weather.

A Families, Children and Learning (FCL) departmental representative attends the Health Protection & Screening Forum and it is hoped this will result in further opportunities to coordinate city winter planning. Services and information to support families in fuel poverty will be widely shared through FCL networks. [Children's centres](#) and [Council nurseries](#) distribute weather related posters and leaflets, promote the Flu vaccine and can sign-post families for advice on fuel poverty. Private, voluntary and private early years childcare settings can be sent information to pass on advice to families. The Family Information Service can also pass on information using their Twitter account and Facebook page. The [Family Information Service](#) and the [Integrated Team for Families](#) can provide advice for families to reduce fuel poverty. Information about the seasonal Flu vaccinations generally and the schools based vaccination programme will be shared through wider FCL networks. Children under 5, pregnant women are recognised at risk groups.

All schools, early years and children's services will be operating under strict COVID-19 guidelines over Winter 2021/2022. The NHS Flu Vaccination programme has been extended to cover all school years from Reception to year 11. There is a commitment to continue with the successful levels of vaccination uptake as seen in previous years. BHCC will be offering a reimbursed Flu vaccination to all school staff who are not eligible for the free NHS one.

12.3 BHCC Seafront Team

The City recognises that numbers of rough-sleepers across the city have risen, and this is a particular problem for the seafront area.

It has been acknowledged that advice to traders re flood defences etc can be obtained from the YouGov website at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/451622/LIT_4284.pdf

The [Seafront Office](#) will issue a warning email to seafront businesses if the Met Office weather warnings identify a specific risk of overtopping or coastal flooding in Brighton & Hove.

A number of products such as flood sacks etc can be locally obtained from B&Q and Travis Perkins etc.

Events such as the B&H 'Christmas Day Swim' are kept under review. The team put out public safety signage and press releases about the dangers of swimming in the sea at this time of year in the lead up to Christmas., The swim is not an 'event' which is recognised by the council as it has no formal organiser and has no safety cover (Brighton Swimming Club do not wish to be responsible). The Seafront Office are on duty on Christmas Day and will advise the public not to enter the water if they are considering it. However, the Seafront Officers are not there to provide lifeguard cover as this is not their role.

12.4 Cityclean

Cityclean (01273 294706/01273 292229) staff working for BHCC and trained as gritter drivers are on a rota for the winter season and operate under the direction of the BHCC 'Winter Duty Officer' who will advise on weather and road conditions, and on action required by the team. Road gritting routes cover main roads, all bus routes and access roads to emergency services such as ambulance stations. In severe snowfall, additional Cityclean staff working for BHCC may work on pavement clearance for identified priority areas such as city centre and hospital entrances. There are 7 gritters (including a pavement gritter) and they will all be serviced before the start of the Winter Gritting period.

12.5 The BHCC Highways Winter Service Plan 202 -21

This plan states the Councils gritting and monitoring arrangements specifically relating to public roads and pavements. It is available on the council's public website (see below).

The Local Authority maintains an information page on the council's public website, which provides advice on winter weather (see <http://www.brighton-hove.gov.uk/content/parking-and-travel/roads-and-highways/winter-weather>) and driving and 'what you can do' as well as on 'what the Council does'. The link to this page is: <https://www.brighton-hove.gov.uk/content/parking-and-travel/roads-and-highways/winter-road-maintenance>

The highways plan ensures that roads to NHS hospitals are gritted, as well as ambulance stations. Clearance of pavements which lead to those hospitals are also on the Priority list.

B&H Bus Company's routes are on the City's gritting routes. Salt is good at combating ice but the addition of the buses and other heavy transport is needed to make it as effective as possible, Salt will only melt a very thin layer of snow or ice so anything more than snow flurries will settle on gritted roads. Under such circumstances, the aim is to reclaim the network as soon as possible using a grit/salt mixture and snow ploughing. It is important to keep the buses running where possible to help break up snow but that is an operational decision for the bus company. Issues for Brexit; reduction in vehicle part access, fuels, etc will be covered by Business Continuity Plans

Pavement clearance will also be carried out during snow events. Grit bins are provided across the coldest, steepest areas of the city for the public to use.

The service operates from 1 November until the end of March, 24 hours a day, 7 days a week. The period may be extended on a day-to-day basis in cases of severe cold weather continuing into April or starting earlier in October.

12.6 BHCC Flood Management

The Council's focus is on groundwater and surface water (the Environment Agency retains responsibility for main rivers and seas) which are the main flood risks to the City. The approach is to reduce (not eliminate) risk through strategic intervention. The following strategic flood management documents are being updated. Links to our current plans and strategies are found here:

- [Strategic Flood Risk Assessment](#)
- [Surface Water Management Plan](#)
- [South East River Catchment Flood Risk Management Plan](#)
- [Local Flood Risk Management Strategy](#)

12.7 BHCC Housing

The team has responsibility for the Council's stock of social and seniors housing. The Housing Sustainability & Affordable Warmth Manager works closely with the Public Health lead for fuel poverty & EWDs to plan annual winter warmth initiatives. Energy saving advice is available for vulnerable council tenants from the Housing Inclusion Team.

In an emergency the service is committed to stopping non-urgent work and to re-deploy housing staff to other services who need extra support. The Estates Services provide salt and equipment to residents to help clear communal pathways to blocks. The Council's Housing Repairs and Maintenance service and heating contractor run out of hours services. They maintain winter contingency stock including heaters etc. Out of hours the duty housing officer is contactable via the Emergencies and Resilience Team or via [Carelink](#).

12.8 BHCC Emergency Planning and Resilience team (EP&R)

Transport hub arrangements and lists of community volunteers are annually reviewed. The B&H Transport Hub results from an agreed arrangement between partners to support BHCC in running a hub facility during periods of severe weather. The Transport Hub is managed and staffed via the agreement, and by an operational document. The Hub (once setup) will:

- Ensure an overview is maintained on weather conditions.
- Liaise with the BHCC Highways department and media sources to understand the impacts of the severe weather on the cities road's.
- Understand the implications of the weather falling on roads on transport providers including buses and taxis.
- Coordinate available 4 x 4 resources (including via the NHS MOU with Sussex 4x4 Response), from partner organisations and local community volunteers Match local prioritised requests for 4x4's against availability.
- Work with community and voluntary sector groups who may be able to assist with the community response to severe weather events.

The [BHCC 'EP&R Team'](#) and the Public Health lead for Health Protection and resilience both engage with external partners including the Sussex Resilience Forum (SRF), and the Sussex Local Health Resilience Partnership (LHRP), and responding agencies to ensure that B&H is fully engaged in planning, testing and exercising severe weather and winter-related plans at both the Sussex and local levels.

De-Briefing & Support Should there be a severe weather incident, a de-briefing should be held to ensure lessons are identified and learnt, and also partners should ensure that support is offered to staff in appropriate cases. This is usually led by the EP&R team.

12.9 Clinical Commissioning Group

Local plans are in place to respond to escalations in pressure in the local health system. The level of pressure is gauged using the Operational Pressures Escalation Level Framework (OPEL) and the local response to the escalation levels identifies a set of actions to be taken by all partners within the BUSH health system to manage the increased levels of pressure. This now includes COVID-19 assessments, impacts and mitigations as C-OPEL. As the CCGs in Sussex are working in close alignment, the plans for the UHS East System are now closely aligned with the plans of support neighbouring trusts.

The aim of using the C-OPEL Framework is to ensure planned or elective as well as urgent care services operate as effectively as possibly in delivering year round services for patients.

The key objectives are to ensure sustainable delivery of the two national NHS service standards i.e. the 4 hour A&E standard and 18 weeks for referral to treatment for planned care. These are achieved by a system-led process known as 'SHREWD' which provides real-time monitoring of hospital flow and capacity and is able to report information nationally. Locally the system is overseen by senior management at UHS EAST and the CCG.

Appendix 2 has the overarching NHS Winter Plan

12.10 University Hospitals Sussex NHS Foundation Trust

Plans are reviewed annually at UHS. The Trust participates in the NHS Operational Pressures Escalation Level (OPEL) procedures, which are centred around the Hospital Trusts geographic area and seeks to ensure that 'capacity management' issues are monitored effectively and where all resources in the local health care system (including those of BHCC) are managed on a daily basis by a teleconference and reported/monitored using appropriate management tools. It now includes risk and pressures in the system relating to COVID19 as C-OPEL. It is led by the CCG's Director of Resilience. It is recognised that the Trust is often at high levels of escalation, but the issues are actively managed with the support of other organisations.

The Trust is committed to raising staff Flu vaccination levels and vaccinate other eligible groups as identified in the annual Flu letter. Business Continuity Plans are regularly updated. UHS operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

12.11 Sussex Community NHS Foundation Trust

SCFT provides out-patient clinics on-site and teams of healthcare staff such as Health Visitors, who deliver frontline community health services to patients in B&H and across wider Sussex. The Immunization Team is part of this Trust and contributes to the annual Flu vaccination programme. The Trust maintains service level Business Continuity Plans and has access to 4x4 vehicles to deliver its role during severe weather. The Trust has a Cold Weather Plan, Winter Plan and Escalation Plan which are available to staff on the Trust intranet. Staff and patients are provided advice on all aspects of winter health that can be found on [NHS How to Stay Well This Winter](#) and the [Keep warm- keep well leaflets](#). SCFT operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

12.12 IC24 (NHS Out of Hours Provider)

IC24 provides out of hours and roving GP services to B&H and to E Sussex, as well as a GP in A&E at Royal Sussex County Hospital, a walk-in service and other facilities. The organisation may have challenges in providing some services during periods of adverse weather but may access 4x4 support via links with Adult Social Care and the CCG.

12.13 British Red Cross

BRC has agreed to link with BHCC and other local services and is available to support them during periods of severe winter weather. BRC have other winter provision available in B&H:

- A 24 Emergency Response Messaging service which will mobilise staff and volunteers as required, 24/7/365 to support people in crisis and depending on what the situation is, if BRC can help, they will respond.
- The basic “offer” to B&H is to provide practical and emotional support, work in Rest Centres, providing transportation during bad weather and home welfare checks on vulnerable individuals.
- BRC can also provide blankets, hot drinks etc and staff.
- If made aware of a longer term failure of infrastructure or facilities, then BRC may be able to call in our dedicated communications or catering units to provide operational support to large groups of people.

12.14 Community and Voluntary sector

The CVS is increasingly involved in supporting the planning for winter resilience. This is both through their networks across the city into neighbourhoods and groups working with those more vulnerable to cold.

There are services provided by a wide variety of organisations to help those in fuel and food poverty. These include Age UK, NEA, Brighton & Hove Citizens Advice Bureau , Brighton and Hove Energy Services Co-operative (BHESCO), the British Red Cross, The Fed Lions, Club and others.

The strength of the partnership approach taken during the COVID-19 response has established a shared approach to supporting those most vulnerable in the city and this will be especially important in addressing the demand of the cold weather, Flu, self-isolation for COVID-19, its socio-economic impacts.

The CVS are represented at the BHCC Flu Planning meetings and the Sussex Programme board.

Groups are becoming increasingly involved in various parts of the City prone to weather and cold-related risks. Examples include ‘Time To talk befriending’, ‘One Church Brighton’, Neighbourhood Watch and the Woodingdean Residents Association.

12.15 Brighton & Hove Energy Services Co-operative

[BHESCO](#) aims to improve resident's thermal comfort targeting vulnerable people in hard to heat homes, thereby reducing EWD's, and provide advice to consumers including action on tariffs, switching energy supplier and take up of energy efficiency offers. They have some funding to pay for simple measures like weather stripping, secondary glazing film, energy meters and radiator reflectors. Other areas of housing-related concern include the elderly, vulnerable and socially isolated. There are good links to other BHCC housing teams and other stakeholders.

13 Communication

13.1 Three areas of communication

The three areas of communication are: Awareness, Warning & informing and Advising the public.

13.2 Awareness

Pre 1st November each year. This will be done through the national and local campaigns , by informing and educating the public about the risks of cold weather, and how people in the identified vulnerable groups can prepare themselves.

['Help Us, Help You' Stay Well This Winter](#)

The Public Health England and NHS England marketing campaign, 'Help Us, Help You - Stay Well this Winter', will run starting in September. This phased campaign aims to help those with long-term health conditions (particularly respiratory conditions), older people, school children, pregnant women and parents of under-5s stay well and keep their loved ones well this winter. This includes messages about Flu vaccination, contacting NHS 111, seeking advice at the first signs of a winter illness, accessing evening and weekend GP appointments and the advantages of consulting with community pharmacists. It will include COVID-19 messages also.

Further information is available from:

<https://campaignresources.phe.gov.uk/resources/campaigns/34-stay-well-this-winter/overview> which also provides a link to sign up for email updates.

'Top Tips for Keeping Warm and Well', in collaboration with Age UK. The leaflet is targeted at pensioners in receipt of pension credit in England, Scotland and Wales. It will sit alongside an updated 'Keep Warm Keep Well' booklet, found at:

<https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>

The CCG runs a winter communications campaign titled '#HelpMyNHS'. This is run across Sussex . The campaign encourages people to use A&E and GP services appropriately and highlight the other services available. There is a strong focus on self-care and prevention, which links into the NHS England campaign as described

above. The local campaign will start during November and includes communications materials, marketing and a media campaign.

13.3 Warning

At each change of cold weather level. The Met Office will communicate to the public any change in levels and what the changes means, taking into specific account the local weather warnings.

13.4 Local Warning and Informing

Immediately when Level 2 and above is reached. BHCC Public Health staff and Emergency Planning & Resilience Team will liaise with CCG and BHCC Communications staff to agree a local interpretation of public messages, based on then Public Health messages as taken from the national plan.

13.5 Staff information

All partner agencies will ensure that suitable messages are also passed to staff, detailing warnings where appropriate, actions to be taken, and measures in line with their Business Continuity Plans, which must be kept up to date. This may include the need to re-deploy staff during severe weather, arrangements for home-working where appropriate, support to access Covid-19 and Flu vaccinations, and proactive information on how to stay safe and keep well during the winter months

14. Key public health messages

14.1 These are the core messages to be broadcast as official weather warnings alongside national and regional weather forecasts. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters.

Key public health messages

Take up your Covid-19 vaccination when it is offered/available

Contact your GP or pharmacist if you think you, or someone you care for, might qualify for a free Flu jab.

Free Flu vaccinations are available for those who are at risk. For a full list see the annual Flu plan, available at: www.gov.uk/government/collections/annual-flu-programme

Keep your home warm, efficiently and safely:

- heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing

- get your heating system and cooking appliances checked and keep your home well ventilated
- use your electric blanket as instructed and get it tested every 3 years
- never use a hot water bottle with an electric blanket
- do not use a gas cooker or oven to heat your home; it is inefficient and there is a risk of carbon monoxide poisoning and this can kill
- make sure you have a supply of heating oil or LPG or solid fuel if you are not on mains gas or electricity – to make sure you do not run out in winter

Keep in the warmth by:

- fitting draught proofing to seal any gaps around windows and doors
- making sure you have loft insulation. And if you have cavity walls, make sure they are insulated too
- insulate your hot water cylinder and pipes
- draw your curtains at dusk to help keep heat generated inside your rooms
- make sure your radiators are not obstructed by furniture or curtains

Look after yourself:

- food is a vital source of energy and helps to keep your body warm so have plenty of hot food and drinks
- aim to include 5 daily portions of fruit and vegetables. Tinned and frozen vegetables count toward your 5 a day
- stock up on tinned and frozen foods so you don't have to go out too much when it's cold or icy
- exercise is good for you all year round and it can keep you warm in winter
- if possible, try to move around at least once an hour. But remember to speak to your GP before starting any exercise plans
- wear lots of thin layers – clothes made from cotton, wool or fleecy fibres are particularly good and maintain body heat
- wear good-fitting slippers with a good grip indoors and shoes with a good grip outside to prevent trips, slips and falls
- make sure you have spare medication in case you are unable to go out
- check if you are eligible for inclusion on the priority services register operated by your water and power supplier

Look after others:

- check on older neighbours or relatives, especially those living alone or who have serious illnesses to make sure they are safe, warm and well

Get financial support:

there are grants, benefits and sources of advice to make your home more energy efficient, improve your heating or help with bills. It's worthwhile claiming all the benefits you are entitled to before winter sets in.

Specific messages related to the Levels suggested in national Plan

Level 1: Winter preparedness and action

A spell of chilly weather might warrant a message along the lines of:

“If this does turn out to be a spell of severe cold weather, we’ll try to give you as much warning as possible. But in the meantime, if you want advice about protecting your health from the cold go to the winter health pages at www.nhs.uk. If you are worried about your health or that of somebody you know, ring NHS 111.”

Level 2: Alert and readiness

The Met Office, in conjunction with UKHSA, is issuing the following cold weather warning for [regions identified]:

“Severe cold weather can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from the winter health pages at www.nhs.uk or from your local chemist. If you are worried about your health or that of somebody you know, ring NHS 111.”

Level 3 and 4: Severe cold weather action/emergency

The Met Office, in conjunction with UKHSA is issuing the following severe cold weather advice for [regions identified]:

“Make sure that you stay warm. If going outside make sure you dress appropriately. If indoors, make sure that you keep your heating to the right temperature; heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing. If there is anyone you know who might be at special risk, for example, an older person living on their own, make sure they know what to do to stay warm and are well stocked with food and medications. If you are worried about your health or that of somebody you know, ring NHS 111”

Appendix 1

Please find the full set of Action Cards here and these are updated nationally <https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service>

Appendix 2



BH HOSC 21-22
Winter Plan Update

NHS Winter Plan 2021 – Brighton & Hove CCG



Brighton & Hove Cold Weather Plan 2021

Protecting Health and Reducing Harm During Winter

**(To be read in conjunction with the Cold Weather
Plan for England & supporting guidance)**

This Cold Weather Plan is the overarching plan for the Brighton and Hove City Council and the local health economy. It describes work-streams and governance arrangements for multi-agency partners, oversight by the Director of Public Health, and coordination arrangements led by Brighton and Hove Health Protection & Screening Forum.

This plan replaces previous Brighton & Hove City Cold Weather Plans and is based on the most recent Cold Weather Plan for England dated January 2019

Document Control

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Drafted by:	Becky Woodiwiss Public Health Principal and Barbara Hardcastle Public Health Specialist Public Health, Health & Adult Social Care Directorate, Brighton and Hove City Council and Brighton & Hove Clinical Commissioning Group
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Mandatory / Statutory guidance Requirements Winter guidance and advice	Civil Contingencies Act 2004 http://www.legislation.gov.uk/ukpga/2004/36/contents NHS EPRR Framework & associated guidance http://www.england.nhs.uk/ourwork/gov/eprr/ Public Health England Cold Weather Plan for England http://www.gov.uk/phe/cold-weather-plan BHCC Covid19 Local Outbreak Plan https://new.brighton-hove.gov.uk/local-covid-19-outbreak-plan NHS Community Health guidance https://www.england.nhs.uk/coronavirus/ Annual seasonal influenza (flu) vaccination programme https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan Keep Warm Keep Well - NHS Choices (www.nhs.uk) https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather Met Office Weather Ready pages 'Are you ready for winter ? https://www.metoffice.gov.uk/weather/warnings-and-advice/weatherready Excess winter deaths and morbidity and the health risks associated with cold homes https://www.nice.org.uk/guidance/ng6 Preventing excess winter deaths and illness associated with cold homes Quality standard [QS117] Published date: March 2016 https://www.nice.org.uk/guidance/qs117/chapter/Related-NICE-quality-standards Cutting the cost of keeping warm https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm

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Contents

1.	Introduction	4
2.	Aim	7
3.	Objectives	7
4.	'Level 0' planning implications and needs for B&H	8
5.	Cold Weather Alerts	9
		10
6.	Risk of Cold Weather (governance and assurance) at B&H	13
7.	Cascading Cold Weather Level Alerts	13
8.	Local cascade arrangements within B&H	14
9.	At-risk groups	16
10.	Level 0 Planning And Action Card Implementation	18
11.	Consolidation of previous work	18
12.	Winter Planning	18
13.	Communication	30
14.	Key public health messages	32
15.	Awareness, Training and Exercising	33
	Appendix 1	34

1. Introduction

1.1 Planning for winter 2021/2022

Planning for the Winter of 2021/22 is in the context of the COVID-19 pandemic, its health and socio-economic impacts, resulting services changes, and an expanded Seasonal Influenza Vaccination Programme.

The COVID-19 pandemic started in January 2020 and waves of infection have continued to occur since, however the vaccination programme has had an impact on reducing the number of deaths and hospital admissions¹. A [Local Outbreak Control Plan](#) is in place to prevent and manage any further outbreaks.

Throughout the response phase many service changes have been made to ensure service users and staff are safe. These changes have embedded over the spring and summer, so services are COVID-19 prepared for the winter demands.

The enhanced Flu Programme has expanded the eligible groups and targets to vaccinate and it is hoped will reduce impact of seasonal flu during winter.

Nationally, the impact of the EU exit is starting to be felt with disruption linked to the ending of free movement of people, goods and services between the UK and EU on 1st January 2021. Strategic and practical work has been ongoing across Sussex to mitigate against potential issues to do with access to supplies, equipment, staffing and medicines and moving forwards, consideration of Brighton & Hove's identified Brexit risks will be incorporated into both Winter planning and the COVID-19 response and recovery planning.

1.2 Impact of cold weather

In recent previous years there have been significant periods of severe and sustained cold weather. This has highlighted the need to have effective plans in place to mitigate the effects of cold weather on health.

On average, there are around 25,000 excess winter deaths each year in England. Excess winter deaths (EWDs) are the observed total number of deaths in winter (December to March) compared to the average of the number of deaths over the rest of the year. Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong [evidence](#) that many of these winter deaths are indeed 'extra' and are related to cold temperatures and living in cold homes, respiratory illnesses, and cardiovascular conditions as well as infectious diseases such as influenza are the main causes of excess mortality in preceding years. This is predominantly in the older age groups, those with chronic illnesses and children, Heavy snow and ice has a small direct effect on health, predominantly as a result of falls and injuries. Additionally it causes disruption to the delivery of health, social care and other services. In the recent past, the rate of winter deaths in England was twice the rate observed in some northern European countries, such as Finland.

¹ <https://new.brighton-hove.gov.uk/covid-19-key-statistics-brighton-hove>

Although there are several factors contributing to winter illness and death, in many cases simple preventative action could avoid many of the deaths, illnesses and injuries associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather.

Living in a cold home has significant and demonstrable direct and indirect health impacts. There is strong evidence that shows it is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups. People live in cold homes often due to fuel poverty². A household is considered to be fuel poor if it has higher than typical energy costs and would be left with a disposable income below the poverty line. Fuel poverty is driven by 3 main factors: household income, high or unmanageable energy costs and the energy efficiency of a home.

1.3 COVID19 and the cold

Those at high risk of COVID19 infection, morbidity or mortality are similar population groups as those at greater risk from the ill health effects of cold weather (Fig 2.6). For COVID19, these are the over 70s, those with chronic health conditions especially respiratory and CVD, those clinically extremely vulnerable, pregnant women and people living in areas of higher deprivation and experiencing ongoing health and/ or socio-economic inequalities.

A combination of factors are likely to exacerbate the situation further over the colder months, the continued vulnerability of the population, and poorer weather, may mean that people spend more time in their homes, where transmission may be more likely. The socio-economic impacts will cause greater fuel poverty, should public spaces be closed again due to another lockdown it will reduce the warm places people can visit. If services continue to work from home fewer people will be visiting people homes, so there will be less opportunities to notice a home is cold, damp or hard to heat. There are also small but relevant direct effects of the environmental conditions on the virus which persists for longer at lower temperatures either outdoors or in a cold and poorly ventilated home, and with lower UV levels.³ Changes in delivery of health, social care and other support services may also impact on health seeking behaviours adding to the risk for the very vulnerable. As part of the ongoing management of the COVID19 pandemic people will need to self-isolate in their homes for periods of time if they contract the infection or are a primary contact. Additional support will be needed for those with cold homes or who are living in fuel poverty.⁴

All services delivered in preparation for or in response to the cold weather will follow the COVID19 infection prevention and control guidance relevant for their service and appropriate for the recipient and community context.

1.4 The national Cold Weather Plan⁵

² Annual Fuel poverty statistics report 2021, The Department for Business, Energy and Industrial Strategy: <https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2021>

³ NERVTAG: Seasonality and its impact on COVID-19, 22 October 2020 Paper prepared by NERVTAG and EMG on seasonality and its impact on COVID-19. Updated: 6 November 2020

⁴ <https://www.nice.org.uk/guidance/NG6/chapter/1-recommendations> (accessed July 2020)

⁵ The CWP 2021 is not published at the time of writing

The Cold Weather Plan for England (CWP), published annually since 2011 aims to prevent avoidable harm to health, by alerting people to the negative health effects of cold weather and enabling them to prepare and respond appropriately.

The CWP also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people. This year these pressures may include seasonal surge pressures, the impact of Flu, Covid-19 or other wider circumstances such as the ongoing impacts of the end of the Brexit Transition Period from 1st January 2021.

Concerns have been raised over the safety and health of patients and citizens being overlooked during the negotiations on the future UK-EU relationship.⁶ There are local plans in place to mitigate potential implications for access to essential winter supplies, equipment and medicines.⁷

The EWD Index is excess winter deaths as a percentage increase of the expected deaths based on non-winter deaths.⁸ Local and national excess winter mortality is highly variable year on year and shows no clear trend. However, in the 2018 to 2019 winter period (December to March), there were an estimated 23,200 EWD in England and Wales and this was substantially lower than in most previous years.⁹ Excess winter deaths index for Brighton & Hove also showed a fall in 2018-19. There were 51 EWDs (7.4%) lower than England (15.1%) and the South East (14.3%). This was the third lowest EWD figure in the South East.

The Cold Weather Plan for England is at <https://www.gov.uk/government/collections/cold-weather-plan-for-england> this page contains links to the national plan, health risks of cold homes, a supporting 'making the case' document, and an easy-read summary document, action cards for all groups involved, 'Keep Warm Keep Well' leaflet and supporting guidance.

The National CWP acknowledges the roles of Local Authorities, Directors of Public Health, NHS England Regional Office, Clinical Commissioning Groups, Health and Wellbeing Boards (HWB's), NHS Trusts, GP's, Emergency Planning Officers, and others. The Department of Health commissioned an independent evaluation of the CWP from the Policy Innovation Research Unit (PIRU) in 2012. The findings indicate that negative health effects start at relatively moderate outdoor temperatures of around 4-8°C. Although the risk of death increases as temperatures fall, the higher frequency of days at moderate temperatures mean that the greatest health burden in absolute numbers of deaths, occurs at these moderate temperatures. This means that action to prevent excess winter morbidity and mortality should not be restricted to the very cold days, but should be carried out throughout the year tailoring solutions to protect the most vulnerable.

⁶ <https://www.nao.org.uk/exiting-the-eu/> (accessed July 2020)

⁷ <https://new.brighton-hove.gov.uk/brexit-brighton-hove>

⁸

<https://fingertips.phe.org.uk/search/excess%20winter%20deaths#page/3/gid/1/pat/6/par/E12000008/ati/202/are/E06000043/iid/90360/age/1/sex/4/nn/nn-7-E06000043>

⁹

<https://fingertips.phe.org.uk/search/excess%20deaths#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000036/iid/90360/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/ovw-do-0>

The Fuel Poverty Strategy for England (currently under review) emphasises the role the health and social care sector can play in tackling fuel poverty and sets targets up to 2030.¹⁰.

1.5 Key messages for action

This Brighton and Hove Cold Weather Plan is a good practice guide and the actions denoted within it are illustrative. There are five key messages recommended to all local areas:

1. All local organisations should consider the Cold Weather Plan for England and satisfy themselves that the suggested actions and Cold Weather Alerts are understood across the system, and that local plans are adapted as appropriate to the local context.
2. City Council and NHS commissioners should satisfy themselves that the distribution of Cold Weather Alerts and the National Severe Weather Warning Service (NSWWS) which provides information on snow and ice, will reach those that need to take action.
3. City Council and NHS commissioners should satisfy themselves that providers and stakeholders will take appropriate action according to the Cold Weather Alert level in place, their professional judgements and remain COVID-19 safe.
4. Opportunities should be taken for closer partnership working with the voluntary and community sector to help reduce vulnerability and to support the planning and response to cold weather.
5. Long-term planning and commissioning to reduce cold-related harm both within and outside the home is considered core business by health and wellbeing boards and should be included in joint strategic needs assessments and joint health and wellbeing strategies.

2. Aim

2.1 The aim of this plan is to set out the procedures and work-streams to be implemented within Brighton and Hove City Council, the local health economy (LHE) and with key city partners in support of the National Cold Weather Plan for England.

3. Objectives

3.1 The objectives of this plan are to:

- To define the partners engaged with the implementation of this Plan
- To ensure the requirements of the National Plan are complied with locally, by clearly stating the work-streams agreed to be relevant and those partners engaged in their delivery.
- To set out the coordination and oversight / assurance arrangements in support of the plan.

¹⁰ <https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm>

- To understand and mitigate, as far as possible, the impact of cold weather on the community and those most vulnerable to cold weather.
- To safely deliver this Plan in the context of COVID19 guidance.
- To support those self-isolating as a result of COVID-19 illness or Test and Trace Service instructions to keep well and warm at home.
- To review any implications for this Plan of the EU exit and access to relevant supplies.

4. ‘Level 0’ planning implications and needs for B&H

4.1 The planning implications for the National Plan and other known circumstances are:

- Strong local leadership and partnership working at all levels across sectors continues to be vital to tackle the range of causes and reduce the number of “excess” deaths that are observed each winter.
- B&H planning arrangements are supporting the importance recognised in the Plan of long-term and strategic planning and commissioning to reduce cold-related harm. This is considered core business by Health and Wellbeing Boards (HWBs) and joint strategic needs assessments (JSNAs), as evidenced by the linking of these arrangements to the Public Health led Health Protection & Screening Forum and HWB.
- The need to ensure that the action cards are disseminated widely to all City stakeholders as appropriate for:
 - ✓ Frontline Health & Social Care staff in community & care facilities
 - ✓ Commissioners in the Local Authority and the CCG
 - ✓ GP’s & Practice Staff and pharmacies
 - ✓ Community & Voluntary Sector organisations
 - ✓ Provider Organisations
 - ✓ Other relevant organisations in the city
 - ✓ Individuals.
- To ensure there is a link to the City’s Vulnerable People Plan and other Emergency Planning Resilience and Response plans.
- The Public Health Outcomes Framework includes indicators to reduce excess winter deaths¹¹ and address fuel poverty¹²
- Working with partners to ensure that a strategic approach to the reduction of EWDs and fuel poverty is taken across the local health and social care economy. In particular:
 - ✓ To develop a shared understanding of EWD’s and what partners can do to reduce them.

¹¹

<https://fingertips.phe.org.uk/search/excess%20deaths#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000036/iid/90360/age/1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/ovw-do-0>

¹²

<https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/tbm/1/page-options/ovw-do-0>

- ✓ To identify those most at risk from seasonal variations.
- ✓ To improve winter resilience of those at risk via a locally annually agreed programme.
- ✓ To ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions.
- ✓ To achieve a reduction in carbon emissions and assess the implications of climate change.
- ✓ To consider how winter plans can help to reduce health inequalities, how they might target high-risk groups and address the wider determinants of health.
- ✓ To ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice).
- ✓ To work with partners and staff on risk reduction awareness, information and education including vaccinations.
- ✓ To engage with local CVS organisations for planning and implementation of all stages of the Plan.

5. Cold Weather Alerts

5.1 The Plan is implemented via a system of cold weather alerts – linked to the existing winter weather warning system developed by the Met Office ‘National Severe Weather Warning Service’ (NSWWS) – which will trigger appropriate actions up to a major incident. A [Cold weather health watch system](#) operates in England from the 1 November to 31 March every year, in association with [Public Health England](#). However, should thresholds for an alert be reached outside of this period, an extraordinary heat-health alert will be issued and stakeholders are advised to take the usual public health actions. The alerts take account of temperature along with other winter weather threats such as ice and snow.

5.2 Recommended indoor temperatures

Recommended indoor temperatures for homes in winter

Heating homes to at least 18°C (65F) in winter poses minimal risk to the health of a sedentary person, wearing suitable clothing.

Daytime recommendations:

- the 18°C (65F) threshold is particularly important for people **65 years and over or with pre-existing medical conditions**; having temperatures slightly above this threshold may be beneficial for health
- the 18°C (65F) threshold also applies to **healthy people (1 –to 64 years)***; if they are wearing appropriate clothing and are active, they may wish to heat their homes to slightly less than 18°C (65F)

Overnight recommendations

- maintaining the 18°C (65F) threshold overnight may be beneficial to protect the health of those **65 years and over or with pre-existing medical conditions**; they should continue to use sufficient bedding, clothing and thermal blankets, or heating aids as appropriate
- overnight, the 18°C (65F) threshold may be less important for **healthy people (1 to 64)*** if they have sufficient bedding, clothing and use thermal blankets or heating aids as appropriate

*There is an **existing recommendation** to reduce sudden infant death syndrome (SIDS). Advice is that rooms in which infants sleep should be heated to between 16 to 20°C (61 to 68F)

Fig 2.1 Indoor room temperatures.

5.3 The Cold Weather Plan sets out actions at five Cold Weather Alert Levels

The 5 alert levels are shown in Fig. 2.2 below as being:

Level 0	Year-round planning <i>All year</i>
Level 1	Winter preparedness and action programme <i>1 November to 31 March</i>
Level 2	Severe winter weather is forecast – Alert and readiness <i>mean temperature of 2°C or less for a period of at least 48 hours and/or widespread ice and heavy snow are predicted, with 60% confidence</i>
Level 3	Response to severe winter weather – Severe weather action <i>Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.</i>
Level 4	Major incident – Emergency response <i>Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health</i>

Fig. 2.2 Cold Weather Plan alert levels

5.4 **Definitions** (See the National Plan for full details).

Cold Weather Alert – to provide early warning of low temperatures and/or snow and ice will be issued when there is a high likelihood (more than 60%) that there will be a mean temperature at or below 2°C for a period of 48 hours in one or more regions in the next five days. A level 2 will be issued when this weather is forecast, and a level 3 when the snow and ice is occurring. An NSWWS warning is highly likely to have been issued as well.

Heavy snow – Snow that is expected to fall for at least two hours. Geographic extent is not considered, and sometimes the event can be quite localised.

Widespread ice – Ice forms when rain falls on surfaces at or below zero; or already wet surfaces fall to or below zero. The ice is usually clear and difficult to distinguish from a wet surface. The term “widespread” indicates that icy surfaces will be found extensively over the area defined by the Met Office in the alert.

Cold Weather Plan levels.

Level 0: Year round planning to reduce harm from cold weather

This emphasises that year-round planning is required to build resilience and reduce the impact of cold weather. This level of alert relates to those longer-term actions that reduce the harm to health of cold weather (e.g. housing and energy efficiency measures, and long-term sustainable approaches to influence behaviour change across health and social care professionals, communities and individuals.)

Level 1: Winter preparedness and action

Level 1 is in force throughout the winter from 1 November to 31 March and covers the moderate temperatures where the greatest total burden of excess winter death and disease occur. This is because the negative health effects of cold weather start to occur at relatively moderate mean temperatures (4-8°C depending on region) and there are normally many more days at these temperatures each winter.

Level 2: Alert and readiness

Level 2 is triggered when the Met Office forecasts a 60% chance of severe winter weather, in one or more defined geographical areas within 48 hours. Severe winter weather is defined as a mean temperature of 2°C or less and/or heavy snow and widespread ice.

Level 3: Severe weather action

This is triggered as soon as the weather described in Level 2 actually happens. It indicates that severe winter weather is now happening and an impact on health services is expected.

Level 4: National emergency

This is reached when cold weather is so severe and/or prolonged that its effects extend outside health and social care, and may include for example power or transport problems, or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, multi-sector response at national and regional levels will be required.

The decision to go to a Level 4 is made at national level and will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat (Cabinet Office).

Summary cold weather actions for health and social care organisations and professionals, communities and individuals

	Level 0	Level 1	Level 2	Level 3	Level 4
	Year-round planning All Year	Winter preparedness and action 1 November to 31 March	Severe winter weather forecast – Alert and readiness Mean temperatures of 2°C and/or widespread ice and heavy snow predicted with 80% confidence	Severe weather action Mean temperatures of 2°C and/or widespread ice and heavy snow	Major Incident – Emergency response
Commissioners of health and social care	1) Take strategic approach to reduction of EDWs and fuel poverty. 2) Ensure winter plans reduce health inequalities. 3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).	1) Communicate alerts and messages to staff/patients/clients. 2) Ensure partners are aware of alert system and actions. 3) Identify which organisations are most vulnerable to cold weather and agree winter surge plans.	1) Continue level 1 actions. 2) Ensure patients can access advice and make best use of available capacity. 3) Activate business continuity arrangements as required.	1) Continue level 2 actions. 2) Ensure key partners are taking appropriate action. 3) Work with partners to ensure access to critical services.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.
Provider organisations	1) Ensure organisation can identify and support most vulnerable. 2) Plan for joined up support with partner organisations. 3) Work with partners and staff on risk reduction awareness (eg flu vaccinations, signposting for winter warmth initiatives).	1) Ensure cold weather alerts are going to right staff and actions agreed and implemented. 2) Ensure staff in all settings are considering room temperature. 3) Ensure data sharing and referral arrangements in place.	1) Continue level 1 actions. 2) Ensure carers receiving support and advice. 3) Activate business continuity arrangements as required, plan for surge in demand.	1) Continue level 2. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Implement local plans to ensure vulnerable people contacted.	All level 3 responsibilities to be maintained unless advised to the contrary.
Frontline staff – care facilities and community	1) Use patient contact to identify vulnerable people and advise of cold weather actions; be aware of referral mechanisms for winter warmth and data sharing procedures. 2) Ensure awareness of health effects of cold and how to spot symptoms. 3) Encourage colleagues/clients to have flu vaccinations.	1) Identify vulnerable clients on caseload; ensure care plans incorporate cold risk reduction. 2) Check room temperatures and ensure referral as appropriate. 3) Signpost clients to other services using 'Keep Warm Keep Well' booklet.	1) Continue level 1 actions. 2) Consider prioritising those most vulnerable and provide advice as appropriate. 3) Check room temperature and ensure urgent referral as appropriate.	1) Continue level 2 actions. 2) Implement emergency and business continuity plans; expect surge in demand in near future. 3) Prioritise those most vulnerable.	
GPs and their staff	1) Be aware of emergency planning measures relevant to general practice. 2) Ensure staff aware of local services to improve warmth in the home including the identification of vulnerable individuals. 3) Signpost appropriate patients to other services when they present for other reasons.	1) Consider using a cold weather scenario as a table top exercise to test business continuity arrangements. 2) Be aware of systems to refer patients to appropriate services from other agencies. 3) When making home visits, be aware of the room temperature.	1) Continue level 1 actions. 2) Take advantage of clinical contacts to reinforce public health messages about cold weather and cold homes on health. 3) When prioritising visits, consider vulnerability to cold as a factor in decision making.	1) Continue level 2 actions. 2) Expect surge in demand near future. 3) Ensure staff aware of cold weather risks and can advise appropriately.	

	Level 0	Level 1	Level 2	Level 3	Level 4
Community and voluntary sector	1) Engage with local statutory partners to agree how VCS can contribute to local community resilience arrangements. 2) Develop a community emergency plan to identify and support vulnerable neighbours. 3) Agree arrangements with other community groups to mediate service for and contact with vulnerable people.	1) Test community emergency plans to ensure that roles, responsibilities and actions are clear. 2) Set up role of volunteers to keep the community safe in cold weather and check on vulnerable people. 3) Actively engage with vulnerable people and support them to seek help.	1) Activate the community emergency plan. 2) Activate the business continuity plan. 3) Continue to actively engage vulnerable people known to be at risk and check on welfare regularly.	1) Continue level 2 actions. 2) Ensure volunteers are appropriately supported. 3) Contact vulnerable people to ensure they are safe and well and support them to seek help if necessary.	Level 4 alert issued at national level in light of cross-government assessment of the weather conditions, coordinated by the Civil Contingencies Secretariat (CCS) based in the Cabinet Office.
National level	1) GO will lead on co-ordinating cross-government work, individual government departments will work with partners on winter preparations. 2) DHSC, PHE and NHS England will look to improve the CWP and the monitoring and analysis of winter-related illness and deaths. 3) PHE and NHS England will issue general advice to the public and professionals and work closely with other government departments and other national organisations that produce winter warmth advice.	1) Cold Weather Alerts will be sent by the Met Office to the agreed list of organisations and Category 1 responders. 2) PHE and NHS England will make advice available to the public and professionals. 3) NHS England will continue to hold health services to account for action and PHE will routinely monitor syndromic, influenza, norovirus and mortality surveillance data.	1) Continue level 1 actions. 2) DHSC will ensure that other government departments, particularly MHCLG, RSD, are aware of the chance in alert level and brief ministers as appropriate. 3) Government departments should cascade the information through their own partner networks and frontline communication systems.	1) Continue level 2 actions. 2) NHS England will monitor mutual aid when requested by local services. 3) Met Office will continue to monitor and forecast temperatures in each area, including the probability of other regions exceeding the level 3 threshold.	All level 3 responsibilities to be maintained unless advised to the contrary.
Individuals	1) Seek good advice about improving the energy efficiency of your home and staying warm in winter: have all gas, solid fuel and oil burning appliances serviced by an appropriately registered engineer. 2) Check your entitlements and benefits, seek income maximisation advice and other services. 3) Get a flu jab if you are in a risk group (September/October).	1) If you are receiving social care or health services ask your GP, key worker or other contact about staying healthy in winter and services available to you. 2) Check room temperatures – especially those rooms where disabled or vulnerable people spend most of their time. 3) Look out for vulnerable neighbours and help them prepare for winter.	1) Continue to have regular contact with vulnerable people and neighbours you know to be at risk in cold weather. 2) Stay tuned into the weather forecast ensure you are stocked with food and medications in advance. 3) Take the weather into account when planning your activity over the following days.	1) Continue level 2 actions. 2) Dress warmly; take warm food/drink regularly; keep active; if you have to go out, take appropriate precautions. 3) Check on those you know are at risk.	Follow key public health and weather alert messages as broadcast on the media.

Fig. 2.3 Cold Weather Plan alert levels and actions

5.5 Detailed Arrangements.

Detailed arrangements are set out in the National Plan for the key groups; commissioners of health and social care, provider organisations, frontline health and social care facilities and community, GPs and their staff, community and voluntary sector, national level organisations, individuals

5.6 Modelling for winter pressures on hospital admissions

The public health department provides weekly modelling on the expected impact of cold weather on hospital admissions. This is sent to HASC, USH and CCG colleagues.

6. Risk of Cold Weather (governance and assurance) at B&H

6.1 The health, social, economic and environmental risks associated with a Severe Cold Weather spell have been assessed by the Sussex Local Resilience Forum (SRF) (Ref H18) and included on the Sussex Community Risk Register. Information regarding the risk of severe weather can be found on the Sussex Local Resilience Forum website

<https://www.sussex.police.uk/SysSiteAssets/media/downloads/sussex/about-us/sussex-resilience-forum/srf-community-information-on-risks-in-sussex.pdf>

6.2 It is the responsibility of the NHS England South (South-East) and for Sussex DsPH to engage with providers and multi-agency partners via the Local Health Resilience Partnership, (LHRP), a body linked to the SRF to assess risks and to ensure plans are in place to protect the communities of Sussex from health-related vulnerabilities.

6.3 The Director of Public Health for Brighton and Hove ensures that local plans are in place within B&H, and will ensure that coordination arrangements are in place with City Council and health and Social Care organisations & NHS funded providers, and other stakeholders, to ensure that all partners understand their responsibilities and have organisational plans in place in line with the information set out in Appendix 1. Oversight of these arrangements will be provided by the Brighton and Hove Health Protection & Screening Forum, which reports to the Health & Wellbeing Board, in line with the National Cold Weather plan.

6.4 Partners include:

- BHCC (Public Health & Adult Social Care, Families, Children and Learning , Highways, Communications, Housing, Parks, Sea Front, City Clean and Emergency Planning & Resilience Team)
- Brighton & Hove CCG (Commissioning Teams / Winter Pressures, Communications)
- NHS England / Improvement (South-East)
- University Hospitals Sussex NHS Foundation Trust (secondary care provider)
- Sussex Community Foundation Trust (community services provider)
- Sussex Partnership Foundation Trust (mental health services provider)
- South East Coast Ambulance (is also the NHS 111 provider).
- IC24 (Out of Hours –Provider).
- Community Works - Community and voluntary groups and services (CW)
- British Red Cross (BRC).

6.5 Planning meetings (coordinated by the BHCC Public Health and the Emergency Planning and Resilience Team, on behalf of the Health Protection Forum), will identify local work-streams which support these arrangements. These are detailed below.

7. Cascading Cold Weather Level Alerts

7.1 The Level will be publicly displayed on the Metrological office website at <http://www.metoffice.gov.uk/health/professionals/cold-weather-alerts>

7.2 Other typical arrangements for alerting via email etc. are detailed in the diagram below at Fig.2.5

8. Local cascade arrangements within B&H

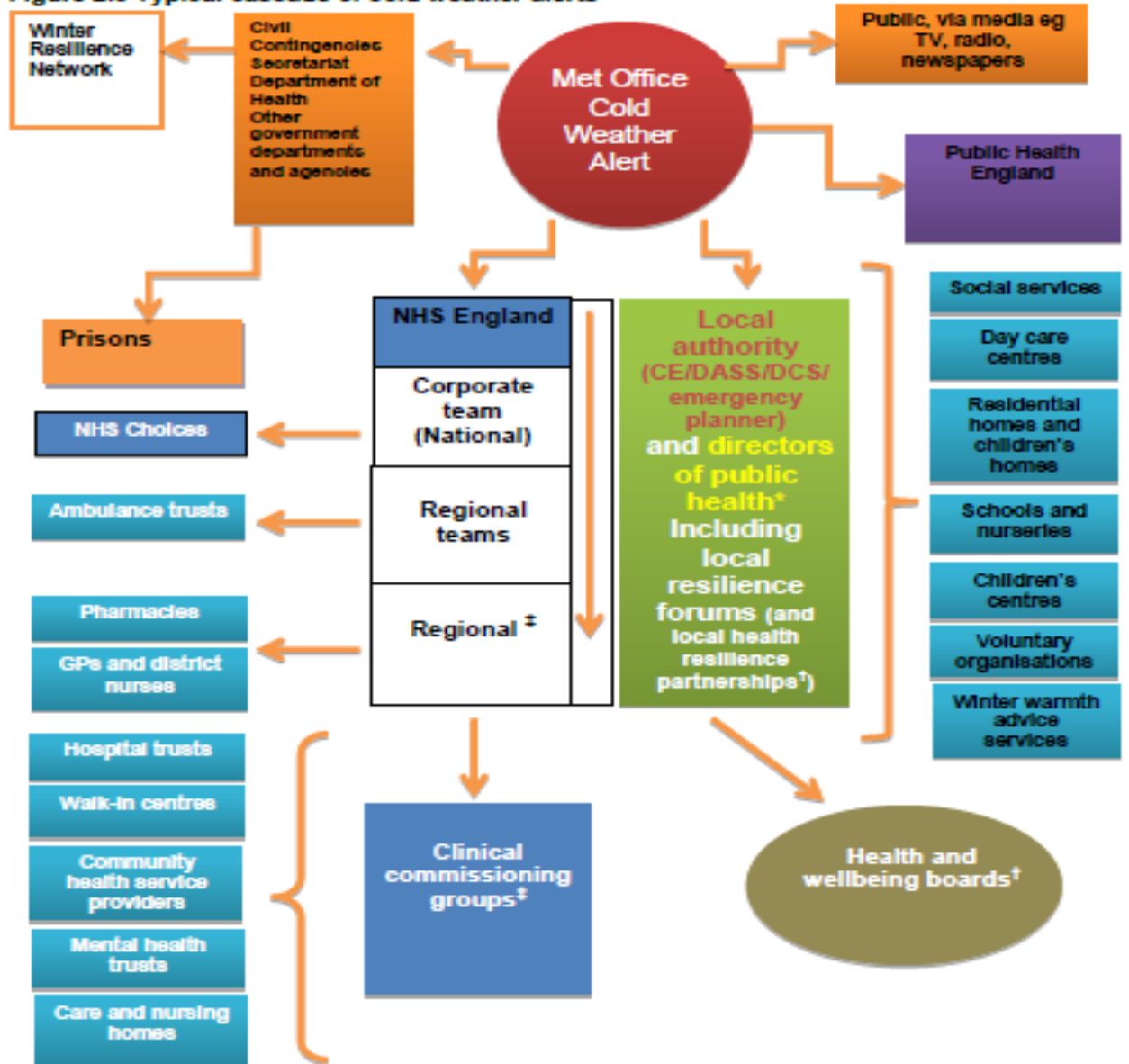
8.1 Local cascade arrangements are as per the national model (shown below), with the following additional actions:

- All category 1 providers (including SCFT / hospital trusts / SECAmb etc) also receive alerts direct from the Met Office.
- The BHCC Emergency Planning & Resilience Team forward alerts to all internal BHCC departments (including Adult Social Care) and external partners locally including the Community and Voluntary sector and 'Community Resilience' contacts that request the service.
- BHCC ASC have provided assurance that they will inform ALL B&H care & residential homes and home care providers
- Brighton and Hove CCG (having delegated authority for Primary Care Commissioning), inform city GP Surgeries via a process agreed with the primary care team.
- The CCG Resilience lead disseminates alerts to CCG staff (on-call managers, agreed primary care staff and Communications), and to IC24 (Out Of Hour's provider), and to Sussex Partnership Foundation Trust, (SPFT) and to the British Red Cross.

It is therefore confirmed that systems are in place to ensure that all who need to receive cold weather alerts are doing so within the city.

Local cascading within the B&H is as per the diagram above, and local updates are that:

Figure 2.5 Typical cascade of cold weather alerts



Notes:

†LHRPs and HWBs are strategic and planning bodies, but may wish to be included in local alert cascades.

‡NHS England Regional and CCGs should work collaboratively to ensure that between them they have a cascade mechanism for cold weather alerts to all providers of NHS commissioned care both in business as usual hours and the out of hours period in their area.

*PHE Centres would be expected to liaise with Directors of Public Health to offer support, but formal alerting would be expected through usual Local Authority channels.

9. At-risk groups

9.1 These include examples of sub-categories, as well as living conditions and health conditions which may place people at risk to the potential of their vulnerability in relation to the cold weather. (See figure 2.6 below).

9.2 Brighton & Hove has an old housing stock with 66% of houses built before 1945 (compared with 43% across England) and many private sector properties labelled 'hard to treat' (for example those with solid walls) in relation to energy efficiency measures. Brighton and Hove has an estimated 11.3% of households living in fuel poverty, equating to 14,575 households. This is higher than both the South East (7.9%) and England (10.3%)¹³.

9.3 Groups at greater risk of harm from cold weather (as defined by the national CWP) are detailed in fig 2.6 below. (It is recognised that the NICE guidance refers to 65+).

- older people (in particular those over 75 years old, otherwise frail, and or socially isolated)
- people with pre-existing chronic medical conditions such as heart disease, stroke or TIA, asthma, chronic obstructive pulmonary disease or diabetes
- people with mental ill-health that reduces individual's ability to self-care (including dementia)
- pregnant women (in view of potential impact of cold on foetus)
- children under the age of five
- people with learning disabilities
- people assessed as being at risk of, or having had, recurrent falls
- people who are housebound or otherwise low mobility
- people living in deprived circumstances
- people living in houses with mould
- people who are fuel poor
- homeless or people sleeping rough
- other marginalised or socially isolated individuals or groups

Fig. 2.6 Groups at greater risk of harm from cold weather

9.4 COVID19 related risks

It is important that all services across all sectors identify those at greatest risk this winter, taking into account intersecting risks. Ask about living in a cold home, and support vulnerable individuals to access existing resources to keep warm. for example, people with COVID19 or those who have been asked to self-isolate by the NHS Test & Trace service will be isolating in their own homes. If they have cold

13

<https://fingertips.phe.org.uk/search/fuel%20poverty#page/0/gid/1/pat/6/ati/102/are/E06000043/iid/90356/age/-1/sex/-1/cat/-1/ctp/-1/cid/4/tbm/1>

homes or are fuel poor and cannot heat their homes adequately, they may be at increased risk of the negative health effects of the cold weather. This may exacerbate their illness especially if the home is damp. It may also reduce compliance with self-isolation guidance from the Test & Trace service.

The Local Outbreak Plan identifies the Community Hub as route by which people who are self isolating can get practical support if it is needed.

People being discharged from hospital or in-patient care may be at increased risk of the cold if their home was left empty and / or unheated. All discharge, rehabilitation and reablement plans consider home circumstances. People are only discharged if they are considered to be well enough for self-care. Cold homes and fuel poverty may not be an obvious consideration however from this year most services include questions about ability to heat the home . Further links and contact details should be made explicit for support with cold homes and fuel poverty given the impact on health and recuperation especially for older people and those with respiratory or CVD conditions.

9.5. Covid 19 Cold weather and Care Home settings

Care settings managers should remind staff about the following:

- To follow hand hygiene guidance [Letterhead with fold lines \(england.nhs.uk\)](https://www.england.nhs.uk/guidance-and-recommendations/document/letterhead-with-fold-lines/)
- Type IIR masks are still recommended for the delivery of social care (in the absence of Type II) in line with local NHS recommendations
- Staff should follow the PPE guidance for mask changing [Personal protective equipment: resource for care workers working in care homes during sustained COVID-19 transmission in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/personal-protective-equipment-resource-for-care-workers-working-in-care-homes-during-sustained-covid-19-transmission-in-england)
- For winter the minimum acceptable living environment temperature is 18c – the HSE advice is to maintain a warm temperature at same time as keeping rooms ventilated e.g. adjusting indoor heating if windows are open to ventilate spaces; opening windows at higher level to reduce draught effect.
- Ventilation is even more important in absence of natural sunlight as the virus will survive longer.
- Air conditioning units can be used, but they must bring air in from the outside, not recirculate the room air. They need to be maintained following manufactures guidance, ensuring they are cleaned regularly including emptying the capture tray/tank if present.
- Flu vaccination for all staff and residents should be strongly encouraged; there is growing evidence of poorer outcomes for those with Influenza and Covid-19 co-infection
- COVID-19 PCR and LFT tests and reagents need be stored in accordance with the manufacturer’s instructions.
 - PCR tests use various types of transport medium, however if there is prolonged exposure to elevated temperatures outside the range they should be stored at, it could reduce their shelf life, packaging integrity, discolouration, pH shift and degradation of physical characteristic, which affects the efficacies of the test
 - for Innova Lateral Flow Devices the test cartridge and extraction solution must be stored at ambient temperature (2-30°C). The reagents and devices must be at room temperature 15-30°C when used for testing

- the tube and cap can behave differently, leading to leakage of the medium, and the torque (screw part) on the tube decreases
- if the kits have been stored at elevated temperature, there is a risk of inaccurate results

Risk assessment must be undertaken to identify the hazards and risks associated with elevated storage temperature, consider regular temperature monitoring and control will be necessary to ensure this and frequency of monitoring should be based on a local risk assessment

10. Level 0 Planning And Action Card Implementation

10.1 Action cards for all partner groups are contained at Appendix 1.

10.2 All provider Trusts have provided assurance to the CCG and to the DPH that winter planning arrangements have been updated in line with the National Plan, and latest guidance.

10.3 The public health team draft this Plan is to be reviewed at the Health and Adult Social Care Directorate Management Team meeting and approved by the Brighton & Hove Health Protection & Screening Forum, which is linked to the Health & Wellbeing Board with specific responsibility for health protection, via the DPH.

11. Consolidation of previous work

11.1 The following work has been consolidated into winter planning in B&H over recent years:

- An annual Public Health winter programme to reduce the impact of cold homes and fuel poverty on the health of the local population.
- Liaison with Communities Equalities and Third sector Team at BHCC to widen reach to vulnerable communities and population groups in the city
- Information shared onward by the CCG to GP surgery Patient Participation Groups
- Agreement that B&H communications and media messages will be jointly coordinated by BHCC and CCG comms teams. A B&H Vulnerable People Plan has been agreed, which defines what may make people vulnerable, and contains a system for contact those considered vulnerable to that context and how to contact them as guided by an information sharing protocol.
- Annual flu campaign to support the vaccination uptake across all eligible groups and to the wider population.

12. Winter Planning

A winter planning groups meet as required. This Plan acknowledges the findings of the 2012-2013 Evaluation of the Cold Weather Plan, in that the majority of the burden of cold-related ill-health occurs at moderate outdoor winter temperatures (from 4-8°C), and the required 'increased emphasis on year-round (Level 0) and winter

preparedness and action (Level 1) to protect 'at-risk' population groups. It is also in line with the NICE Guidance on excess winter deaths and morbidity, acknowledging 'the need for strategic approaches, single point of contact services offering tailored solutions to which all who come into contact with vulnerable people can refer'.

The Government's Covid Winter Plan ¹⁴

The Government released their Covid Winter Plan which recognises that winter is always a challenging time for the NHS and all sector care services. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). It is a realistic possibility that the impact of flu (and other seasonal viruses) may be greater this winter than in a normal winter due to very low levels of flu over winter 2020-21¹⁵. There is considerable uncertainty over how these pressures will interact with the impact of COVID-19. Contingency planning will be ongoing with close monitoring and review of the data, epidemiology and the science.

The Plan includes two scenarios depending on the levels of Covid in circulation, numbers in hospital, in critical care and consider wider social impacts .

There will be ongoing work with the Local Contain Frameworks additional support to areas with high number of cases and numbers in hospital; continuing health protection regulations; advising people on how to protect themselves and others with clear guidance and communication. Further developments in treatment and care with advances in antivirals and therapeutics for those with Covid, including long covid will also be supported centrally.

Plan A

- Vaccination: Ongoing offer to un(der)-vaccinated; booster for Groups 1-9; single dose for 12-15 year olds (See detail at 12.15)
- Test, Trace, Isolate and Support to limit transmission: Local Authorities continuing to support enhanced Community Testing; local case tracing; managing self isolation support payments
- Support for health and care: Build Back Better Plan with funding to support managing pressures and recovering services; flu vaccination (see detail at 12.14); Long Covid NHS services; mandatory care staff vaccination (CQC settings)
- Advice: Get vaccinated; let air in; use masks; test and isolate; stay at home if unwell; wash hands; use the app.
- Businesses: Working Safely / H&S approach; consider using NHS Covid pass
- International: Vaccinate the world and manage risk at the borders

Plan B (based on NHS pressures)

- Enhanced communications to the public reflecting increased risk

¹⁴ <https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021>

¹⁵ <https://acmedsci.ac.uk/file-download/4747802>

- Vaccine passport using NHS App: mandatory for nightclubs, crowded venues 500+, crowded outside events 4,000+, all events 10,000+.
- Masks mandated (settings tbc)
- Work from home advice
- Further stringent restrictions, although considered unlikely, may follow pending severity of the situation.

This Cold Weather Plan has been provided to the partners listed for consultation, amendment and agreement. An update on issues linked to winter preparedness for 2021/22 as follows below.

12.1 University Hospitals Sussex NHS Foundation Trust.

Plans are reviewed annually at UHS. The Trust participates in the NHS Operational Pressures Escalation Level (OPEL) procedures, which are centred around the Hospital Trusts geographic area and seeks to ensure that 'capacity management' issues are monitored effectively and where all resources in the local health care system (including those of BHCC) are managed on a daily basis by a teleconference and reported/monitored using appropriate management tools. It now includes risk and pressures in the system relating to COVID19 as C-OPEL. It is led by the CCG's Director of Resilience. It is recognised that the Trust is often at high levels of escalation, but the issues are actively managed with the support of other organisations. The Trust is committed to raising staff flu vaccination levels and vaccinate other eligible groups as identified in the annual Flu letter. Business Continuity Plans are regularly updated. UHS operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

12.2 Sussex Community NHS Foundation Trust.

SCFT provides out-patient clinics on-site and teams of healthcare staff such as Health Visitors, who deliver frontline community health services to patients in B&H and across wider Sussex. The Immunization Team is part of this Trust and contributes to the annual flu vaccination programme. The Trust maintains service level Business Continuity Plans and has access to 4x4 vehicles to deliver its role during severe weather. The Trust has a Cold Weather Plan, Winter Plan and Escalation Plan which are available to staff on the Trust intranet. Staff and patients are provided advice on all aspects of winter health that can be found on [NHS How to Stay Well This Winter](#) and the [Keep warm- keep well leaflets](#). SCFT operates using COVID19 infection prevention and control guidance for the safety of staff, patients and partner organisations. Plans are in place for the EU exit in light of supplies, equipment, staffing and medicines.

12.3 BHCC Health and Adult Social Care

Public Health - Reduction of excess winter deaths and fuel poverty are Public Health (PH) priorities as highlighted in the Public Health Outcomes Framework.

Public Health and Housing co-chair a cross-sector, multi-agency Fuel Poverty and Affordable Warmth Steering Group, which meets quarterly to oversee delivery of the Fuel Poverty and Affordable Warmth Strategy 2016-2020. During the COVID-19 pandemic, key partners have met virtually with increased frequency to share information and coordinate support to households struggling to pay energy bills. Public Health have ensured links between this group and the Welfare Support and Financial Assistance Group. The overarching aims of the Fuel Poverty & Affordable Warmth Steering Group are to:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce fuel poverty and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes.

The steering group will also consider additional issues for those who are self-isolating due to COVID-19 and ensure relevant connections with the Community Hub and other local initiatives as appropriate.

Building on previous successful partnership work and in collaboration with the steering group, initiatives to support at-risk groups during the winter months and beyond will be commissioned by Public Health. The Warmth For Wellbeing programme focusses on reaching marginalised and isolated communities, to identify and engage with those who are at elevated health risk due to living in fuel poverty and/or a cold home and reduce the health impacts through;

- Information and advice
- Home visits and assessments in line with COVID-19 guidance
- Provision of small measures
- Debt & benefits advice and casework
- Small hardship grants

Citizens Advice charities across Sussex have partnered with Your Energy Sussex, the local energy supplier backed by councils from across Sussex, to offer fuel vouchers to vulnerable households struggling to pay their fuel bills. Eligible householders can apply to their local Citizens Advice for multiples (up to 3) of a £49 voucher for a family and £28 voucher for a single occupier. Funding is limited and additional sources of funding are being explored to widen and extend this support. This scheme will end on 18 October 2021 or sooner if the funds are depleted.

Adult Social Care - Both Domiciliary and bed-based services are delivered by the Directorate, which has well-rehearsed Business Continuity Plans and heightened infection prevention and control measures in response to the COVID-19 pandemic. Independence at Home have service level agreements with both the Seafront Team and City Parks at BHCC, who will assist where possible with 4x4 vehicles and drivers in bad weather i.e. snow. Services and organisations across health and social care work closely together. Each service has a process in place which identifies level of need, the number of visits required and in what time scales. This assists in identifying and prioritising community visits at times of high demand / limited resources /

extreme weather conditions. All services delivered are considered in light of the COVID-19 guidance.

Flu vaccination is actively encouraged in all provider and commissioned services as staff are eligible under the National Flu Programme. All HASC front line social care delivery staff are actively encouraged to visit their general practice or local pharmacies for flu vaccinations.

The ASC team also maintains links with independent Care Homes (including Nursing Homes), and Home Care providers in the City.

A range of resources are distributed through ASC networks for example Helping to prevent winter deaths and illnesses associated with cold homes; A quick guide for home care managers ¹⁶ [Advice to Care Homes Guidance on Outbreaks of Influenza in Care Homes](#), promotion of the pneumococcal vaccination and norovirus prevention.

Cold weather information is routinely be shared widely across the city through these general contacts.

Access.Point@brighton-hove.gov.uk and / or Contracts Unit Admin Team
ContractsUnit.AdminTeam@brighton-hove.gov.uk
Control.Carelink@brighton-hove.gov.uk carelinkplus@brighton-hove.gov.uk

The [Adult social care: our COVID-19 winter plan 2020 to 2021](#) sets out national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector. Examples include arrangements for safely reopening day services or respite services; support the wider PPE needs of the sector, rolling out further testing, visiting guidance and additional funding for infection prevention and control.

BHCC Health and Adult Social Care commission the 'Severe Weather Emergency Protocol' (SWEP). This activates when the temperature feels like 0 degrees for 1 night, (SWEP will also open where possible on an Amber weather warning). The [SWEP service](#) offers overnight shelter to rough sleepers. Community and third sector organisations working with rough sleepers within the city are involved in ensuring that rough sleepers are informed when the service is open and how to access. The service is open to all rough sleepers regardless of local connection.

This service is normally offered in shared sleep environments and we are in planning stages to look at how we deliver the service this winter to ensure the safety and wellbeing of rough sleepers whilst COVID-19 remains a real risk. We will be sharing plans as they are developed.

An annual plan is agreed with the NHS to support the patients journey on discharge from hospital as set out here below.

¹⁶ <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-winter-deaths-and-illnesses-associated-with-cold-homes>

Brighton and Hove Place Specific Actions – Adult Social Care (BHCC)

- [Introductory narrative where needed]
- [Include any required background, context or risk (including financial) in relation to actions]
- [Include reference to Provider Operational plan, details of approval/sign-off and attach as Appendix if separate]

Action	Lead Organisation	Delivery Date	Expected Impact
Dedicated resource in ED to support rapid discharge and reduce LOS for those admitted.	BHCC	Ongoing	To increase rapid discharge from ED and reduce LOS for those admitted.
D2A beds- to support DC from BSUH	BHCC	Currently active	To support d/c from acute
Participation in HIT team in acute in times of escalation	SCFT/BHCC	Currently active	Minimise use of care capacity and ensure correct discharge pathways are followed.
D2A Mental health beds (and support)	BHCC	Currently active	
Independence at Home- reablement home care- to support flow on D2A pathway / flex in times of escalation	BHCC	Currently active	

*Above subject to staffing

Working in partnership across Sussex

1

12.4 BHCC Families, Children and Learning Directorate

It is important to involve services for children and families in winter preparations and health protection, particularly in order to [reach the city's schools](#). Schools closures have a clear impact on the city, and support to business continuity planning in educational settings is available. Key city gritting routes do not always cover all individual routes to schools. Following the mandatory school closures earlier in 2020 as part of the Covid pandemic response, schools, their pupils and their families are more set up for and experienced in home and remote learning techniques. This could help with school's badly affected by poor weather.

An FCL departmental representative attends the Health Protection & Screening Forum and it is hoped this will result in further opportunities to coordinate city winter planning. Services and information to support families in fuel poverty will be widely shared through FCL networks. [Children's centres](#) and [Council nurseries](#) distribute weather related posters and leaflets, promote the flu vaccine and can sign-post families for advice on fuel poverty. Private, voluntary and private early years childcare settings can be sent information to pass on advice to families. The Family Information Service can also pass on information using their Twitter account and Facebook page. The [Family Information Service](#) and the [Integrated Team for Families](#) can provide advice for families to reduce fuel poverty. Information about the seasonal flu vaccinations generally and the schools based vaccination programme will be shared through wider FCL networks. Children under 5, pregnant women are recognised at risk groups.

All schools, early years and children's services will be operating under strict COVID-19 guidelines over Winter 2021/2022. The NHS Flu Vaccination programme has been extended to cover all school years from Reception to year 11. There is a commitment to continue with the successful levels of vaccination uptake as seen in previous years. BHCC will be offering a reimbursed Flu vaccination to all school staff who are not eligible for the free NHS one.

12.5 BHCC Seafront Team

The City recognises that numbers of rough-sleepers across the city have risen, and this is a particular problem for the seafront area.

It has been acknowledged that advice to traders re flood defences etc can be obtained from the YouGov website at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/451622/LIT_4284.pdf

The [Seafront Office](#) will issue a warning email to seafront businesses if the Met Office weather warnings identify a specific risk of overtopping or coastal flooding in Brighton & Hove.

A number of products such as flood sacks etc can be locally obtained from B&Q and Travis Perkins etc.

Events such as the B&H 'Christmas Day Swim' are kept under review. The team put out public safety signage and press releases about the dangers of swimming in the sea at this time of year in the lead up to Christmas., The swim is not an 'event' which is recognised by the council as it has no formal organiser and has no safety cover (Brighton Swimming Club do not wish to be responsible). The Seafront Office are on duty on Christmas Day and will advise the public not to enter the water if they are considering it. However, the Seafront Officers are not there to provide lifeguard cover as this is not their role.

12.6 IC24 (NHS Out of Hours Provider).

IC24 provides out of hours and roving GP services to B&H and to E Sussex, as well as a GP in A&E at Royal Sussex County Hospital, a walk-in service and other facilities. The organisation may have challenges in providing some services during periods of adverse weather but may access 4x4 support via links with Adult Social Care and the CCG.

12.7 Cityclean

Cityclean (01273 294706/01273 292229) staff working for BHCC and trained as gritter drivers are on a rota for the winter season and operate under the direction of the BHCC 'Winter Duty Officer' who will advise on weather and road conditions, and on action required by the team. Road gritting routes cover main roads, all bus routes and access roads to emergency services such as ambulance stations. In sevesnowfall, additional Cityclean staff working for BHCC may work on pavement clearance for identified priority areas such as city centre and hospital entrances. There are 7 gritters (including a pavement gritter) and they will all be serviced before the start of the Winter Gritting period.

12.8 The BHCC Highways Winter Service Plan 2020-21

This plan states the Councils gritting and monitoring arrangements specifically relating to public roads and pavements. It is available on the council's public website (see below).

The Local Authority maintains an information page on the council's public website, which provides advice on winter weather (see <http://www.brighton-hove.gov.uk/content/parking-and-travel/roads-and-highways/winter-weather>) and driving and 'what you can do' as well as on 'what the Council does'. The link to this page is: <https://www.brighton-hove.gov.uk/content/parking-and-travel/roads-and-highways/winter-road-maintenance>

The highways plan ensures that roads to NHS hospitals are gritted, as well as ambulance stations. Clearance of pavements which lead to those hospitals are also on the Priority list.

B&H Bus Company's routes are on the City's gritting routes. Salt is good at combating ice but the addition of the buses and other heavy transport is needed to make it as effective as possible, Salt will only melt a very thin layer of snow or ice so anything more than snow flurries will settle on gritted roads. Under such circumstances, the aim is to reclaim the network as soon as possible using a grit/salt mixture and snow ploughing. It is important to keep the buses running where possible to help break up snow but that is an operational decision for the bus company. Issues for Brexit; reduction in vehicle part access, fuels, etc will be covered by Business Continuity Plans

Pavement clearance will also be carried out during snow events. Grit bins are provided across the coldest, steepest areas of the city for the public to use.

The service operates from 1 November until the end of March, 24 hours a day, 7 days a week. The period may be extended on a day-to-day basis in cases of severe cold weather continuing into April or starting earlier in October.

12.9 BHCC Flood Management

The City's focus is on groundwater and surface water (as the Environment Agency retains responsibility for other areas). The approach is to reduce (not eliminate) risk. Groundwater levels are currently higher than in recent years, but the situation is being closely monitored. Patcham residents are in contact with BHCC staff, and developments are being monitored.

12.10 BHCC Housing.

The team has responsibility for the Council's stock of social and seniors housing. The Housing Sustainability & Affordable Warmth Manager works closely with the Public Health lead for fuel poverty & EWDs to plan annual winter warmth initiatives. Energy saving advice is available for vulnerable council tenants from the Housing Inclusion Team.

In an emergency the service is committed to stopping non-urgent work and to re-deploy housing staff to other services who need extra support. The Estates Services provide salt and equipment to residents to help clear communal pathways to blocks. The Council's Housing Repairs and Maintenance service and heating contractor run out of hours services. They maintain winter contingency stock including heaters etc. Out of hours the duty housing officer is contactable via the Emergencies and Resilience Team or via [Carelink](#).

12.11 BHCC Emergency Planning and Resilience team (EP&R)

Transport hub arrangements and lists of community volunteers are annually reviewed. The B&H Transport Hub results from an agreed arrangement between partners to support BHCC in running a hub facility during periods of severe weather. The Transport Hub is managed and staffed via the agreement, and by an operational document. The Hub (once setup) will:

- Ensure an overview is maintained on weather conditions.
- Liaise with the BHCC Highways department and media sources to understand the impacts of the severe weather on the cities road's.
- Understand the implications of the weather falling on roads on transport providers including buses and taxis.
- Coordinate available 4 x 4 resources (including via the NHS MOU with Sussex 4x4 Response), from partner organisations and local community volunteers Match local prioritised requests for 4x4's against availability.
- Work with community and voluntary sector groups who may be able to assist with the community response to severe weather events.

The [BHCC 'EP&R Team'](#) and the Public Health lead for Health Protection and resilience both engage with external partners including the Sussex Resilience Forum (SRF), and the Sussex Local Health Resilience Partnership (LHRP), and responding agencies to ensure that B&H is fully engaged in planning for a number of areas which may involve severe weather and winter-related events at the Sussex level. This has included City participation in a Sussex Pandemic Flu exercise and in a review of the SRF 'Adverse Weather framework' in 2017.

12.12 British Red Cross

BRC has agreed to link with BHCC and other local services and is available to support them during periods of severe winter weather. BRC have other winter provision available in B&H:

- A 24 Emergency Response Messaging service which will mobilise staff and volunteers as required, 24/7/365 to support people in crisis and depending on what the situation is, if BRC can help, they will respond.
- The basic "offer" to B&H is to provide practical and emotional support, work in Rest Centres, providing transportation during bad weather and home welfare checks on vulnerable individuals.
- BRC can also provide blankets, hot drinks etc and staff.
- If made aware of a longer term failure of infrastructure or facilities, then BRC may be able to call in our dedicated communications or catering units to provide operational support to large groups of people.

12.13 Seasonal Vaccination Programmes

Flu is a respiratory illness and COVID-19 is primarily a respiratory illness. There are strong similarities between the two - those at higher risk of acquiring it, side effects and subsequent complications, and mortality.

12.14 Influenza vaccination programme 2021/22

This year the national Flu programme has extended uptake targets, expanded groups eligible for the vaccination and widened delivery routes in response to the additional infection prevention measures needed for COVID-19.¹⁷

There are imminent plans to establish for winter 2021/22 a joint Flu and Covid-19 NHS Sussex Programme Board with a range of Task and Finish groups focussing on key aspects such as; health & social care staff, primary care, outbreak arrangements, vaccine supply, data, communications, health promotion and prevention. Locally, the city's multi-sector Flu Planning meeting co-ordinates implementation across organisations in support of the Flu prevention plan.

Due to the Covid prevention measures of mask wearing, social distancing and lockdowns, the amount of flu circulating in 2020 was very low. It is thought that as society has opened-up again there is a high likelihood that the 2021-22 flu season could be up to 50% larger than typically seen. It could also coincide with Covid 19 outbreaks, placing additional pressure on the NHS.¹⁸

Traditionally uptake of the flu vaccine has been consistently lower than the SE and England average for all eligible groups with the exception of the schools programme which achieves 67% uptake.¹⁹

This is supported by a major new public facing marketing campaign to encourage take up amongst eligible groups for the free flu vaccine, and a targeted campaign for front-line health and social care workers. Resources will be available to from the PHE Campaign Resource Centre at:

<https://campaignresources.phe.gov.uk/resources/>

Vaccinations are available to those not in the target groups through pharmacies at a low cost (£8-£15)

Free flu vaccinations are available for:

- all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- those aged 6 months to under 50 years in clinical risk groups
- pregnant women
- those aged 50 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff including:
 - a registered residential care or nursing home
 - registered domiciliary care provider
 - a voluntary managed hospice provider

¹⁷ <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

¹⁸ [National flu immunisation programme 2021 to 2022 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-flu-immunisation-programme-2021-to-2022-letter)

¹⁹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000008/ati/302/are/E06000043/cid/4/page-options/ovw-do-0>

- Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants.
- Learning from the Covid19 vaccination programme as revealed a range of workforce who are day-to-day directly delivering health and social care to vulnerable residents and these groups will be considering as within this Flu programme. Examples include special school staff giving PEG feeds²⁰ to children; social care workers in supported living hostels.
 - At the Brighton and Hove level additional groups are being considered as clinically vulnerable such as homeless and rough sleepers, regular services users of the Alcohol and Substance misuse services.
 - BHCC have an annual scheme with pharmacies for its staff to have the Flu vaccinations for those that are not eligible for the free NHS vaccinations.

Uptake ambitions - at least 75% for all group this year with 100% for all groups of health and social care workers.

The vaccinations need to be delivered in line with infection prevention COVID-19 guidance.

Flu immunisation of frontline health and social care staff

As set out above, the main care providers are expected to deliver a significant improvement in staff vaccination rates this year moving towards a compliance rate of 100%. Having staff vaccinated reduces their own vulnerability, increases the resilience of the provider, and reduces the threat of transmission to patients. Staff vaccination programmes are in place across local provider organisations. Although uptake will be monitored by NHS England and NIHP, local providers' coverage will be monitored via the Flu Planning Group, Sussex Programme Board, A&E Delivery Board, at Quality Review Group meetings with providers and by the CCG's Executive Management Team.

BHCC and the CCG are actively encouraging all front line health, social care,²¹ residential and Care Homes to vaccinate their residents and these are free of charge

Community pharmacies will be able to vaccinate all residents and staff in care settings as part of the NHS programme.

12.15 Covid-19 Vaccination programme

²⁰ <https://patient.info/treatment-medication/peg-feeding-tubes>

²¹ health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

- health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
- health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

At the time of writing some of the delivery details for the Covid-19 vaccination programme are being finalised.^{22 23}

It covers;

- Mandatory covid19 vaccinations for all those working in care home
- continuing roll out the first and second doses for those 16+ who have not yet been vaccinated with enhanced efforts to improve uptake in those areas and populations with lowest uptake
- vaccinating 12-15 year school children, prioritising the clinically extremely vulnerable
- delivering a third dose (booster) in a phased approach to those in cohorts 1-9 starting in October with
 - those living in residential care homes for older adults
 - frontline health and social care workers
 - all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
 - adult household contacts of immunosuppressed individuals

and from November to all adults aged 50 years or over

12.16 Clinical Commissioning Group

Local plans are in place to respond to escalations in pressure in the local health system. The level of pressure is gauged using the Operational Pressures Escalation Level Framework (OPEL) and the local response to the escalation levels identifies a set of actions to be taken by all partners within the BUSH health system to manage the increased levels of pressure. This now includes COVID-19 assessments, impacts and mitigations as C-OPEL. As the CCGs in Sussex are working in close alignment, the plans for the UHS East System are now closely aligned with the plans of support neighbouring trusts.

The aim of using the C-OPEL Framework is to ensure planned or elective as well as urgent care services operate as effectively as possible in delivering year round services for patients.

The key objectives are to ensure sustainable delivery of the two national NHS service standards i.e. the 4 hour A&E standard and 18 weeks for referral to treatment for planned care. These are achieved by a system-led process known as 'SHREWD' which provides real-time monitoring of hospital flow and capacity and is able to report information nationally. Locally the system is overseen by senior management at UHS EAST and the CCG.

12.17 Community and Voluntary sector

²² <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/>

²³ <https://www.sussexhealthandcare.uk/keepsussexsafe/sussex-covid-19-vaccination-programme/>

The CVS is increasingly involved in supporting the planning for winter resilience. This is both through their networks across the city into neighbourhoods and groups working with those more vulnerable to cold.

There are services provided by a wide variety of organisations to help those in fuel and food poverty. These include Age UK, NEA, Brighton & Hove Citizens Advice Bureau, Brighton and Hove Energy Services Co-operative (BHESCO), the British Red Cross, The Fed Lions, Club and others.

The strength of the partnership approach taken during the COVID-19 response has established a shared approach to supporting those most vulnerable in the city and this will be especially important in addressing the demand of the cold weather, Flu, self-isolation for COVID-19, its socio-economic impacts.

The CVS are represented at the BHCC Flu Planning meetings and the Sussex Programme board.

Groups are becoming increasingly involved in various parts of the City prone to weather and cold-related risks. Examples include 'Time To talk befriending', 'One Church Brighton', Neighbourhood Watch and the Woodingdean Residents Association.

12.18 Brighton & Hove Energy Services Co-operative

[BHESCO](#) aims to improve resident's thermal comfort targeting vulnerable people in hard to heat homes, thereby reducing EWD's, and provide advice to consumers including action on tariffs, switching energy supplier and take up of energy efficiency offers. They have some funding to pay for simple measures like weather stripping, secondary glazing film, energy meters and radiator reflectors. Other areas of housing-related concern include the elderly, vulnerable and socially isolated. There are good links to other BHCC housing teams and other stakeholders.

13 Communication

13.1 There are three areas of communication: Awareness, Warning & informing and Advising the public.

13.2 Awareness – pre 1st November each year. This will be done through the national and local campaigns, by informing and educating the public about the risks of cold weather, and how people in the identified vulnerable groups can prepare themselves.

'Help Us, Help You' Stay Well This Winter

The Public Health England and NHS England marketing campaign, 'Help Us, Help You - Stay Well this Winter', will run starting in September. This phased campaign aims to help those with long-term health conditions (particularly respiratory conditions), older people, school children, pregnant women and parents of under-5s stay well and keep their loved ones well this winter. This includes messages about flu vaccination, contacting NHS 111, seeking advice at the first signs of a winter illness, accessing evening and weekend GP appointments and the advantages of consulting with community pharmacists. It will include COVID-19 messages also.

Further information is available from:

<https://campaignresources.phe.gov.uk/resources/campaigns/34-stay-well-this-winter/overview> which also provides a link to sign up for email updates.

'Top Tips for Keeping Warm and Well', in collaboration with Age UK. The leaflet is targeted at pensioners in receipt of pension credit in England, Scotland and Wales. It will sit alongside an updated 'Keep Warm Keep Well' booklet, found at:

<https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>

The CCG runs a winter communications campaign titled '#HelpMyNHS'. This is run across Sussex. The campaign encourages people to use A&E and GP services appropriately and highlight the other services available. There is a strong focus on self-care and prevention, which links into the NHS England campaign as described above. The local campaign will start during November and includes communications materials, marketing and a media campaign.

13.3 Warning – at each change of cold weather level. The Met Office will communicate to the public any change in levels and what the changes means, taking into specific account the local weather warnings.

13.4 Local Warning and Informing – Immediately when Level 2 and above is reached. Public health staff and the LA Emergency Planning & Resilience Team will liaise with CCG and BHCC Communications staff to agree a local interpretation of public messages, based on then Public Health messages as taken from the national plan.

Key public health messages

Take up your Covid-19 vaccination when it is offered/available

Contact your GP or pharmacist if you think you, or someone you care for, might qualify for a free flu jab.

Free flu vaccinations are available for those who are at risk. For a full list see the annual flu plan, available at: www.gov.uk/government/collections/annual-flu-programme

Keep your home warm, efficiently and safely:

- heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing (see page 40 for full advice).
- get your heating system and cooking appliances checked and keep your home well ventilated
- use your electric blanket as instructed and get it tested every 3 years
- never use a hot water bottle with an electric blanket
- do not use a gas cooker or oven to heat your home; it is inefficient and there is a risk of carbon monoxide poisoning and this can kill
- make sure you have a supply of heating oil or LPG or solid fuel if you are not on mains gas or electricity – to make sure you do not run out in winter

Keep in the warmth by:

- fitting draught proofing to seal any gaps around windows and doors
- making sure you have loft insulation. And if you have cavity walls, make sure they are insulated too
- insulate your hot water cylinder and pipes
- draw your curtains at dusk to help keep heat generated inside your rooms
- make sure your radiators are not obstructed by furniture or curtains

Look after yourself:

- food is a vital source of energy and helps to keep your body warm so have plenty of hot food and drinks
- aim to include 5 daily portions of fruit and vegetables. Tinned and frozen vegetables count toward your 5 a day
- stock up on tinned and frozen foods so you don't have to go out too much when it's cold or icy
- exercise is good for you all year round and it can keep you warm in winter
- if possible, try to move around at least once an hour. But remember to speak to your GP before starting any exercise plans
- wear lots of thin layers – clothes made from cotton, wool or fleecy fibres are particularly good and maintain body heat
- wear good-fitting slippers with a good grip indoors and shoes with a good grip outside to prevent trips, slips and falls
- make sure you have spare medication in case you are unable to go out
- check if you are eligible for inclusion on the priority services register operated by your water and power supplier

Look after others:

- check on older neighbours or relatives, especially those living alone or who have serious illnesses to make sure they are safe, warm and well

Get financial support:

there are grants, benefits and sources of advice to make your home more energy efficient, improve your heating or help with bills. It's worthwhile claiming all the benefits you are entitled to before winter sets in.

13.5 Staff information.

All partner agencies will ensure that suitable messages are also passed to staff, detailing warnings where appropriate, actions to be taken, and measures in line with their Business Continuity Plans, which must be kept up to date. This may include the need to re-deploy staff during severe weather, arrangements for home-working where appropriate, support to access Covid-19 and flu vaccinations, and proactive information on how to stay safe and keep well during the winter months

13.6 De-Briefing & Support.

Post incident, a de-briefing should be held to ensure lessons are identified and learnt, and also partners should ensure that support is offered to staff in appropriate cases.

14. Key public health messages

14.1 These are the core messages to be broadcast as official weather warnings alongside national and regional weather forecasts. They may be expanded or otherwise refined in discussion with broadcasters and weather presenters.

14.2 Level 1: Winter preparedness and action

This is in force from 1 November to 31 March and indicates that actions should be taking place to protect health from cold weather, and that preparations should be in place to ensure service continuity in the event of severe winter weather. No warning is required, unless the situation worsens to warrant a level 2 alert. A spell of chilly weather might warrant a message along the lines of:

“If this does turn out to be a spell of severe cold weather, we’ll try to give you as much warning as possible. But in the meantime, if you want advice about protecting your health from the cold go to the winter health pages at www.nhs.uk. If you are worried about your health or that of somebody you know, ring NHS 111.”

14.3 Level 2: Alert and readiness

The Met Office, in conjunction with PHE, is issuing the following cold weather warning for [regions identified]:

“Severe cold weather can be dangerous, especially for the very young or very old or those with chronic disease. Advice on how to reduce the risk either for yourself or somebody you know can be obtained from the winter health pages at www.nhs.uk or from your local chemist. If you are worried about your health or that of somebody you know, ring NHS 111.”

14.4 Level 3 and 4: Severe cold weather action/emergency

The Met Office, in conjunction with PHE, is issuing the following severe cold weather advice for [regions identified]:

“Make sure that you stay warm. If going outside make sure you dress appropriately. If indoors, make sure that you keep your heating to the right temperature; heating your home to at least 18°C in winter poses minimal risk to your health when you are wearing suitable clothing. If there is anyone you know who might be at special risk, for example, an older person living on their own, make sure they know what to do to stay warm and are well stocked with food and medications. If you are worried about your health or that of somebody you know, ring NHS 111”

15. Awareness, Training and Exercising

15.1 Staff that has an active part to play in the cold weather response will require awareness training in this plan, its requirements and implementation. All partners will ensure that this is made available.

15.2 Opportunities for testing and exercising this plan and associated arrangements will be considered by executives from partners as listed to validate the plan and any subsequent major alterations required.

Appendix 1 – Cold Weather Plan Action Cards

Action Cards for the implementation of the Cold Weather Plan for England are available for the following:

- Commissioners (Health & Social Care) & other Local Authority directorates ’
- GP’s & Practice Staff,

- Frontline Health & Social Care Staff in Community and Care facilities,
- Individuals
- Community and Voluntary sector

The Cold Weather Plan for England 'landing page' is located at:

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

Further details as to the roles each sector should plan are outlined at:

<https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service>

Appendix 1

NHS Winter Plan 2021 – Brighton & Hove CCG **PLACEHOLDER**

Subject:	Cancer Services (Diagnosis and Treatment)		
Date of Meeting:	24 November 2021		
Report of:	Executive Lead, Strategy, Governance & Law		
Contact Officer:	Name:	Giles Rossington	Tel: 01273 295514
	Email:	Giles.rossington@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This report presents information provided by health partners on the performance of city cancer diagnosis and treatment services, and on plans to make service improvements.

2. RECOMMENDATIONS:

- 2.1 That the committee notes the contents of this update report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 In March 2019 the HOSC considered a report on local cancer diagnosis and treatment. The report identified a number of issues with the performance of local cancer services and outlined some of the plans in place or being developed to improve services. The 2019 report is available to view online (see the background documents section in this report for the links).
- 3.2 The HOSC would have requested an update report in 2020 so as to track improvement. However, due to the Covid outbreak this was not possible. In any case, the pandemic has inevitably impacted on NHS improvement planning, even when, as is the case with cancer, significant efforts were made to continue to provide services through the Covid crisis.
- 3.3 The information submitted by health partners in **Appendix 1** provides the committee with an update on the current performance of cancer diagnosis and treatment services, and on current planning to restore and improve services.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 Not applicable to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None directly in relation to this report.

6. CONCLUSION

6.1 Members are asked to note the information submitted by health partners (**Appendix 1**) regarding cancer services performance and planning.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this report for information

Legal Implications:

7.2 There are no legal implications to this report.

Lawyer Consulted: Elizabeth Culbert Date: 01/10/21

Equalities Implications:

7.3 None directly. Members may wish to note that particular cancers may have a disproportionate impact on some protected groups; and also that cancer screening programmes may be less effective amongst certain groups than across the population as a whole. In both instances, members may be interested in the steps being taken by commissioners and providers to address these issues.

Sustainability Implications:

7.4 None directly. The current configuration of cancers services means that some patients may have to travel outside their local area to access specialist resources for cancer diagnosis or treatment. This may have a negative impact in terms of carbon emissions. However, this needs to be considered in the context of how best to use finite technological and staff resources to deliver timely treatment and the best possible patient outcomes.

Brexit Implications:

7.5 None directly. There may be a short-term negative impact of Brexit in terms of NHS workforce.

Any Other Significant Implications:

7.6 None identified.

SUPPORTING DOCUMENTATION

Appendices:

1. information on cancer services provided by health partners

Background Documents

1. BH HOSC March 2019 cancer cover report: <https://present.brighton-hove.gov.uk/documents/s137953/cancer%20cover%20v1.pdf>
2. BH HOSC March 2019 cancer report Appendix 1 (information provided by health partners): <https://present.brighton-hove.gov.uk/documents/s138409/Cancer%20IAF%20HOSC%20-%20CCG%20BSUH%20Final.docxv2.pdf>

Brighton and Hove Cancer Update

For Brighton and Hove Health Overview and Scrutiny Committee

1.0 Introduction

Brighton and Hove Health Overview and Scrutiny Committee asked for an update on cancer services, specifically in relation to screening, diagnostics and treatments: where we are now and plans for improvement. This follows a previous report in 2019 and will provide an update on current performance in line with national targets, highlight some of the challenges and describe some of the work streams taking place or planned to improve the position for the population of Brighton and Hove.

The previous report in 2019 was based on the CCG Improvement and Assessment Framework (IAF) for 2018/19. The IAF has now been replaced with the [NHS Oversight Framework for 2019/20](#) (which incorporates the former provider Single Oversight Framework too), and informed assessment of CCGs in 2019/20. The indicators for cancer remain the same.

The final overall rating for Brighton and Hove for 2019/20 is **Good**, this is the same as the previous year.

The four cancer indicators are given in table 1 below along with the Brighton and Hove position and the national benchmark/England average for 2019/20.

Table 1

Indicator	Brighton and Hove	National Benchmark/ England Average
Cancers diagnosed at an early stage* (Target: 62% by 2020)	30%	54.3%
People with urgent GP referral having first definitive treatment for cancer within 62 days of referral (Target: 85%)	69.6%	77.7%
One-year survival from all cancers** (Target: 75% by 2020)	73.5%	73.9%
Cancer patient experience (Scored from 1-10 with 10 being best)	8.7	8.8

*Data from 2018 **Data from 2018

2.0 Cancer Screening

Cancer Screening is a way of finding out if people are at higher risk of a health problem, so that early treatment can be offered or information given to help them make informed decisions. An effective screening programme will ensure that cancers are diagnosed at an early stage.

All screening was impacted by Covid as the service was suspended between March 2020 and July 2020 as a result of the reduction in secondary care activity during the 1st and 2nd waves.

The three main national cancer screening programmes, commissioned by NHS England/Improvement with oversight assurance through Public Health England, are bowel, breast and cervical.

In addition, the National Targeted Lung Health Check screening programme that has been piloted in parts of England, is now on the third wave and being rolled out to further sites where lung cancer survival is an outlier compared to the England average.

General Practices and Primary Care Networks work to improve cancer care through the Cancer Direct Enhanced Service (DES) and Quality Outcomes Framework (QOF). The DES aims to improve collaboration and, peer support and promotes improvement through audit and learning whilst the QOF aims to focus practices on quality improvement projects.

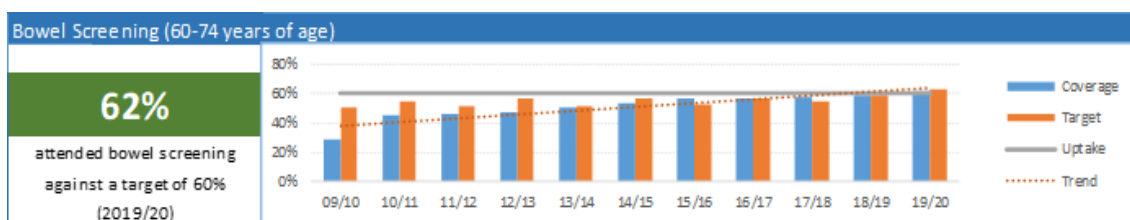
The Clinical Commissioning Groups (CCG) have been engaging directly with PCNs and practices with the support of Cancer Research UK on the delivery of both the DES and QOF.

2.1 Bowel Screening

The national programme for bowel cancer screening invites men and women, between the ages of 60 and 74 to take a test at home every two years. The age range is lowering to those over the age of 56 during the latter part of 2021. The target is 60% of patients to complete the test.

The latest published performance figures for bowel screening in Brighton and Hove are from 2019/20 these are included in table 2, showing bowel screening compliance for the period 2009/10 to 2019/20:

Table 2

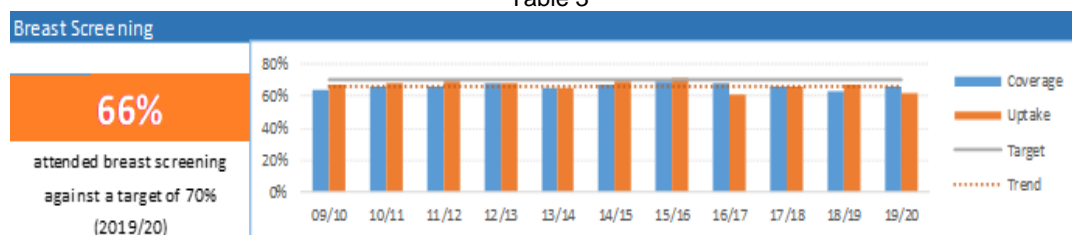


2.2 Breast Screening

The national programme for breast screening invites women for a mammogram from the age of 55 to 74 every 3 years. Women over 74 years are not routinely invited but can request a mammography screening.

The target is 70%. The latest published performance figures in Brighton and Hove are from 2019/20 and these are included in table 3 showing breast screening compliance for the period 2009/10 to 2019/20:

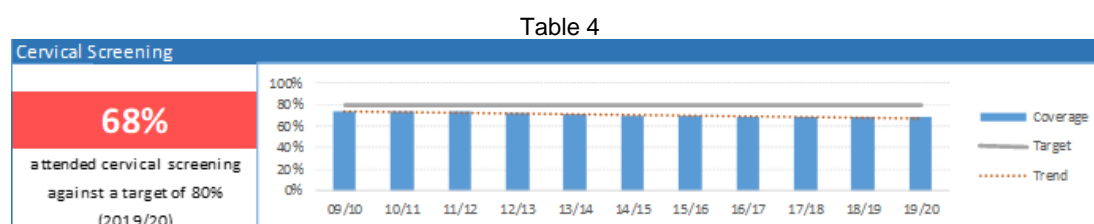
Table 3



2.3 Cervical Screening

The national programme has a target of 80% for cervical screening and unlike bowel and breast screening this activity is managed by General Practice and not by a separate provider. Some PCNs are undertaking group delivery and others are supported by the activity taking place within commissioned sexual health clinics.

Table 4 shows cervical screening compliance for the period 2009/10 to 2019/20:



2.4 National Targeted Lung Health Checks Programme (THLC)

Brighton and Hove has been invited to take part in the third wave of National Targeted Lung Health Checks Programme. Currently in the planning stage, the aim is to start this from April 2022. This programme targets high risk people, 55 to 74 years old, who may not yet have symptoms and offers an assessment and where appropriate a computerised tomography (CT) scan. This should help to diagnose more patients with lung cancer at an early stage (1 or 2) to improve survival.

In Brighton and Hove, based on 2018 data, 44% of lung cancers were diagnosed at stage 1 and 12% at stage 2. 26% were diagnosed at stage 3 and 53% at stage 4.

In Brighton and Hove the one year lung cancer survival is 43.6% based on 2018 data compared to the England average of 44.5%

3.0 Health Inequalities, Improving Screening Coverage and Early Diagnosis

Partner organisations including Council services, voluntary and community sector services and support activities have also faced similar Covid related challenges adding to the reduction in workforces available to deliver cancer related health promotion and prevention programmes and to support those living with and beyond cancer.

Despite these challenges there are significant areas of work in place to improve the health and outcomes for the Brighton and Hove population.

The CCGs are in the process of mapping the screening activity and linking it to the learning from vaccine take up, to identify common areas and common themes where we can specifically engage and communicate with different groups and individuals.

There is both a national programme, including the “Help Us, Help You” campaign and local initiatives to raise awareness of the signs and symptoms of cancer.

The latest phase of the “Help Us, Help You” campaign was launched in August to raise awareness of the symptoms of abdominal, urological and lung cancer.

Responding to concerns about a lack of information about cancer services during Covid lockdown, Healthwatch delivered a series of webinars for the public attended by local experts who answered their questions.

Sussex patient engagement includes a focus on prostate cancer. A dedicated video has been produced, with the Integrated Care System (ICS) and the Surrey and Sussex Cancer Alliance, to tell the stories of two survivors.

3.1 Brighton and Hove City Council (BHCC) Public Health

BHCC Public Health team commission and provide a number of health promoting services that will support health behaviours that directly help to prevent cancers such as stopping smoking, promoting healthy diets and weight management, promoting physical activity and reduction of alcohol use. The Healthy Lifestyle Team (HLT) support people to make health behaviour changes on a one to one basis, in small groups and through communication campaigns.

Similarly, the HLT also provide support to people living with and beyond cancers. Awareness of signs and symptoms and promotion of cancer screening uptake is also highlighted as part of other commissioned services such as the GP NHS Health Checks. Stop smoking services are also commissioned in general practice and community pharmacies. Targeted work is delivered through maternity services, Stop (smoking) before the Op, to young people through schools and youth projects, and underpinned by a comprehensive multi-agency Tobacco Control Programme.

Public Health commissions both substance misuse and sexual health services which also include cancer awareness and prevention related to context such as support to stopping smoking related to drug use, reduction in alcohol consumption, hepatitis and liver cancer and awareness of sexual health related cancers.

The human papillomavirus (HPV) vaccination is actively promoted through young people services although vaccination uptake was greatly reduced due to Covid¹ and is also affected by this year’s timing of the Covid vaccination rollout to 12-15 year olds and the annual flu programme extending to all schools children reception to Year 11. Vaccination teams are restarting their HPV vaccinations to young women and young men within this context.

There is an active multiagency Cancer Communications and Campaigns meeting to co-ordinate work across the city, for example using social media, community venues eg pharmacies and voluntary community sector services, to increase awareness of key cancer prevention related healthy behaviours, signs and symptoms, screening uptake and support during recovery.

3.2 Community Initiatives

3.2.1 Albion in the Community (AiTC)

Between September 2016 and March 2020, AiTC spoke to over 43,000 people directly about cancer. Since then to the end of February 2021, AiTC reached 826 people through a series of webinars, and nearly 4,000 via Facebook Live events and podcasts. Since the first lockdown, AiTC have motivated 7201 people to seek out further information about; checking their moles, registering with a GP, finding out about screening and learning about signs and

¹ <https://fingertips.phe.org.uk/search/hpv>

symptoms of cancer.

AiTC have a team of thirty-eight volunteers with lived experience of cancer, who have been trained to share their experience in order to influence others to make positive behaviour changes around early detection and cancer awareness. Seven of those volunteers have been recruited and trained during the current Covid restrictions. Many have joined the team having been through the Brighter Outlook programme, which supports people living with a cancer diagnosis to become more active. Volunteering provides a vital opportunity to give something back, improve confidence, enhance skills, and help support return to work after cancer.

As part of our summer sun safety and skin cancer campaign, AiTC worked with Public Health schools team and produced branded resources for schools and produced an animated video on sun safety messaging. AiTC also distributed sun safety goody bags including Gully's top tips and sun cream samples to community groups and organisations across the city.

3.2.3 Speak Up Against Cancer

Commissioned by the CCG and Public Health, the Speak Up Against Cancer service raises awareness of cancer, giving people the confidence and tools, they need to attend screening appointments, recognise the signs and symptoms of cancer and to overcome barriers to getting help when it is needed. It targets engagement in deprived communities and tailors communications to specific audiences to address health inequalities. Examples of work include:

- 'Let's Talk About Men's Health' campaign launched by ex-professional footballers to encourage men to speak more openly about health issues and to encourage people to feel confident about seeking support from their GP.
- Twitter and Facebook awareness raising campaigns.
- Webinars such as Blind Veterans – Bowel and Prostate Staff education event, Brighton and Hove Community Radio Station - General Cancer Awareness and Legal and General – Skin Cancer.

3.2.4 Brighter Outlook

The Brighter Outlook programme supports anyone that has had a cancer diagnosis to prepare for, cope with, and recover from cancer treatments through offering tailored physical activity interventions, nutrition information, psychological support and relevant signposting. It is designed to help people to feel better, physically and mentally, to take an active role in their cancer care, and live as well as possible with and beyond cancer.

Participants have reported benefits including:

- A decrease in fatigue score between baseline and 12 month follow up (70%)
- Increased or maintained self-efficacy scores between baseline and 12 month follow up (71%)
- Reduction in experience of anxiety and depression (11%).

4.0 Cancer Performance Targets

4.1 Urgent suspected cancer GP referral to first treatment for cancer target

The NHS constitutional (maximum) waiting times target for people with an urgent suspected cancer GP referral having their first definitive treatment for cancer is within 62 days of referral.

University Hospitals Sussex NHS Trust (UHSx), (formerly Brighton and Sussex University

Hospitals NHS Trust (BSUH) and Western Sussex Hospitals NHS Trust (WSHT)), is the main provider of cancer services for the population of Brighton and Hove.

Trust performance on the 62 day cancer waiting times target is shown in table 5 below.

Table 5

Target 85%	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2019/20	62.7%	63.5%	64.4%	58%	62.9%	74%	73.1%	72.9%	85.7%	76.5%	69.1%	79.5%
2020/21	71.4%	84.4%	88.5%	79.6%	78.4%	80.6%	78.6%	71.9%	78%	69.8%	57.7%	72%
2021/22	69.5%	65%	70.1%	68.4%								

Source: UHSxE cancer waiting times reports

Note: 2019/2021 data is BSUH only. From April 2021, BSUH merged with WSHT to form UHSx and the data from then, is for the whole Trust.

4.2 Comparative 62 day Performance

The annual 62 day performance by local Clinical Commissioning Groups and for England is given in table 6 below. The target is 85%.

Table 6

Year	B&H CCG	East Sussex CCG	West Sussex CCG	England
2019-20	69.6%	77.2%	76.5%	77.7%
2020-21	75.1%	74.3%	76.7%	70.8%
2021-22 (April to July)	74.4%	73.4%	74.9%	70.4%

Source: National Statistics, Cancer Waiting Times, 62-DAY (URGENT GP REFERRAL TO TREATMENT) WAIT FOR FIRST TREATMENT: ALL CANCERS

4.3 28 days from suspected cancer two week wait referral to diagnosis

The NHS constitutional (maximum) waiting times target for people with an urgent suspected cancer GP referral to diagnosis (whether they have a cancer or it is ruled out) is 28 days from referral.

Table 7 below shows the data completeness (target 80%) and table 8 shows the data compliance (target 75%) at UHSxE for 28 day standard. UHSxE has achieved compliance since May this year.

Table 7

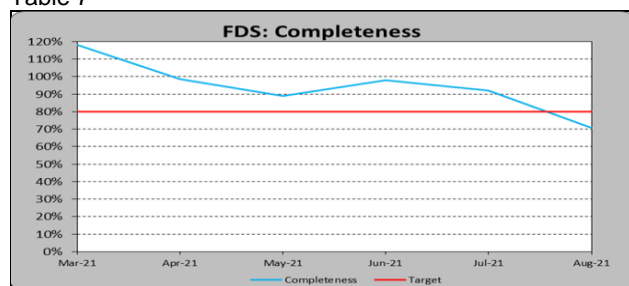
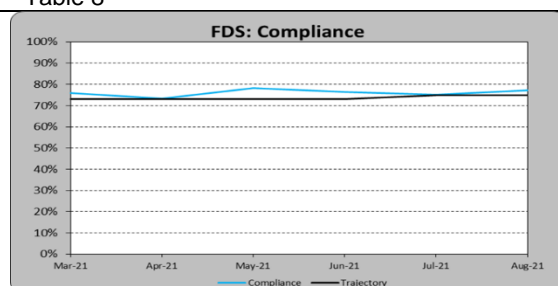


Table 8



There are various plans in place to support improvement in compliance and some of these are detailed in section 5.

5.0 Challenges, Programmes and Service Improvements

During the pandemic, referrals dropped significantly (by about 50-80% at times) and have been gradually picking up to a point now where they are now consistently anywhere between 10-25% in excess of the 2019 baseline.

Despite the challenges caused by the pandemic and the impact on some health services, during the pandemic, significant efforts were made to ensure cancer and clinically urgent services continued wherever clinically safe to do so. In addition, Queen Victoria Hospitals NHS Trust was set up as a “cancer hub” and maintained a Covid free site to ensure treatments could continue.

Restoration and recovery is a key priority and plans are in place to address this.

5.1 UHSxE Service Improvements

5.1.1 New Lower Gastrointestinal (LGI) pathway

In August 2021, UHSxE implemented a new LGI pathway incorporating faecal immunochemical test (FIT) as a diagnostic for patients with symptoms in line with NICE guidance on suspected colorectal cancer. This consultant led, nurse delivered service uses the FIT score to stratify patients referred with suspected colorectal cancer to enable faster diagnosis. Patients are assessed using the FIT score alongside symptoms, past medical history and performance status, to ensure that they receive the right test at the right time.

The aim of the service is to be able to inform patients within 28 days of their referral whether cancer has been diagnosed or, in the majority of cases, ruled out. Achieving this standard reduces patient anxiety and clinical risk, whilst improving pathway efficiencies for all symptomatic patients.

5.1.2 Suspected Cancer Lung Pathway

In 2015 Brighton and Sussex University Hospitals NHS Trust (now UHSxE) launched an ACE (Accelerate, Coordinate, Evaluate) pilot to implement a radiology led diagnostic pathway to support faster diagnosis for patients with respiratory symptoms that could indicate lung cancer. The pathway enables a patient with an abnormal chest x-ray, to be referred straight to the next test (computerised tomography (CT)) rather than back to their GP for a referral to the respiratory team at the hospital to organise a CT.

When the National Optimal Lung Cancer Pathway (NOLCP) by the NHS England Clinical Expert Group for Lung Cancer was published in 2017, the Brighton Lung pathway was already in a strong position to improve performance. Amongst other elements in line with the NOLCP, the Trust introduced a consultant upgrade route which enabled patients to be seen for a CT within 3 days of a referral and a diagnosis by day 7.

5.1.3 Review of Urology service

UHSxE is planning a specific piece of tailored work to review and plan required medium term diagnostic capacity in urology, broken down by modality to consider ring fencing weekly capacity for both diagnostics and interventions. This will result in the implementation of a dedicated Urology Investigation Unit (UIU) at Princess Royal Hospital which will act as a hub for all urology diagnostics. This will allow the service to become more efficient and move towards one stop models of care.

5.1.4 Personalised Care

The personalised care main priorities are personalised supported self-management pathways (PSFU) across Breast, Prostate and Colorectal and identifying two more pathways

to implement from April 2022. UHSxE has breast in place and is working on colorectal and prostate and will continue to develop additional pathways over the period ahead.

Holistic Needs Assessments (HNAs) and care planning are co-ordinated by the clinical nurse specialist (CNS) teams. UHSxE is also looking at the prehabilitation/rehabilitation programme working with the Surrey and Sussex Cancer Alliance (SSCA) who have in year funding available to try to standardise the approach across the geography.

With funding from the SSCA, UHSxE have just started a twelve month project with a psychological therapies team to improve patient access and reduce waiting times for this service.

5.2 Community Diagnostic Hubs (CDH)

Professor Sir Mike Richards was commissioned to undertake a review of NHS diagnostics capacity. The independent [report](#) , Diagnostics: Recovery and Renewal, October 2020, recommends the need for a new diagnostics model, where more facilities (CDHs) are created in free standing locations away from main hospital sites, providing quicker and easier access to a range of tests on the same day, supporting reduction in health inequalities, earlier diagnosis, greater convenience to patients.

The Sussex CDHs will deliver additional digitally connected tests providing patients with a more co-ordinated service, in as few visits as possible, enabling accurate and fast diagnosis.

It will be a local service, separated from acute hospitals and situated close to areas of health inequalities and high cancer incidence, offering a real opportunity to improve population health outcomes, delivering personalised care, through co-ordinated and shared decision-making.

The Amex Stadium at Falmer was identified for the population of Brighton and Hove. This service is an addition to existing diagnostic services in Brighton and Hove, and patients will still have the choice to go to their nearest diagnostic provider which may be community or acute hospital site and in some diagnostics (such as blood tests) the GP.

6.0 Risks

6.1 Patients and members of the public coming forward for screening to enable early diagnosis and improved outcomes

To mitigate the risk that partners are working with in the Voluntary Community Sector to target communities and areas with low uptake using public insight and expert by experience including some of the projects described under the Community Initiatives section.

6.2 Delivery against the 62 day waiting time standard

There is a risk that patients wait longer than the 62 days with implications for patient experience and outcomes. To mitigate this all patients referred on a two week wait pathway are clinically triaged. For those patients waiting more than 104 days for treatment, there is a “Clinical no Harm” review for assurance. Provider focus on actions to address patients waiting and deliver the 28 day Faster Diagnostic Standard – ensures that all patients are diagnosed within 28 days of referral.

6.3 Capacity Constraints

UHSxE is under significant operational pressures and the continued increase in referrals above plan are impacting capacity.

To mitigate UHSxE is working closely with UHSxW as well as providing additional enhanced activity and working with other providers, including the independent sector to insource and outsource activity to support capacity constraints. For example, in endoscopy where current capacity is outstripped by demand.

7.0 Patient Experience

The National Cancer Patient Experience Annual Survey (NCPES) is commissioned by NHS England, and overseen by a national Cancer Patient Experience Advisory Group. It is designed to monitor national progress on patient experience of cancer care and provides a valuable insight into patient experience across the cancer pathway in order to inform service improvements.

The NCPES is designed to monitor national progress on cancer care to:

- provide information to drive local quality improvements;
- assist commissioners and providers of cancer care; and
- inform the work of the various charities and stakeholder groups supporting cancer patients.

The last full survey was in 2019. As a result of the Covid-10 pandemic, the 2020 survey was voluntary and in Sussex, Brighton and Sussex University Hospitals NHS Trust (now University Hospitals Sussex NHS Trust) was the only Trust to take part. Due to challenges as a result of the Covid-19 pandemic, the survey was delayed until July 2021. Outcomes are expected in the autumn of 2021.

The 2021 survey is expecting to run to a similar timetable as previous surveys, with sampling guidance now issued to the Trusts, fieldwork in the autumn 2021/winter 2022 and publication of outcomes in Spring 2022.

The 2019 survey involved 143 NHS Trusts. Out of 111,366 people, 67,858 people responded to the survey, yielding a response rate of 61%. Outcomes of the survey were shared with providers and plans produced to address any need for service improvements. For UHSxE, the majority of responses were within the expected range. However, there were three above the national score and eight below.

As a result of the survey, UHSxE reviewed the content and produced a plan and are addressing those areas where improvement was needed. For example, when asked if they were given the name of a clinical nurse specialist (CNS) who would support them through their pathway, 88% of UHSxE patients said yes compared to the England score of 92%.

UHSxE operate a team system to ensure that there is always a CNS available to support patients. Patients are informed verbally that their keyworker CNS is in fact in a team. The actions as a result of this are to ensure consistent message in all CNS conversations and in CNS teams leaflets to explain that the keyworker is part of a team.

7.0 Summary

There is much positive action in hand to continue to improve the experience and outcomes of people diagnosed with cancer and we will to continue to implement action and monitor cancer performance to ensure improvements across all of the targets including the four indicators in the NHS Oversight Framework.

Lisa Elliott
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Sussex CCGs
October 2021

