

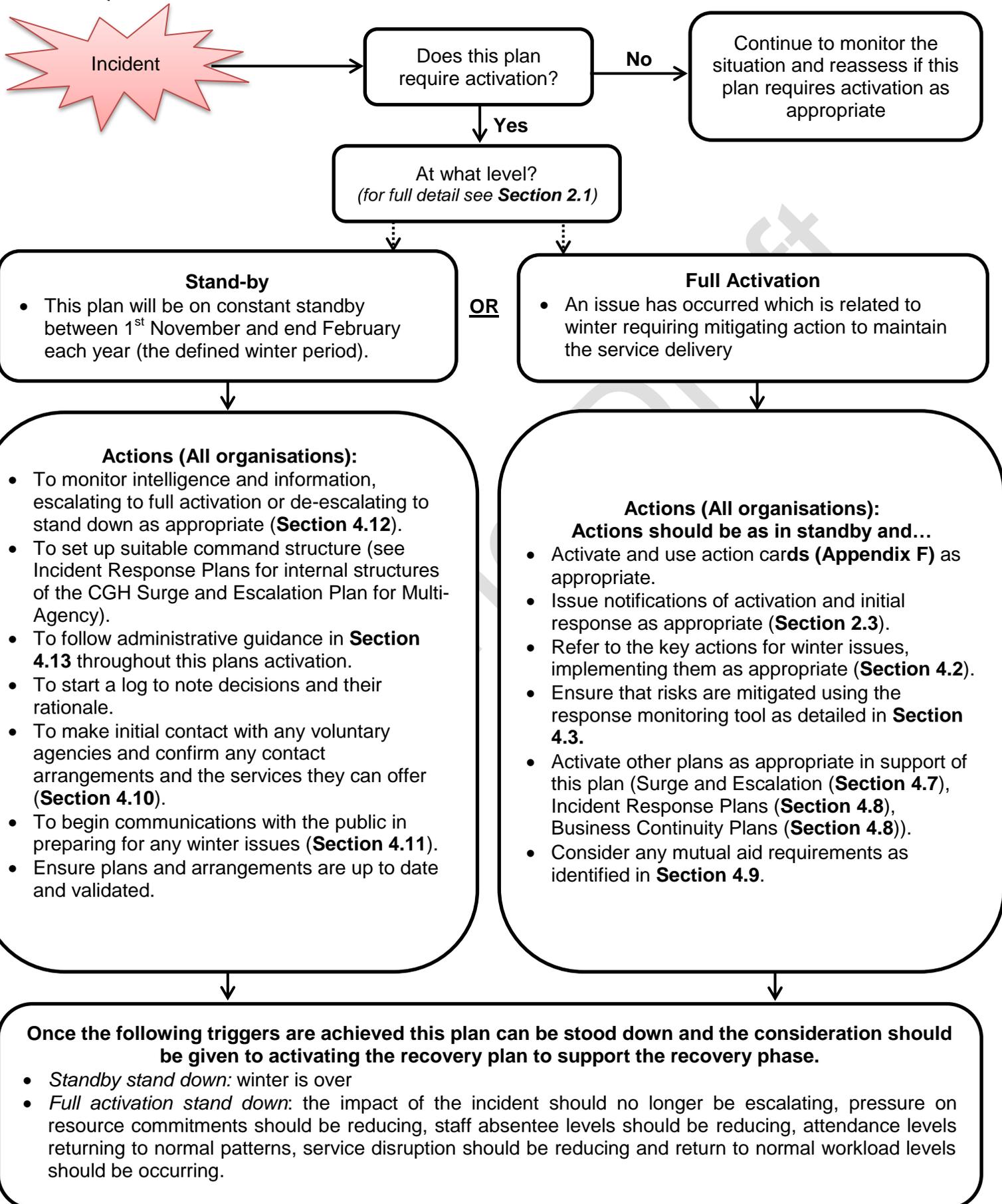
# Winter Response Plan 2014/2015

*Calderdale and Greater Huddersfield  
Health Economy*

Version 7.3

November 2014

## Quick Reference Flowchart



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GSC: OFFICIAL  
Winter Response Plan: 2014/2015  
Calderdale and Greater Huddersfield Health Economy

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Working Draft

# 1 Introduction

## 1.1 Purpose

- This plan has been put in place to assist in the management of winter issues by those member organisations of the Calderdale and Greater Huddersfield (CGH) System Resilience Group (SRG).
- This plan has been put in place a response system to ensure consistency in a response to winter issues across the CGH Clinical Commissioning Group (CCG) health economy footprint, namely those organisations under the CGH Urgent Care Board (UCB). Therefore this plan is relevant to those organisations within this group as identified in Section 3.
- This plan has a purpose to put in place a response mechanism by which organisations within the CGH CCG UPCG can be held to account for delivering high quality and safe care through winter.

## 1.2 Aim

- To outline a framework for a response to winter issues within the CGH CCG health economy footprint.

## 1.3 Objectives

- Identify a flexible and scalable framework to ensure a timely and effective response to any issues across the CGH CCG health economy footprint due to winter (Section 4 outlines some of the risks around winter for consideration).
- Identify a shared understanding of responses to winter related issues across the CGH CCH health economy footprint.
- Identify the triggers for this documents activation, who should be notified and alerted and subsequently how it will be stood down (Section 2).
- Identify what role organisations within the CGH CCG health economy footprint will play in response to winter related risks (Section 4).
- Identify role specific action cards to ensure the overall CGH CCG health economy role can be delivered during a response to winter issues (Section 3).
- Identify specific considerations for a response to winter issues (Section 4.2).

## 1.4 Scope

- This plan covers a response to winter issues with the CGH CCG health economy footprint area.
- This is plan will inform the response for those organisations within the CGH SRG (as identified in Section 3). It may also be used by other agencies to understand how those organisations will respond so as to better ensure a cohesive multi-agency response. Details for how organisations outside the CGH SRG will respond to incidents of peaks in

service demand and capacity fluctuations will be within their own organisations specific Winter Response Plans.

- This plan is written at a Silver (Tactical) and Strategic (Gold) level. Therefore there is no focus the Operational (Bronze) level as it is assumed that they will take direction from the overarching Silver (Tactical) and Strategic (Gold) level.
- This plan only contains action cards for those roles where actions required differ from usual everyday actions within their roles.
- This plan covers an internal response to ensure organisations with the CGH CCG health economy footprint are able to carry out critical services at a minimum, and an external response, to ensure they are able to effectively assist in maintaining community safety and welfare as required.
- Command and control, as well as details on how the health economy system as a whole works, is identified within the CGH Surge and Escalation Plan. Please see this plan for more details.

## 1.5 Risks

- A variety of risks can potentially occur during winter. These potential risks are identified, but not limited to those identified within:
  - West Yorkshire Resilience Forum (WYRF) Community Risk Register (CRR);
  - Kirklees Council Emergency Planning Risk Assessment;
  - Calderdale Council Emergency Planning Risk Assessment;
  - Internal organisational risk registers.
- In summary these risks are:
  - **Cold weather:** more information on cold weather and its impacts can be found to support this plan within the Public Health England Cold Weather Plan for England (**Section 4.5**);
  - **Seasonal related illness:** Principally these are respiratory and gastrointestinal related. Providers will have Outbreak Plans and Business Continuity Plans in place to manage these risks as they occur. These plans may need to be activated alongside this plan and other appropriate response plans;
  - **Service delivery at business as usual levels:** Business Continuity Plans identify critical services and procedures for maintain them as a minimum.
- **Note:** where any of these risks occur extra pressures and demand may be felt on services and organisations may experience fluctuations in capacity. Where this is the case, it may be necessary to increase the Resource Escalation Action Plan (REAP) level to manage the situation as described within the CGH Surge and Escalation Plan. Please see this standalone plan for more details on a Surge and Escalation response, using its considerations and action cards alongside the ones within this plan as appropriate.

## 2 Triggers and Activation

### 2.1 Authority for Activations

- This plan can be activated at standby level by the Emergency Planning Team or any Assistant Director / Senior Manager level officer within any of the organisations under this plan.
- This plan can only be activated at full activation level by the Chief Executive or any Director level employee, or their respective nominated deputies, within any of the organisations under this plan. This high level of authority is needed due to the potential impacts of decisions on reducing service provision, on providing emergency funding and of resource input that may be required.

### 2.2 Activation Triggers

- This plan can be activated at standby or full activation as follows:
  - **Standby:** This plan will be activated at a standby level for the duration of the 1<sup>st</sup> November up to the last day in February (the official time period classed as “winter”<sup>1</sup>).
  - **Full activation:** An issue has occurred which is related to winter which requires mitigating action to be taken in order to maintain the service delivery of the CGH CCG’s health economy footprint as far as is practicable at “business as usual” levels.  
**Note:** These issues and mitigating actions, as a minimum, are identified within the roles and responsibilities in Section 3.
- For specific action cards for each organisation in response to winter issues please see **Section 3**. It should be noted that these cards are only for the organisations within the CGH SRG who are involved in response coordination and key task delivery. Other organisations may also be active but will follow their own arrangements. It should also be noted that the actions within the action cards are not exhaustive and other actions may be required based on the situation occurring.

### 2.3 Notification

- It is necessary to keep others (internal personnel and external organisations) up to date with the overall response to the incident.
- Those requiring notification of an incident and the response to it by those identified within Section 3 from within the CGH CCG health economy footprint will vary based on the incident occurring. Therefore those requiring notification will be identified at the time of the incident in liaison with the Gold Commander/Duty Strategic Manager. Along with their identification it is also necessary to agree what information will be passed to them.
- Each organisation will ensure the relevant contacts are made based on pre-existing contact lists within the individual organisations.

### 2.4 Stand Down

- Stand down should be declared by the person activating the plan originally in consultation with the rest of the command structure as appropriate.
- For stand down to be declared from standby winter should no longer be occurring.

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<sup>1</sup> As identified within the Cold Weather Plan for England 2014

- For stand down to standby from full activation the impact of the incident should no longer be escalating and pressure on resource commitments should be reducing. Also, staff absentee levels should be reducing, attendance levels returning to normal patterns, service disruption should be reducing and return to normal workload levels should be occurring.
- There are 2 ways in which resources can be stood down:
  - **Immediate:** This is where organisations would immediately withdraw all resources from the response and resume normal business.
  - **Phased:** This is where organisations would withdraw resources from the response in a phased manner. The phasing will be assessed against the need for resources to still be providing a service to the response.

## 2.5 Recovery

- During the response and once the response has been stood down it will be necessary to consider recovery of service return to business as usual and also of the community to return to usual day-to-day life. Liaison with established recovery groups may be necessary.

### 3 Roles and Responsibilities

#### 3.1 Summary of Overall Response

- During a response to winter issues the overarching roles for the organisations under this plan are:
  - Ensure preventative measures are in place (including: flu campaigns and pneumococcal immunisation programmes for patients and staff). Doing this can maximise public safety by promoting personal resilience;
  - Ensure joint working arrangements are in place between health and social care providers, particularly in the prevention of admissions and concerning speed of discharge;
  - Ensure operational readiness (e.g. via bed management, ensuring capacity, ensuring staffing, through having bank holiday arrangements in place, having procedures for elective restarts etc.);
  - Ensure ability to deliver critical care services;
  - Ensure ability to deliver out of hours arrangements;
  - Ensure close liaison work with ambulance services, particularly around handover of patient care between ambulance and acute trusts and in the strengthening of links between primary care and A&E;
  - Maintain strong and robust communications across the CGH CCG health economy foot print;
  - Act in a way to minimise risks to patients during times where pressures are experienced due to winter issues;
  - Ensure the capacity of staff by working systematically and effectively in partnership;
- **Note: Action cards to identify how this overarching role will be achieved can be found at Appendix F.**
- **The actions within the cards below are not exhaustive and should be used in conjunction with action cards within Incident Response and Business Continuity Plans & those from the Cold Weather Plan for England, at Appendix F.**

##### 3.1.1 Calderdale and Huddersfield Foundation Trust

Plan Activation Checklist	Complete
Activate and implement the Bad Weather Policy as appropriate.	
Identify additional staffing (to include but not be limited to middle grade A&E doctors and MAU, and an increase in ANPs), booking this as appropriate, for likely high demand periods during winter notably the Christmas and New Year periods.	
Activate and implement Business Continuity Plans as appropriate.	
Ensure planning and management of additional bed capacity throughout winter ( <b>Note:</b> Huddersfield Royal Infirmary (HRI) has an additional acute bed capacity of 8 on ward 14 and additional step down bed capacity of 10, Calderdale Royal Hospital (CRH) has an additional acute bed capacity of 14 and additional step down bed capacity of 15. Also there are an additional 8 step down beds at Oakmoor covering Huddersfield and 10 community beds covering Calderdale).	

3.1.2 Kirklees Council

Team	Plan Activation Checklist
Emergency Planning	<p>Deliver Adverse Weather Planning as per organisational arrangements, including liaison with other organisations where access to patients is impeded.</p> <p>Participate in weekly winter telephone conferences.</p> <p>Activate Business Continuity Plans and arrangements as appropriate.</p>
Infection Prevention and Control	<p>Liaise with NHS England in the delivery of the National Flu Plan, where appropriate to do so.</p> <p>Facilitate local infection control duties as appropriate and as business as usual.</p> <p>Send Sitreps to CCG regarding any outbreaks of infection.</p> <p>Be involved in teleconferencing by exception if required and requested.</p> <p>Support Care Homes to safely manage any outbreaks of infection</p> <p>Support PHE to manage outbreaks of influenza within community settings</p> <p>Update CCG and partners of any issues identified through surveillance.</p> <p>Provide expert, specialist advice as needed</p>
Adult Social Care	<p>Spot purchase additional care home capacities via pre-existing processes.</p> <p>Participate in weekly winter telephone conferences.</p> <p>Follow Business Continuity arrangements as appropriate.</p> <p>Liaise closely with Locala to facilitate health service delivery within local communities.</p> <p>Work with NHS England and voluntary agencies to address loneliness, refer vulnerable patients to telehealth/telecare services, refer vulnerable patients to talking therapies for stress/low moods, promote a healthy lifestyle (physical activity, hydration and nutrition), review benefits entitlement and uptake, assess vulnerable peoples environments (equipment, telecare, insulation, support group accessibility/availability, access, transport etc).</p> <p>Consider the extension of Hospital Avoidance Team capacity and also Social Workers services to cover 7 days a week.</p> <p>Liaise with other agencies and advise on critical care patients</p>

### 3.1.3 Calderdale Council

Plan Activation Checklist	Complete
Deliver Adverse Weather Planning as per organisational arrangements, including liaison with other organisations where access to patients is impeded.	
Liaise with other agencies and advise on critical care patients (as identified within business continuity plans) activating patient specific winter resilience plans as appropriate.	
Public Health Teams to liaise with NHS England in the delivery of the National Flu Plan, where appropriate to do so.	
Public Health Teams to facilitate local infection control duties as appropriate.	
Spot purchase additional care home capacities via pre-existing processes.	
Participate in weekly winter telephone conferences (Social Care, Infection Prevention and Control, and Emergency Planning).	
Activate and implement Business Continuity Plans and arrangements as appropriate.	
Implement the Flu Vaccination Plan as appropriate, ensuring that staff drop-in sessions for vaccinations are facilitated.	
Work to deliver Affordable Warmth schemes as appropriate.	
Work with NHS England and voluntary agencies to address loneliness, refer vulnerable patients to telehealth/telecare services, refer vulnerable patients to talking therapies for stress/low moods, promote a healthy lifestyle (physical activity, hydration and nutrition), review benefits entitlement and uptake, assess vulnerable peoples environments (equipment, telecare, insulation, support group accessibility/availability, access, transport etc).	

### 3.1.4 Locala

Plan Activation Checklist	Complete
Identify and implement flu vaccination programmes to take into account frontline staff and housebound patients ( <b>Note:</b> there may be a need to liaise with GP Surgeries to assist in the identification of housebound patients).	
Activate and implement Business Continuity Plans as appropriate.	
Deliver Adverse Weather Planning as per organisational arrangements, including liaison with other organisations where access to patients is impeded.	
Spot purchase extra community bed capacity within resources available, to avoid hospital admissions.	

### 3.1.5 South and West Yorkshire Partnership Foundation Trust

Plan Activation Checklist	Complete
Work in conjunction with Public Health England to deliver the flu vaccination programme to staff.	
Activate the Estates and Facilities Cold Weather Plan where appropriate.	
Activate and implement Business Continuity Plans as appropriate.	

### 3.1.6 NHS England (Primary Care)

Plan Activation Checklist	Complete
Lead a wider response to incidents triggered due to winter issues (e.g. caused by weather conditions, outbreak of winter related illnesses etc).	
Liaise with primary care providers as to their progress with frontline staff vaccine uptake.	
Activate and implement Business Continuity Plans as appropriate.	
Pro-actively campaign vulnerable people with information around vaccinations for winter related illnesses (e.g. flu and pneumococcal)	
Provide support to CCG;s where doing so would add value to a CCG response.	
Provide an on-call facility to allow 24/7 access to advice and support.	

### 3.1.7 Calderdale and Greater Huddersfield CCG's

Plan Activation Checklist	Complete
Co-ordinate a proactive and reactive management for capacity issues, monitoring surge and escalation across the health economy footprint in-line with the CGH Surge and Escalation Plan.	
CCG to liaise with primary care, including out of hours services to monitor peaks in demand, being clear on communication and escalation into the system and to NHSE WY.	
Commissioners work with occupational health providers to roll out vaccinations for their staff.	
Commissioners to provide assurance, information and data to NHSE WY when requested in order to enable a local picture of demand to be determined.	
Activate and implement Business Continuity Plans as appropriate.	

### 3.1.8 Yorkshire Ambulance Service (YAS)

Plan Activation Checklist	Complete
Activate their Winter Concept of Operations <sup>2</sup> (covering emergency ambulance services, patient transport services, 111 and Local Care Direct out of hours service).	
Activate Business Continuity Plans as appropriate.	
Ensure the UPCG dashboard is updated with performance and turnaround figures (for YAS and 111).	
Liaise with Local Care Direct primary care out of hour's service to identify potential demand peaks and to ensure they are clear on communication and escalation into the system.	
Implement the Flu Vaccination Plan as appropriate for frontline staff.	
Liaise with Greater Huddersfield CCG concerning the activation of the 111 winter contingency service as appropriate.	

## 4 Considerations

### 4.1 System Resilience Group (SRG)

- For the GH CCG health economy footprint this group is made up of representatives from the 9 following organisations:
  - Calderdale CCG;
  - Greater Huddersfield CCG;
  - Calderdale and Huddersfield Foundation Trust;
  - NHS England (West Yorkshire Area Team);
  - Locala;
  - South West Yorkshire Partnership Foundation Trust;
  - Yorkshire Ambulance Service;
  - Kirklees Council;
  - Calderdale Council.
- SRG members will form a Joint Winter Operations Team who are responsible for the response under this plan and also the co-ordination of a surge and escalation response as under the CGH Surge and Escalation plan into this response as appropriate. They will work to identify and mitigate risks. They will work virtually, meeting only when required.
- **Note:** NHS England (West Yorkshire Area Team) has responsibility for assuring winter planning is in place within commissioned services (i.e. primary care, public health and services for those within the justice system).
- They will meet as a group throughout the winter period on a pre-agreed frequency basis, adjusting this as appropriate. Within these meetings (which may be physical or via teleconference) they will:

<sup>2</sup> This document provides a framework for manager and clinicians and will control and co-ordinate activities to respond to additional pressure due to winter. It will inform operational department's individual operational winter plans. This Concept of Operations is valid for the length of the winter period.

- Identify the surge and escalation resource and escalation level for each member organisations and reasons why;
- Identify current and potential future pressures on the system;
- Identify and facilitate any mutual aid across the member organisations that would be suitable;
- Monitor provider uptake rates of flu vaccine, addressing issues of low uptake as appropriate;
- SRG
- Ensure contact details are up to date and communication systems are in place and facilitated;
- Facilitate on-going review and lesson learning throughout the winter period to allow dynamic adjustment and improvement in a response to winter issues locally within member organisations and felt wider within the community.

## 4.2 Key Actions to Winter Issues

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

Issue	Action	
<p>Seasonal related illnesses within the community causing an increase in demands on health services for assistance, diagnosis and medical prescriptions.</p>	<p>Activate outbreak plans. Also, invoke Statements of Principle and adjust the organisations Resource Escalation Action Plan (REAP) Level in-line with arrangements under the CGH Surge and Escalation Plan.</p> <p>Vaccination programmes should be identified and implemented as appropriate.</p> <p>Where the illness related to Flu consideration should be given to activating the West Yorkshire Resilience Forum Influenza Plan.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from NHS England.</p>
<p>Seasonal related illness causing staff absenteeism above normal levels due to staff sickness or staff having to be off work to care for those sick or unable to attend usual care facilities/schools due to closures.</p>	<p>Activate Business Continuity Plans and adjust the organisations REAP Level in-line with arrangements under the CGH Surge and Escalation Plan.</p> <p>Implementation and promotion of flu vaccinations for front line and critical service staff should occur to maximise uptake whereby increasing immunity and minimising the risk of staff absence due to their own sickness.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from NHS England or the relevant Public Health Team..</p>
<p>Response to impacts of Cold Weather causing issues with the transport network whereby affecting patient access to services.</p>	<p>Activate Individual organisations and any joint transport plans.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from the appropriate Local Authority or the CCG.</p>
<p>Response to impacts of Cold Weather causing issues with the transport network whereby affecting staff in getting to work and carrying out their business as usual activities e.g. travelling</p>	<p>Activate Transport Plans and Business Continuity Plans. Also, where pressure and demand increases due to staff absenteeism consider adjusting the organisations REAP Level in-line with arrangements under the CGH Surge and Escalation Plan.</p>	<p>All organisations are to be responsible for implementing these actions as appropriate.</p>

Issue	Action	
throughout their community to deliver services.		
Response to impacts of Cold Weather causing issues with the transport network whereby affecting patient access to services. This will mean patients with life-threatening conditions must have vital treatment at home, (e.g. chemotherapy, kidney dialysis, etc) and health care workers must be able to make home visits. Gritting of roads to access patient homes is necessary.	<p>Patients/clients to contact their hospital/care provider if there are concerns about being able to access critical care during bad weather. The hospital/care provider should triage the request for snow clearing/ gritting and contact the Local Authority customer care team direct: 01484 225646 (24 hours) for assistance. The triage system helps to establish which requests are urgent so resources can be prioritised accordingly. Information is being widely circulated to residents again this winter- including a guide to getting prepared for bad weather. The council websites and real time info on twitter is also available.</p> <p><a href="http://www2.kirklees.gov.uk/winterUpdates/default.aspx">http://www2.kirklees.gov.uk/winterUpdates/default.aspx</a></p>	Kirklees Council and Calderdale Council.
Tracking uptake of vaccinations	<p>Where they are implemented tracking of vaccinations of vulnerable person uptake should occur (e.g. those under 3 and others in at risk groups).</p> <p>Where issues are detected in the uptake, identify actions and implement these as necessary to address this.</p>	NHS England, Public Health England and Primary Care Teams
Access to flu vaccination services	Offer an enhanced flu vaccine service via community pharmacies commissioned to provide flu vaccine to at risk patients.	NHS England, Public Health England and Primary Care Teams
General increases in staff absenteeism	<p>Activate Business Continuity Plans and adjust the organisations REAP Level in-line with arrangements under the CGH Surge and Escalation Plan.</p> <p>All organisations re responsible for managing planned leave to ensure that times of high demand are covered.</p>	All organisations are to be responsible for implementing these actions as appropriate. For any further advice on activations and escalations or clarity over situations can be sought from the CCGs.

### 4.3 Wellbeing in Winter and Excess Winter Deaths

- In winter temperatures can drop significantly low. Cold temperatures can affect people's physical and mental health and wellbeing and potentially causing an increase in mortality rates during the winter period.
- In order to manage physical and mental wellbeing in winter it is therefore necessary to ensure community members have access to warmth, via affordable heating for their homes and hot food and drinks.
- Local authorities will co-ordinate the delivery of affordable warmth schemes.

### 4.4 Cold Weather Plan for England

- Prior to each winter period Public Health England release an England wide overarching Cold Weather Plan. Within this document is guidance for responders.
- This plan identifies a national system for warning responders and the community about the risks of winter weather by a numeric system as follows:
  - **Level 1:** Winter preparedness and action;
  - **Level 2:** Severe winter weather is forecast (alert and readiness);
  - **Level 3:** Severe weather action;
  - **Level 4:** Major Incident (emergency response).
- For more details on cold weather levels, actions to consider or other general further information on cold weather related to winter please see the UK Cold Weather Plan for England<sup>3</sup>.

### 4.5 Flu Plans

- The National Flu Plan sets out a co-ordinated and evidence based approach to planning for and responding to the demands of flu across England.
- The National Flu Plan provides the public and health care professionals with an overview of the co-ordination and the preparation for the flu season and signposting to further guidance and information.
- Those organisations within the CGH SRG should be able to provide assurance and evidence that the considerations within the National Flu Plan are within their own flu/outbreak response plans and arrangements.
- More details on a National response to flu and best practice for planning and response at a local level please see the National Flu Response Plan<sup>4</sup>.
- More locally there is the West Yorkshire Flu Plan. The requirements of this plan should be met as far as practicable in response in planning and response to flu incidents<sup>5</sup>.

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<sup>3</sup> **Note:** an up to date copy can be viewed online at: <https://www.gov.uk/government/publications/cold-weather-plan-for-england-2014>

<sup>4</sup> **Note:** an up to date copy can be viewed online at: <https://www.gov.uk/government/publications/flu-plan-winter-2014-to-2015>

## 4.6 Surge and Escalation

- The CGH Surge and Escalation Plan will assist in the management of service provision and capacity fluctuations where the CGH CCG health economy footprint experiences increased demand and pressure which winter issues can cause.
- The CGH Surge and Escalation Plan should be used to support actions within this to ensure they are flexible and scalable. The Surge and Escalation Plan can offer assistance specifically to:
  - **Maximise capacity** particularly in primary care and hospital settings and concerning additional diagnostics, beds and intermediate care capacities. Primary considerations for maximising capacity include promotion of self-care and of when to use services at GP's and A&E as well as well embedded discharge policies (as under the Transfer of Care Policy) and partnership working across the health economy footprint. Consideration will also have to be given to maximising the capacity of diagnostic services, bed availability, intermediate care, critical care, and staff availability;
  - **Minimise hospital admissions** by organisations activating their own arrangements minimising hospital avoidance and for increasing hospital avoidance team capacities to cover additional hours to divert potential admissions on a 7 day basis. In some cases patients may need to be re-assessed and those not in urgent need of inpatient care should be facilitated by appropriate community interventions;
  - **On-call Arrangements** of each SRG member organisation.

## 4.7 Emergency/Major Incident and Business Continuity General Considerations

- All health economy organisations within the CGH CCG footprint will have Incident Response Plans/Major Incident Plans in place for responding generally to any emergencies or major incidents occurring within local communities.
- All health economy organisations within the CGH CCG footprint will have Business Continuity Plans in place for responding generally to any service disruptions. Therefore these plans should be used alongside this plan to help assess and prioritise service importance, service recovery and what is needed to ensure recovery can occur.
- Emergencies of major incidents occurring within local communities may cause an increase in service demand and/or capacity fluctuation issues whereby requiring a response under this plan. Therefore, the considerations and actions within this plan will need to be carried out in line with actions and considerations in other active response plans.
- **Note:** More information on general emergency or major incident response and business continuity responses can be found within the appropriate separate plans within each organisation. These plans will further outline that organisations role in planning, response and also organisation specific response actions/strategies.

## 4.8 Mutual Aid Arrangements

- Mutual aid refers to the sharing of staff and resources between organisations in order to address any increase in service demand and capacity pressures occurring.

- Depending on the demands from winter issues on different health organisations within the CGH CCG health economy footprint depends on local mutual aid that can be made available without putting too much pressures on other organisations.
- The primary option for mutual aid will be through local arrangements and requests facilitated through the CGH CCG SRG.
- In all events it has been agreed that mutual support will work across organisations to ensure that essential services can continue to be maintained during the winter period.

#### 4.9 Voluntary Agency Involvement

- Voluntary agencies can assist health organisations within the CGH CCG health economy area in maintaining contact with individuals and families throughout the winter period. NHS England have guidance available on their use.
- Both Calderdale and Kirklees local authorities have Voluntary Action Groups with pre-existing communications channels with potentially vulnerable individuals and their families. These groups can be utilised to assist in:
  - Any referrals to social services and/or community service providers in times of pressures on member organisations of this plan due to winter issues;

#### 4.10 Public Information

- Public Communications should be in line with the CGH SRG Winter Communications Plan.
- Things to be communicated include, but are not limited to:
  - Only using A&E and 999 when you really need it;
  - Services and accessibility (including holiday opening times well in advance of those days being reached);
  - Promote the use of high street pharmacies for common medical complaints;
  - Having a well-stocked medicine cabinet;
  - Using the online NHS symptom checker<sup>6</sup>;
  - Ensuring repeat prescriptions are ordered and collected in time.
  - Prevention of spread and managing seasonal illnesses being experienced (e.g. influenza, norovirus etc.);
  - Ice warnings over slips/trips/falls.
- Options for communicating with the public include, but are not limited to:
  - Media campaigns (e.g. radio/TV adverts);
  - Via front line staff support and advice;
  - Via work and projects with the voluntary sector and community groups;
  - Social media posts;
  - Leaflets/posters in GP and Secondary Care environments;
  - Mailshots (particularly targeting the vulnerable).

#### 4.11 Obtaining Information During a Response

- Sources of information regarding winter issues could be from any of the following (**note:** this list is not exhaustive and other sources may be available):

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<sup>6</sup> <https://www.nhs.uk/symptomcheckers/pages/symptoms.aspx>

- **Operational Meetings** – Responsible for the day to day delivery of the transfer of care policy;
- **Weekly Winter Teleconference (Calderdale and Kirklees)** (more frequent if needed) – Identify and discuss current issues, forming a forward look of the week ahead. Identify actions retrospectively that will allow predicted situations to be managed. Representation will be from member organisations from the CGH SRG;
- **Daily Winter Teleconference** – Should pressure within the system increase to an extent that the above weekly calls are insufficient, daily Monday to Friday, expanding to weekends where pressures demands. Updates on A&E performance and any operational issues;
- **Weekly Winter Teleconference (West Yorkshire)** – Looks at the situation across the wider West Yorkshire footprint and provides a regional forum for sharing intelligence and information. Representation is usually from the CCGs; SRG;
- **Resilience Direct** – To obtain information as to the wider responder communities' response arrangements and potentially live-time situation reports where the system is used as an incident management tool by others responding to winter issues or specific major Incidents triggered during winter. This is a resource primarily used by emergency planning staff.

#### 4.12 Administration

- **Owner and Audience:** This plan is owned by CGH Urgent Care Board and the intended audience is anyone with a role under it, at a minimum those identified in Section 3.
- **Data Retention:** Documentation will be retained in-line with ISO 15489.
- **Decisions and Rationale:** Any decisions made during a response by any person should be recorded as appropriate along with the rationale for that decision being made.
- **Minutes:** The Chairs' of any meetings should ensure that someone is appointed to take and produce minutes as to what was discussed and rationale behind decisions made.
- **GSC<sup>7</sup>:** The Government Security Classifications level controls how the document can be shared and should be located in the header and footer of a document presented in capitals. This document has been classified as OFFICIAL because it does not contain any information deemed to be of a sensitive nature that is not already available within the public fora. Also, the majority of information relates to routine business operations and services. Nothing within this is subject to a heightened threat profile.
- **Assurance:** All organisations under this plan, and those commissioned by them, should be able to provide assurance and evidence that they are prepared for winter in that they have fit for purpose response, escalation and business continuity plans. They should also be able to give assurance on service accessibility during Christmas and New Year.
- **Publication and Distribution:** This document will be published and distributed by the Urgent Care Board. Appendix A identifies how this document is published and distributed to its required audience.
- **Training, Skills and Knowledge:** It is essential that those with a role under this plan are aware of it and any relevant connected actions.

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<sup>7</sup> Cabinet Office, Government Security Classifications April 2014 (Version 1.0, October 2013).

- **Review and Maintenance:** This plan will be reviewed and routinely maintained by the Urgent Care Board. This document will undergo a full review prior to every Winter..
- **Audit Trail:** Version control is present and will be updated when changes are made to this plan. Changes made will be recorded within the amendments table in Appendix E.
- **Commitment from Partners:** All those identified as member organisations for the CGH SRG have committed to be involved in the joint arrangements detailed within this plan. They will maintain their own business continuity arrangements, outbreak plans, transport plans and other winter-related plans to support the arrangements within this plan as appropriate. Action cards (**Section 3**) identify how these organisations will work together under this plan.
- **Equality and Diversity:** All those identified as member organisations for the CGH SRG have committed to ensuring all decisions and actions in response to winter issues are respectful and considerate of the diverse needs of the community. The CSU Winter Communications Plan supports CGH SRG to deliver communications in this way to the community.
- **Freedom of Information:** Under the Freedom of Information Act the following sections may be exempt from Freedom of Information requests due to their nature:
  - **Appendix A:** exempt under Section 38 of the Freedom of Information Act (Health and Safety) due to them identifying specific people and their contact details. Therefore this section has been marked with the Government Security Classification OFFICIAL-SENSITIVE.
- **Human Rights:** This plan has been implemented and reviewed in accordance with that set out with the European Convention and principles provided by the Human Rights Act 1998. The application of this plan has no differential impact on any of the articles within the Act. However, failure as to its implementation would impact on the core duties of Locala and its partners, to uphold the law and serve/protect all members of its community (and beyond) from harm.
- **Data Protection** Personal and sensitive data used within this document is protected under the Data Protection Act 1998. In-line with the Data Protection Act 1998 this document will ensure that the information within it is:
  - Used fairly and lawfully;
  - Used for limited, specifically stated purposes;
  - Used in a way that is adequate, relevant and not excessive;
  - Accurate;
  - Kept for no longer than is absolutely necessary;
  - Handled according to people's data protection rights;
  - Kept safe and secure;
  - Not transferred outside the UK without adequate protection.

## Appendix A: Key Contacts

- The following people within the CGH CCG health economy footprint can be contacted regarding pressures and capacity fluctuation incidents.
- **Note:** Other organisations may also need to be contacted. These details can be found in individual organisations overarching Incident Response Plan and within the CGH on-call managers pack.

Organisation	Winter Lead	Telephone Number	Executive Lead
Calderdale CCG	<a href="mailto:debbie.graham@calderdaleccg.nhs.uk">debbie.graham@calderdaleccg.nhs.uk</a>	07795 825110	Chief Officer (Matt Walsh)
CHFT	<a href="mailto:mark.partington@cht.nhs.uk">mark.partington@cht.nhs.uk</a>		Director of Operations (Mark Partington)
Calderdale Council	<a href="mailto:rob.mitchell@calderdale.gov.uk">rob.mitchell@calderdale.gov.uk</a>		Director of Public Health (Paul Butcher)
GH CCG	<a href="mailto:pat.andrewartha@greaterhuddersfieldccg.nhs.uk">pat.andrewartha@greaterhuddersfieldccg.nhs.uk</a>	01484 464118 07538 101283	Chief Officer (Carol McKenna)
Kirklees Council	<a href="mailto:dianne.green@kirklees.gov.uk">dianne.green@kirklees.gov.uk</a>		Assistant Director - Commissioning and Health Partnerships (Keith Smith)
Locala	<a href="mailto:Christina.Quinn@locala.org.uk">Christina.Quinn@locala.org.uk</a>		Executive Director of Clinical and Operational Services (Christina Quinn)
South West Yorkshire Partnership Foundation Trust	<a href="mailto:Martin.brandon@swyt.nhs.uk">Martin.brandon@swyt.nhs.uk</a>	01226 435607 07967 378867	Director of Kirklees & Calderdale BDU's (Karen Taylor)
Yorkshire Ambulance Service	<a href="mailto:ian.walton@yas.nhs.uk">ian.walton@yas.nhs.uk</a>		Executive Director of Standards and Compliance (Steve Page)

## Appendix B: Connected Documents

- This section outlines the documents which have been used in the creation of this document and which support this document's implementation.
- The documents identified in this chapter may be referred to throughout the document where necessary.
  - Organisational specific Incidents Response Plan/Major Incident Plan;
  - Organisational specific Business Continuity Plans;
  - Calderdale and Greater Huddersfield Surge and Escalation Plan;
  - National Flu Plan (2014-2015);
  - Cold Weather Plan for England (2013-2014);
  - Organisation specific Infection Outbreak Plans;
  - Local Authority Adverse Weather Plans;
  - Local Authority Local Transport Plans;
  - 
  - YAS Winter Concept of Operations (includes NHS 111 and Patient Transport Services).

## Appendix C: Definitions and Acronyms

- **Definitions**

- The Civil Contingencies Act 2004 (c 36) is an Act of the Parliament of the United Kingdom that establishes a coherent framework for emergency planning and response ranging from local to national level. It also replaces former Civil Defence and Emergency Powers legislation of the 20th century.

• Emergency <sup>8</sup>	-	Emergency is defined in Part 1 of the Act as: an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK
• Winter <sup>9</sup>	-	A Cold Weather Alert service operates from 1 November to 31 March.

- **Acronyms**

A&E	-	Accident and Emergency
AQP	-	Any Qualified Provider
CCG	-	Clinical Commissioning Group
CGH	-	Calderdale and Greater Huddersfield
CRR	-	Community Risk Register
CSU	-	Commissioning Support Unit
ECMO	-	Extracorporeal Membrane Oxygenation
GP	-	General Practitioner
GSC	-	Government Security Classifications
IPC	-	Infection Prevention and Control
ISO	-	International Standards Organisation
ITU	-	Intensive Therapy Unit
NHS	-	National Health Service
PHE	-	Public Health England
REAP	-	Resource Escalation Action Plan
SCG	-	Strategic Co-ordination Group
SITREP	-	Situation Report

<sup>8</sup> Emergency Preparedness (March 2012, Section 1.14, pg. 6)

<sup>9</sup> Cold Weather Plan for England (2013-2014, p.18) – the service dates are used in this plan to be the dates for winter.

- TCG - Tactical Co-ordination Group
- SRG - System Resilience Group
- WYAT - West Yorkshire Area Team
- WYRF - West Yorkshire Resilience Forum
- YHCS - Yorkshire & Humber Commissioning Support

## Appendix D: Distribution List

- On finalisation, Version X of this document was sent to the following:

Organisation	Contact (Name and Job Role)	Date and Format Sent (Format e.g. email, hard copy, resilience direct)
C CCG	Debbie Graham - Debbie.Graham@calderdaleccg.nhs.uk	
C CCG	Lesley Stokey - Lesley.Stokey@CalderdaleCCG.nhs.uk	
C CCG	Majid Azeb - majid.azeb@calderdaleccg.nhs.uk;	
Calderdale Council	Bev Maybury - <a href="mailto:bev.maybury@calderdale.gov.uk">bev.maybury@calderdale.gov.uk</a> ;	
Calderdale Council	Elaine James - Elaine.James@calderdale.gov.uk	
Calderdale Council	Paul Butcher - Paul.Butcher@calderdale.gov.uk	
CHFT	Azeb Sajid - sajid.azeb@cht.nhs.uk	
CHFT	Bev Walker - Bev.Walker@cht.nhs.uk;	
CHFT	Mags Barnaby - Mags.Barnaby@cht.nhs.uk	
CHFT	Mark Davies (Consultant) - Mark.Davies@cht.nhs.uk	
GH CCG	Vicky Dutchburn - Vicky.Dutchburn@greaterhuddersfieldccg.nhs.uk	
GH CCG	Carol McKenna - carol.mckenna@greaterhuddersfieldccg.nhs.uk	
GH CCG	Pat Andrewartha - Pat.Andrewartha@greaterhuddersfieldccg.nhs.uk	
GH CCG	Robert Lees - Robert.Lees@greaterhuddersfieldccg.nhs.uk	
GH CCG	David Hughes - David.Hughes@greaterhuddersfieldccg.nhs.uk	
Kirklees Council	Dianne Green - dianne.green@kirklees.gov.uk)	

Organisation	Contact (Name and Job Role)	Date and Format Sent (Format e.g. email, hard copy, resilience direct)
Kirklees Council	Lorraine Andrew - Lorraine.Andrew@kirklees.gov.uk	
Locala	Helen Frain - helen.frain@locala.org.uk	
Locala	Christina Quinn - christina.quinn@locala.org.uk	
Yorkshire Ambulance Service	Steve Page - steve.page@yas.nhs.uk	
Yorkshire Ambulance Service	John.Cartwright@YAS.nhs.uk	
Yorkshire Ambulance Service	simon.murphy@yas.nhs.uk	
Yorkshire Ambulance Service	tasnim.ali@yas.nhs.uk	
SWYFT	jean.bradbury@swyt.nhs.uk	
SWYFT	subha.Thiyagesh@swyt.nhs.uk	
CVAC	Soo Nevison (Soo.Nevison@cvac.org.uk)	
CVAC	Jo Bolland (Jo.Bolland@cvac.org.uk)	

## Appendix E: Table of Progress and Amendments

Plan Author: Justine Joy, YHCS

Version	Date	Created by / Amendments made by	Comments
Version 3.0 Draft	10.09.2013	Created 12/13 and submitted to NHS England	-
Version 4.0 Draft	25.10.2013	Created 13/14 draft and submitted to NHS England	-
Version 5.0 Draft	04.11.2013	Job cards in for majority but more information needed	-
Version 6.0 Draft	17.11.2013	-	Final Draft
Version 7.0 Final	06.12.2013	Final draft submitted to NHS England	-
Version 7.1 Draft	16.09.2014	Updated plan into a new template to take into account learning outcomes from Winter 2013 and national guidance and best practice.	
Version 7.2	03.11.2014	Further updates & additions	Working draft
Version 7.3	19/11/14	Further updates & additions	Working draft

This document was compiled with help and support from Laura Crofts; Emergency Planning Manager Kirklees Council.

## Appendix F: Action cards

### Public Health England – Cold Weather Plan for England: Action cards for Cold Weather Alert Service

#### Frontline health and social care staff in community and institutions

##### Level 0: Year round planning

- work with partner agencies to ensure that cold weather planning features within wider winter resilience planning
- work with partners to ensure that a strategic approach to the reduction of excess winter deaths (EWDs) and fuel poverty is taken across the local health and social care economy
- work with partner agencies to:
  - develop a shared understanding of EWDs and what partners can do to reduce them
  - identify those most at risk from seasonal variations
  - improve winter resilience of those at risk
  - ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions
  - achieve a reduction in carbon emissions and assess the implications of climate change
- consider how your winter plans can help to reduce health inequalities, how they might target high-risk groups and address the wider determinants of health
- ensure that organisations and staff are prompted to signpost vulnerable clients onwards (eg for energy efficiency measures, benefits or related advice)
- work with partners and staff on risk reduction awareness (eg flu vaccination for staff in September/October), information and education
- engage with local VCS organisations for planning and implementation of all stages of the plan

##### Level 1: Winter preparedness and action programme – 1 November to 31 March

- communicate public health media messages
- work with partner agencies to coordinate locally appropriate cold weather plans
- ensure key partners, including all managers of care, residential and nursing homes are aware of the alert system and can access advice
- review the distribution of the cold weather alerts across the system and ensure staff are aware of winter plans and advice
- ensure that local organisations and professionals are taking appropriate actions in light of the cold weather alerts in accordance with the local and national Cold Weather Plan
- ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)
- liaise with providers of emergency shelter for homeless people to agree plans for severe weather and ensure capacity to scale up provision
- support communities to help those at risk. Support the development of community emergency plans

- identify which local health, social care and voluntary and community sector organisations are most vulnerable to the effects of winter weather. Agree plans for winter surge in demand for services. Make sure emergency contacts are up to date

### **Level 2: Severe winter weather is forecast – Alert and readiness**

*Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence*

- continue to communicate public health media messages
- communicate alerts to staff and make sure that they can take appropriate actions
- ensure key partners, including all managers of care, residential and nursing homes, are aware of the alerts and can access Department of Health and other advice
- ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)
- support local community organisations to activate community emergency plans
- activate business continuity arrangements and emergency plans as required
- consider how to make best use of available capacity, for example by using community beds for at-risk patients who do not need an acute bed and enabling access to step-down care and reablement
- work with partner agencies (eg transport) to ensure road/ pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots

### **Level 3: Response to severe winter weather – Severe weather action**

*Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow*

- continue to communicate public health media messages
- communicate alerts to staff and make sure that winter plans are in operation
- ensure key partners are undertaking action in response to alerts
- support local community organisations to mobilise community emergency plans
- ensure continuity arrangements are working with provider organisations
- work with partner agencies (e.g. transport) to ensure road and pavement gritting arrangements are in effect to allow access to critical services and pedestrian hotspots

### **Level 4: Major incident- Emergency response**

*Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

- continue actions as per level 3 unless advised to the contrary
- implementation of national emergency response arrangements by central government

## **Provider organisations: health and social care (community services, hospitals, care homes and prisons)**

### **Level 0: Year round planning – All year**

- ensure that you are engaged with local emergency preparedness response and recovery and other strategic arrangements – especially for winter planning
- ensure your organisation can identify those most vulnerable to cold weather and draw up plans for joined-up support with partner organisations. Agree data-sharing arrangements within information governance principles
- assess the longer-term implications of climate change, reduction in carbon emissions, and sustainability for longer-term business continuity
- consider how best to mobilise and engage community organisations and support the development of community emergency plans
- make sure that staff members have identified all those vulnerable to cold weather and that arrangements are in place to support and protect them appropriately
- work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu before winter starts
- ensure that the business continuity plan includes severe winter weather. Plan for a winter surge in demand for services
- consider carers' needs and support they can continue to give
- work with environmental health officers on Housing Health and Safety Rating System hazard identification

### **Level 1: Winter preparedness and action programme – 1 November to 31 March**

- undertake internal reviews to ensure that cold weather alerts are going to the right staff and that appropriate actions are agreed and able to be implemented when received, especially to protect vulnerable service users
- make sure that staff members have identified all those vulnerable to cold weather and that arrangements are in place to support and protect them appropriately
- ensure staff members are undertaking appropriate home checks when visiting clients, eg room temperature (which should be at least 18°C to minimise risk to health), medications and food supplies
- hospitals and care, residential and nursing homes: ensure that rooms, particularly living rooms and bedrooms are kept warm (at least 18°C to minimise risk to health) and that staff are taking appropriate action to protect residents from cold weather
- work with partner agencies to co-ordinate cold weather plans; ensure data sharing and referral arrangements are in place
- continue to work with staff on risk reduction awareness, information and education. Encourage staff to be vaccinated against flu, if not already
- work with local authority teams to identify accident hotspots on pavements or roads, advise on gritting priorities to prevent accidents, and ensure access by utilities and other essential services
- ensure staff are aware of the business continuity plan for winter weather; plan for a winter surge in demand
- ensure carers are receiving advice and support

## **Level 2: Severe winter weather is forecast – Alert and readiness**

*Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence*

- communicate alerts to staff and ensure that locally agreed Cold Weather Plan actions take place, especially those to protect vulnerable service users
- continue to ensure local actions for the vulnerable such as:
  - arranging daily contacts/visits
  - ensuring staff are undertaking appropriate home checks when visiting clients, eg room temperature (which should be at least 18°C to minimise risk to health); medications and food supplies
  - ensuring carers are receiving appropriate advice and support
- hospitals and care, residential and nursing homes: ensure that rooms, particularly living rooms and bedrooms, are kept warm
- activate business continuity arrangements and emergency plans as required. Activate plans to deal with a surge in demand for services

## **Level 3: Response to severe winter weather – Severe weather action**

*Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow*

- communicate alerts to staff and ensure that locally agreed actions take place, especially those to protect vulnerable service users
- implement local plans for contacting the vulnerable. Consider daily visits/phone calls for high-risk individuals living on their own who have no regular contacts
- ensure carers are receiving appropriate advice and support
- implement plans to deal with surge in demand
- implement business continuity arrangements

## **Level 4: Major incident – Emergency response**

*Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

- continue actions as per level 3 unless advised to the contrary
- implementation of national emergency response arrangements by central government

## **Action Cards for Cold Weather Alert Service Commissioners (health and social care) CCGs and Local Authorities**

### **Level 0: Year round planning**

- work with partner agencies to ensure that cold weather planning features within wider winter resilience planning
- work with partners to ensure that a strategic approach to the reduction of excess winter deaths (EWDs) and fuel poverty is taken across the local health and social care economy
- work with partner agencies to:
  - develop a shared understanding of EWDs and what partners can do to reduce them
  - identify those most at risk from seasonal variations
  - improve winter resilience of those at risk
  - ensure a local, joined-up programme is in place to support improved housing, heating and insulation, including uptake of energy-efficient, low-carbon solutions
  - achieve a reduction in carbon emissions and assess the implications of climate change
- consider how your winter plans can help to reduce health inequalities, how they might target high-risk groups and address the wider determinants of health
- ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)
- work with partners and staff on risk reduction awareness (e.g. flu vaccination for staff in September/October), information and education
- engage with local VCS organisations for planning and implementation of all stages of the plan

### **Level 1: Winter preparedness and action programme – 1 November to 31 March**

- communicate public health media messages
- work with partner agencies to coordinate locally appropriate cold weather plans
- ensure key partners, including all managers of care, residential and nursing homes are aware of the alert system and can access advice
- review the distribution of the cold weather alerts across the system and ensure staff are aware of winter plans and advice
- ensure that local organisations and professionals are taking appropriate actions in light of the cold weather alerts in accordance with the local and national Cold Weather Plan
- ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)
- liaise with providers of emergency shelter for homeless people to agree plans for severe weather and ensure capacity to scale up provision
- support communities to help those at risk. Support the development of community emergency plans
- identify which local health, social care and voluntary and community sector organisations are most vulnerable to the effects of winter weather. Agree plans for winter surge in demand for services. Make sure emergency contacts are up to date

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

*Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence*

- continue to communicate public health media messages
- communicate alerts to staff and make sure that they can take appropriate actions
- ensure key partners, including all managers of care, residential and nursing homes, are aware of the alerts and can access Department of Health and other advice
- ensure that organisations and staff are prompted to signpost vulnerable clients onwards (e.g. for energy efficiency measures, benefits or related advice)
- support local community organisations to activate community emergency plans
- activate business continuity arrangements and emergency plans as required
- consider how to make best use of available capacity, for example by using community beds for at-risk

patients who do not need an acute bed and enabling access to step-down care and reablement

- work with partner agencies (eg transport) to ensure road/ pavement gritting preparations are in place to allow access to critical services and pedestrian hotspots

## **Level 3: Response to severe winter weather – Severe weather action**

*Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow*

- continue to communicate public health media messages
- communicate alerts to staff and make sure that winter plans are in operation
- ensure key partners are undertaking action in response to alerts
- support local community organisations to mobilise community emergency plans
- ensure continuity arrangements are working with provider organisations
- work with partner agencies (e.g. transport) to ensure road and pavement gritting arrangements

are in effect to allow access to critical services and pedestrian hotspots

## **Level 4: Major incident - Emergency response**

*Central government will declare a level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health*

- continue actions as per level 3 unless advised to the contrary
- **implementation of national emergency response arrangements by central government**