



Winter planning now!

ASPHER recommends the following four high level strategic priorities for detailed winter preparedness in Europe during July to September 2020.

Take this Window of Opportunity – *then see it through!*

Take Note - of the recent lessons from COVID-19 and the lessons from previous severe winters to avoid excess mortality and morbidity

Take Stock - of the backlogs of care and equipment and ensure catch up programmes for normal healthcare and for those who have newly generated pandemic impacts.

Take Care - to ensure that systems can function as well as possible before a further wider lockdown but plan to maximise protection for the most vulnerable groups from COVID-19, influenza, cold weather and poor home conditions.

Take Aim - set targets for minimising impacts of a worst-case scenario.

Take this Window of Opportunity

<i>Take Note</i>	<i>Take Stock</i>
<i>Take Care</i>	<i>Take Aim</i>

Then see it through:

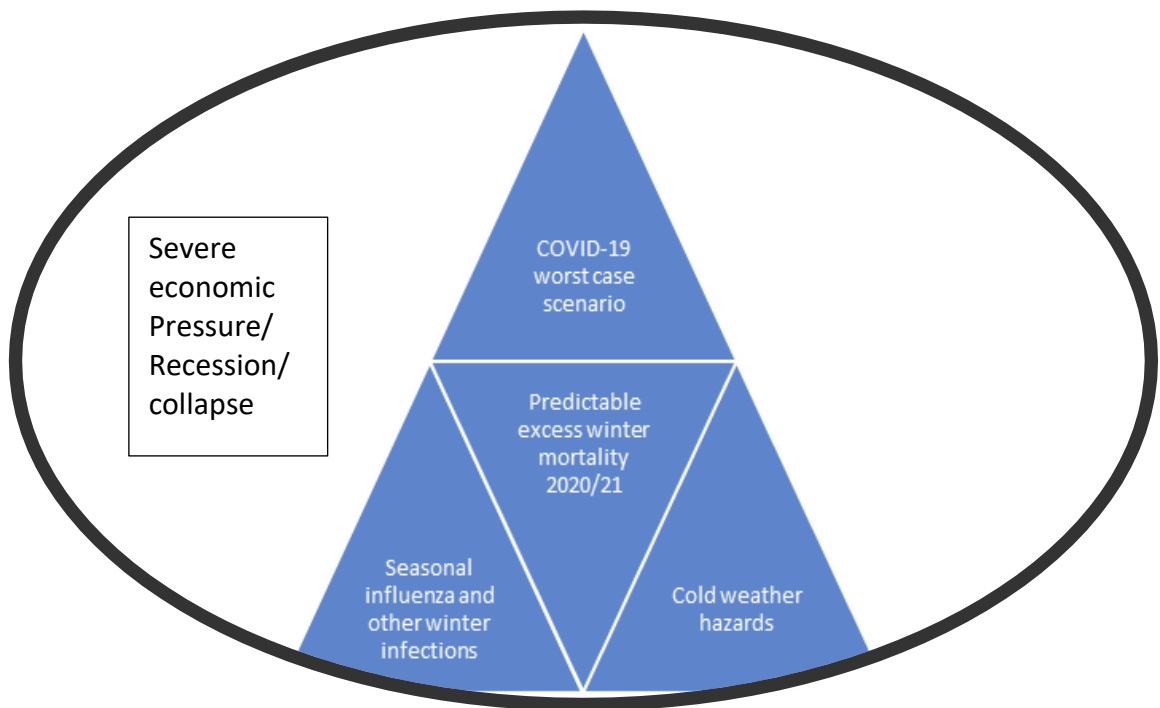
1. **Engage widely now:** *with populations, particularly with excluded and vulnerable groups to prepare for a winter second wave.*
2. **Mobilise catch-up programmes:** *Re-establish and reinforce essential health and social services, to catch-up over summer and autumn, and to preserve their function during the second winter wave.*

3. ***Instigate advanced social and economic policies:*** to underpin good quality of life during any further economic downturn from the first or second wave.
4. ***Prepare well for a potential harsh winter:*** aim to reduce seasonal excess mortality and keep older people and all others with Long-Term Conditions or other vulnerabilities safer this winter.

HOW WILL THE PANDEMIC'S OTHER WINDS BLOW THIS WINTER?

How much will they add to the three expected winter hazards that we know will cause excess mortality?

SEVERE ECONOMIC PRESSURES? ↓↓↓↓	DEEP WINTER HEALTH AND SOCIAL CARE PRESSURES? ↓↓↓↓	MAJOR DISRUPTION OF CORE INFRASTRUCTURES AND CAPACITIES TO HANDLE PRESSURES? ↓↓↓↓
Vulnerable groups in pandemic spending even more time indoors, distancing and isolating in potentially cold housing environments ↓↓↓↓ Less frequent support from formal and informal carers. ↓↓↓↓ Impacts of any crowded poorer housing are becoming evident ↓↓↓↓		



Commentary and selected sources in more detail:

ASPHER recommends the following four priorities for detailed winter preparedness during July to September 2020.

1. *Engage widely now with excluded and vulnerable groups to prepare for a winter second wave:*

There is a need to work closely with excluded groups to minimise impacts of the pandemic. Guidance issued in March 2020 highlights the challenges faced during disasters.

'Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization. Marginalized people become even more vulnerable in emergencies.'

<https://interagencystandingcommittee.org/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and-community-engagement>

Community engagement guides include Red Cross/Red crescent materials in several languages.

<https://communityengagementhub.org/wp-content/uploads/sites/2/2019/06/IFRC-CEA-GUIDE-0612-LR-1.pdf>

There is a need for extra energy and innovation alongside others. ASPHER would encourage working along with existing or emerging European networks that support excluded groups, for example -

Supporting Homeless people- FEANTSA

<https://www.feantsaresearch.org/en/feantsa-position/2020/03/18/covid19->

<https://www.feantsa.org/en/newsletter/2020/04/08/feantsa-flash-march-2020?bcParent=27>

Supporting Roma, Travellers and Gypsies:

<http://www.errc.org/news/covid-19-the-eu-and-the-rule-of-law-colour-blind-consultations-just-dont-cut-it>

Tackling the Digital Divide: There is also a need to quickly reduce the 'digital divide' to maximise access to modern information and communication technologies.

<https://www.aiib.org/en/news-events/media-center/blog/2020/Unequal-Disruptions-The-Digital-Divide-During-COVID-19.html>

<https://cs.unu.edu/news/news/digital-divide-covid-19.html>

Health literacy and Adult Literacy Education (ALE) programmes should offer extended funding directly to excluded community groups to take greater ownership control.

Lopes H, McKay V. *Adult learning and education as a tool to contain pandemics: The COVID-19 experience*

<https://link.springer.com/article/10.1007/s11159-020-09843-0>

Paakkari L, Okan O. COVID-19: Health literacy is an underestimated problem. *Lancet* 2020;5:e249-50 DOI: [https://doi.org/10.1016/S2468-2667\(20\)30086-4](https://doi.org/10.1016/S2468-2667(20)30086-4)

Innovative engagement projects include the 'Pandemicon' tools for ethnic minorities in Denmark, or more culturally sensitive links to migratory or separated communities in Israel.

Gottlieb N, Davidovitch N, Filc D, Gutzeit Z. *Situational brief: Marginalised migrants in Israel during the COVID-19 pandemic (10th July 2020)*. In *Lancet Migration. Situational and policy briefs: COVID-19 and migration*. <https://www.migrationandhealth.org/migration-covid19-briefs>

2. Re-establish and reinforce essential health and social services, to catch-up over summer and autumn, and to preserve their function during the second winter wave:

A stock-take of catch-up requirements after the first wave is urgently needed. Warnings about the longer-term effects of infection in COVID-19 cases, continuing after initial recovery, include the need for psychological support and physical rehabilitation.

A statement from the Academy of Medical Royal Colleges (7th April UK). *Patients and the public must continue to seek medical help for serious conditions during this COVID-19 pandemic*. https://www.aomrc.org.uk/wp-content/uploads/2020/04/200407_patient_public_seek_medical_help_statement.pdf

Triggle N. Coronavirus: *What is the hidden health cost? (ref Parallel epidemic)* BBC News 29th April 2020. <https://www.bbc.co.uk/news/health-52461034>

There is therefore much forecasting work needed to estimate these numbers and how badly affected by disruption, delay and discontinuity of health and social care. Exceptionally large undertreated numbers of pre-existing and new mental health problems are expected, and populations will probably suffer from historic under-development of mental health services in many countries.

The needs of vulnerable children and young people need to be assessed and services adjusted. Child and Adult Safeguarding issues will have arisen, and confidential reviews will need to demonstrate any pandemic links to failed or missing care.

Sinha I, Bennett D, Taylor-Robinson DC. *Children are being sidelined by covid-19 -They must not be left behind in its aftermath.*

BMJ 2020; 369:m2061 doi: <https://doi.org/10.1136/bmj.m2061>

Public Health Wales. *Adverse Childhood Experiences in child refugee and asylum seeking populations.* PHW 2020.

Yao H, Chen JH, Xu YF. *Patients with mental health disorders in the COVID-19 epidemic.*

Lancet 2020;7(4);e21 doi: [https://doi.org/10.1016/S2215-0366\(20\)30090-0](https://doi.org/10.1016/S2215-0366(20)30090-0)

Fiorillo A, Gorwood P. *The consequences of the COVID-19 pandemic on mental health and implications for clinical practice.* European Psychiatry 2020;63(1):e32,1-2 DOI: <https://doi.org/10.1192/j.eurpsy.2020.35>

Suicide audits and reviews will need to be updated to take account of the cases that are being attributed directly to COVID-19 experiences or attributed to indirect effects of the pandemic, such as social isolation.

Kawohl W, Nordt C. *COVID-19, unemployment, and suicide.* Lancet;7(5):389-390

DOI: [https://doi.org/10.1016/S2215-0366\(20\)30141-3](https://doi.org/10.1016/S2215-0366(20)30141-3)

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30141-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30141-3/fulltext)

<https://www.theguardian.com/society/2020/may/28/alarm-over-five-suicides-in-six-days-at-prisons-in-england-and-wales>

Addictions: There will also be a need to develop specialist responses to disrupted previous addiction disorder services plus for newly emerged numbers.

Marsden, J., Darke, S., Hall, W., et al. *Mitigating and learning from the impact of COVID-19 infection on addictive*

disorders. Addiction, 2020;115: 1007– 1010. <https://doi.org/10.1111/add.15080>.

3. Instigate social and economic policies to underpin good quality of life during any economic downturn from the first or second wave:

Pandemic impacts on poverty, income anxiety and mental health are becoming known from the first wave. Stronger measures should be in place to support job retention and income maintenance. Work is needed to avoid loan-based systems for such workers and to provide advice on debts and financial management. **Income protection schemes** are needed for mainstream employment workforces. It is possible that, for those who are unable to work in their normal way over winter 2020/21, that furlough schemes or living wage schemes could be linked to socially useful training packages and developing vital skills and volunteer programmes that support health and social care, enable home safety improvements, and support educational and food delivery programmes. The underlying aims being to protect work and incomes in the short-term but also enhance future work opportunities.

Money and Mental Health Policy Institute June 2020; *Income in crisis - How the pandemic has affected the living standards of people with mental health problems*. London 2020. <https://www.moneyandmentalhealth.org/income/>

Europe's leisure and tourist industries may be hard-hit this winter if severe travel restrictions and lockdowns are applied again. Overwinter settling in Mediterranean resorts may diminish and add to the summer's peak season losses. Winter sports and skiing industries in colder countries may suffer also with lock-down fears over cramped chalet and hotel accommodation. Winter hotel conference seasons will need to be cancelled.

Reference: Cluster of cases in the French Alps;

Danis K, Epaulard O, Bénet T, et al. *Cluster of Coronavirus Disease 2019 (COVID-19) in the French Alps, February 2020*, *Clinical Infectious Diseases*, ciaa424, <https://doi.org/10.1093/cid/ciaa424>

Movement of care staff, or severely ill cases to specialist hospitals, can also be difficult with winter travel disruption.

Attention should be given to the needs of minorities such as migrant and asylum seekers to maximise their protection from COVID-19 but also to secure uncrowded accommodation, and material and income support, plus access to healthcare and skills/job opportunities. Bhopal R. *COVID-19: Immense necessity and challenges in meeting the needs of minorities, especially asylum seekers and undocumented migrants*. *Public Health* 2020;182: 161-162. <https://doi.org/10.1016/j.puhe.2020.04.010>

Widespread use of foodbanks and food distribution systems has led to questions about more community development future models such as community food pantries. A strong and affordable food supply to all European populations is a vital part of infrastructure and capacity during the winter.

<https://www.yourlocalpantry.co.uk/start-a-pantry/>

Skills enhancement and redeployment schemes may be necessary to support formal care workers whose capacity is diminished or overstretched or provide more culturally attuned services.

<https://media.ifrc.org/ifrc/what-we-do/volunteers/>

Mental health first aid models can be adapted to increase capacity this winter for identifying and supporting those needs. <https://www.mentalhealthfirstaid.org/mental-health-resources/>

More specific volunteering opportunities could be provided such as via the Volunteer Learning Hub for NHS volunteers with HEE (<https://volunteerlearning.community/>) offering bereavement support skills course during COVID-19.

Mobilising Community Networks. It could be argued that WHO and global frameworks for mental health support during emergencies were not embraced in the interpandemic period by more developed countries that are less prone to non-pandemic disasters. Nevertheless,

the necessary wider social and community networks and capabilities could still be assessed and enhanced prior to the winter of 2020/21.

https://www.who.int/mental_health/emergencies/IASC_MHPSS_M_E_30.03.2017.pdf?ua=1

4. Reduce excess mortality and keep older people and all others with Long-Term Conditions safer this winter:

Older people normally spend a higher proportion of their time inside their residence and are therefore exposed to greater duration of thermal hazards in cold weather and from carbon monoxide. The increased isolation from pandemic social distancing and shielding will add their vulnerability. Those who are homeless and without permanent accommodation are clearly vulnerable through limited choices and control. Extra attention will need to be given to newly homeless people and migrants who are unable to provide fully for themselves or are forced to live in crowded and cold conditions.

Countries with poor housing stock and known housing shortages will need to localise winter interventions in each heavily affected area using lessons from the first wave.

https://www.insidehousing.co.uk/insight/the-housing-pandemic-four-graphs-showing-the-link-between-covid-19-deaths-and-the-housing-crisis-66562?utm_source=Ocean%20Media%20Group&utm_medium=email&utm_campaign=11574582_IH-DAILY-29-5-2020-GR&dm_i=1HH2,6W306,QKLLGI,ROAO0,1

Normally excess winter deaths from seasonal respiratory infections and cold weather conditions are a particular feature mainly for frail elderly populations, but deaths are also higher in those with long-term conditions.

Long-term care facilities: The winter preparations need to ensure that each Long-Term Care Facility has strong plans and resources to respond this to COVID-19 and influenza, including access to rapid virus testing. It is vital the adequate stocks of PPE and cleaning materials are available in advance. Reducing the winter's social isolation of the residents may be a mix of modern remote technology and carefully implemented visiting arrangements with planned provision of PPE and distancing.

Extract from ECDC Report 19th May 2020 Surveillance Guidance on Long term Care Facilities (LTCFs)

'Early and stringent isolation and protective measures implemented during outbreaks in similar settings have shown that protective effects can reduce the spread. Prevention and control of respiratory disease outbreaks in LTCFs requires a multi-faceted approach, including non-pharmaceutical countermeasures (e.g. use of face masks, cohorting and isolation of infected people). Training of personnel and provision of information on how to adhere to hygiene recommendations is crucial, especially in the context of COVID-19, prior to the identification of possible, probable, or confirmed cases. It is of paramount importance to be able to rapidly identify, assess and control COVID-19 outbreaks in LTCFs in order to protect this particularly fragile population. This document provides guidance for EU/EEA Member States planning to implement monitoring systems at LTCFs and describes the surveillance objectives.'

<https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-long-term-care-facilities-surveillance-guidance.pdf>

Winter cold weather: The impact of seasonal cold weather can be very severe and should be anticipated. Preparations should be maximised for all who are elderly, have Long-Term Conditions or are vulnerable, and/or would suffer from fuel poverty. A WHO review found that at least 30% of excess winter mortality was due to cold homes.

The response components would include alert and communications systems for severe weather, and support those at higher risk or who are normally isolated or are now self-isolating. Basic tools such as ear (aural) and room thermometers, smoke alarms and CO alarms should be located in all accommodation. Visiting carers can be advised to note these parameters and could also be provided with pulse oximeters to give early indication of more severe virus infection. The higher levels of time expected to be spent indoors in the winter of 2020/21 will also require extra winter fuel payments and any additional cold weather payments to be made to older and low-income groups. Systems to ensure that food and medicines are regularly delivered in whatever adverse weather conditions are needed. There are also potential additional environmental hazards from indoor and outdoor air pollution that can be aggravated in cold weather.

WHO (European Region). *Environmental burden of disease associated with inadequate housing. A method guide to the quantification of health effects of selected housing risks in the WHO European Region.* WHO(E) 2011.

<https://www.euro.who.int/en/health-topics/environment-and-health/Housing-and-health/publications/2011/environmental-burden-of-disease-associated-with-inadequate-housing.-a-method-guide-to-the-quantification-of-health-effects-of-selected-housing-risks-in-the-who-european-region>

Fowler T, Southgate RJ, Waite T, et al. *Excess Winter Deaths in Europe: a multi-country descriptive analysis.* European Journal of Public Health, 2015;25(2):339–345, <https://doi.org/10.1093/eurpub/cku073>

Extracts from UK report published 14/07/2020 – see below

Preparing for a challenging winter 2020/21 - 14th July 2020: The Academy of Medical Sciences UK

<https://acmedsci.ac.uk/file-download/51353957>

‘Challenges The need for health and social care undergoes large seasonal fluctuations, peaking in the winter. The NHS and social care systems typically operate at maximal capacity in the winter months, with bed occupancy regularly exceeding 95% in recent years. As recently as in 2017/18, England and Wales experienced approximately 50,000 excess winter deaths. In the same year, there were approximately 4,800 and 1,500 excess winter deaths in Scotland and Northern Ireland, respectively. Four additional challenges have great potential

to exacerbate winter 2020/21 pressures on the health and social care system, by increasing demand on usual care as well as limiting surge capacity:

1. A large resurgence of COVID-19 nationally, with local or regional epidemics. Modelling of our reasonable worst-case scenario— in which the effective reproduction rate of SARS-CoV-2 (R_t) rises to 1.7 from September 2020 onwards – suggests a peak in hospital admissions and deaths in January/February 2021 of a similar magnitude to that of the first wave in spring 2020, coinciding with a period of peak demand on the NHS. We are already seeing local outbreaks. The modelling estimates 119,900 (95% CrI 24,500 - 251,000) hospital deaths between September 2020 and June 2021, over double the number that occurred during the first wave in spring 2020.
2. Disruption of the health and social care systems due to reconfigurations to respond to and reduce transmission of COVID-19 with a knock-on effect on the ability of the NHS to deal with non-COVID-19 care. The remobilisation of resources for COVID-19 (staff and facilities) that occurred during the first wave of COVID-19 is unlikely to be possible this winter, due to other winter pressures, urgent delayed care, and a likely increase in staff sickness absence, among others.
3. A backlog of non-COVID-19 care following the suspension of routine clinical care that is likely to result in an increased number of poorly-managed chronic conditions or undiagnosed diseases and be combined with a surge in post-COVID-19 morbidity (which needs to be quantified). Estimates suggest that the overall waiting list in England could increase from 4.2 million (pre-COVID-19) to approximately 10 million by the end of the year. Reducing the backlog of care will be hampered by reduced operational capacity across NHS organisations designed to prevent nosocomial transmission of COVID-19.
4. A possible influenza epidemic that will be additive to the challenges above. The size and severity of the influenza epidemic in winter 2020/21 will be particularly difficult to estimate, but the most recent significant influenza season in winter 2017/18 coincided with a colder winter; led to over 17,000 excess respiratory deaths; and caused NHS Trusts to cancel all elective surgery in January 2018, resulting in 22,800 fewer elective hospital admissions when compared to the previous year. A generalised increase in respiratory infections over the winter could also rapidly overwhelm test and trace capacity.'