



Keep well



Keep warm



Keep safe

North Yorkshire's Winter Health Strategy 2015-20

Working together to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities

Partners to North Yorkshire's Winter Health Strategy 2015-20

Glossary

| | |
|--------------|--|
| CCG | Clinical Commissioning Groups |
| DECC | Department of Energy and Climate Change |
| EWD | Excess Winter Deaths |
| EWM | Excess Winter Mortality Index |
| EPU | Emergency Planning Unit |
| GP | General Medical Practitioner |
| HWB | Health and Wellbeing Board |
| JHWS | Joint Health and Wellbeing Strategy |
| JSNA | Joint Strategic Needs Assessment |
| LA | Local Authority |
| NHS | National Health Service |
| NICE | National Institute for Health and Care Excellence |
| NYCC | North Yorkshire County Council |
| NYLRF | North Yorkshire Local Resilience Forum |
| ONS | Office of National Statistics |
| PCT | Primary Care Trust |
| PHE | Public Health England |
| RCT | Randomised Controlled Trial |
| SWHSP | Seasonal Winter Health Strategic Partnership (North Yorkshire) |
| SRGs | System Resilience Groups |

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North Yorkshire Seasonal Winter Health Strategy on a page

“We will improve and maintain health during winter months and prevent avoidable ill-health and Excess Winter Deaths by working together to reduce fuel poverty and the adverse health effects of cold weather for individuals, families and communities in North Yorkshire”

The **seven strategic objectives** we will adopt:

1. **EWDs** – reduce preventable cold-related ill-health and Excess Winter Deaths (EWDs)
2. **Vulnerable people** – identify, support and improve the health of the most vulnerable groups
3. **Services** – reduce pressure on health and social care services
4. **Fuel Poverty** – reduce fuel poverty, the risk of fuel debt and/or disconnection from energy supplies
5. **Influenza Immunisation** – increase immunisation uptake rates across the population
6. **Injury** – reduce injury resulting from unexpected trips and falls
7. **Hospital Admissions** – reduce excess Emergency admissions to hospital

Our **four key priorities** and **the supporting outcomes**:

(1) General awareness raising:

- Agree key messages on “Keep Warm, Keep Well, Keep Safe in winter” are promoted across agencies in North Yorkshire consistently.
- Coordinate key messages and a single shared information resource.
- Increase awareness of preventable seasonal related ill-health and Excess Winter Deaths to members of the public.
- Increase seasonal influenza immunisation uptake rates.
- Increase awareness among communities and community leaders of ways to strengthen resilience to the impact of seasonal changes and cold weather.
- Increase awareness of impact of cold homes on health among frontline staff and professionals in the independent and public sector.
- Increase understanding of the links between fuel poverty and ill-health by supporting evaluated projects and research.
- Increase awareness among Landlords, Landowners and Homeowners.

(2) Identifying and supporting the most vulnerable (MV):

- Define the MV groups.
- Create ways to increase identification of the MV.
- Increase routes to reach those MV to the harmful effects of being cold.
- Utilise opportunities to target approaches based on the needs of the MV.
- Maximise current services provided to the MV increasing added value and diversity where needed.
- Increase number of programmes which support the delivery of prevention services in the community and provide consistent coverage when most needed. (e.g. increased uptake of influenza immunisations).
- Increase the range of opportunities for ‘support services’ to promote resilience in cold weather and community connectedness.
- Increase accessibility for all vulnerable groups to reach the support which most appropriately meets their needs.
- Increase initiatives which support people to reduce unnecessary fuel consumption and reduce fuel poverty.
- Develop opportunities to involve service users.

(3) Shared responsibility and making every contact count:

- Increase awareness across North Yorkshire among professionals and others (independent and public sector) to feel confident in giving advice and signposting service users, as well as neighbours, friends and family members.
- Increase training and awareness for staff working with vulnerable groups about the link between household temperature and effects on health and wellbeing so that it positively impacts on practice and improves services.
- Increase ability to refer individuals to appropriate services to improve their health and wellbeing in winter.

(4) Partnership commitment:

- Align priorities to achieve better health and wellbeing for the population of North Yorkshire especially in winter months.
- Create policies and plans which take into account the impact of winter / cold weather as part of the year-round planning and decision-making.
- Increase consideration of impact of winter on health across all sectors (including utilities, housing, service providers etc)
- Create stronger partnerships taking action in response to significant issues e.g. poor quality housing and fuel poverty.

Foreword – Keeping Warm and Well

Cold weather can have a significant and predictable impact on people’s health. However, for the vast majority of people the real extent of the effects of the cold are not appreciated and few people realise it is largely preventable. The direct effects of winter weather such as icy roads and footpaths with the consequent accidents, slips and trips are well known. Fewer people realise the cold can increase the occurrence of heart attacks, respiratory and influenza related diseases resulting in deaths. In addition to this, there are the indirect effects of the cold including poorer mental health and wellbeing and other risks such as carbon monoxide poisoning from poorly maintained heating and domestic appliances.

Certain groups of people are at greater risk of the direct effects of the cold. For example, those over 75 years and families with children under 5 years. In North Yorkshire during the 2012/13 winter there were 431 excess winter deaths (EWDs). These are the number of excess deaths that occur between December and March each year. For every excess winter death it is estimated there are an additional eight emergency admissions to hospital.

The rate of Excess Winter Deaths across the whole of the UK is three times higher than other colder countries in Northern Europe. Although cold weather is clearly a factor in excess deaths, Scandinavian countries, for example, do not have the same pattern of excess winter deaths, giving a strong indication that this is a preventable situation. These countries have higher energy efficiency and housing standards and the population reacts differently to cold conditions.

The number of people indirectly affected by the cold in North Yorkshire is less easy to quantify. They may be referred through Health and Adult Social services or Children and Young Peoples Social Services because being too cold has impacted on them in some way. For example, people chose to move out of their rented property before winter because it is too cold, without realising they may become ‘intentionally homeless’. Others cannot afford to heat the homes they live in and get into debt. Fuel poverty is a key priority for North Yorkshire’s Health and Wellbeing Board and working together in partnership across the county with various organisations is one of the most effective ways of delivering changes.

We want to work together in partnership with each other, individuals and groups, including the voluntary, independent and public sector to identify and provide support to reduce the number of vulnerable people in North Yorkshire whose lives are negatively affected by the cold. We have a strong history of partnership working in North Yorkshire and are well placed with key partners to achieve the priority outcomes we have identified in this strategy. If we target our efforts jointly we can dramatically improve our local response to the increasingly recognised public health and social challenge of being too cold.



Cllr David Chance

Executive Member for Stronger Communities, Public Health and Legal and Democratic Services, North Yorkshire County Council

Executive Summary – Keep Warm, Keep Well, Keep Safe

What is the context for this Strategy?

North Yorkshire County Council became responsible for population health outcomes under the terms of the Health and Social Care Act 2012 and has a duty to ensure plans are in place to protect the health of the population including preparation for cold weather, snow and ice. There is a shared agreement between each partner organisation in the North Yorkshire Health and Wellbeing Board to work together to deliver change, reducing the impact of seasonal ill-health and ultimately reducing excess winter deaths (EWDs).

There is a North Yorkshire Health and Wellbeing Strategy 2013-2018 (2016 update) which has been developed jointly by partners across North Yorkshire and this work links into those priorities. This strategy also has links to:-

- York North Yorkshire and East Riding Housing Strategy 2015 – 2021.
- North Yorkshire Local Resilience Forum (LRF)
- Local District Cold Weather Plans and CCG System Resilience Groups

What is the Purpose of the Strategy?

The North Yorkshire Health and Wellbeing Board is made up of partner organisations from across the County who understand the importance of working together across diverse and complex rural communities within North Yorkshire. This Strategy is about working together across the agencies to tackle the effects of the cold on people in North Yorkshire. We want our strategy to galvanise partners, statutory and non-statutory organisations, businesses and communities within North Yorkshire to work co-operatively to reduce the harms from the cold and help lift people out of fuel poverty. It is built on the latest data collected within the North Yorkshire Partnership Joint Strategic Winter Health Needs Assessment (JSNA), and uses the best evidence of what works where available, taking account best value (NICE Guideline NG6 2015). See page 8 for a list of organisations involved.

How does this fit into the National Picture?

Since 2012 there have been a number of key strategic drivers nationally, including:-

- the governments Fuel Poverty Strategy Cutting the Cost of Keeping Warm (DECC, March 2015) which followed changes in legislation (December 2014) to increase the number of homes with Band C energy ratings by 2020;
- the full appraisal on “Excess Winter Deaths and morbidity; the health risks associated with Cold Homes” (NICE guidelines NG6, March 2015).
- “Protecting health and reducing harm from cold weather – local partnerships survey report” from Public Health England in November 2014 reporting on how agencies need to work together to achieve change.
- the Public Health Outcomes Framework (2013) with specific indicators to reduce excess winter deaths (EWDs) and address fuel poverty;
- the NHS Five Year Forward View (October 2014) putting higher priority on prevention of ill-health and working in partnership with patients and communities
- the Cold Weather Plan for England 2014 (October 2014) report on protecting health and reducing the harm from cold weather from Public Health England.
- the NHS Outcomes Framework (2014-15) and the Adult Social Care (2014-15) include tackling health outcomes by improving the wider determinants of ill health and preventing avoidable early deaths which can be positively influenced by tackling cold, damp homes and fuel poverty.
- the Health and Social Care Act (2012) include duties for local authorities to ensure plans are in place to protect the health of their population including preparation for cold weather, snow and ice.

What about the North Yorkshire local Strategic Direction?

The NHS 5 year forward view plan and Social Care Strategies outlined the need for ‘prevention’ to reduce the number of people unnecessarily accessing services. In addition, local Housing Strategies and Transport Plans being developed in partnership with districts, businesses and communities across North Yorkshire all contribute to

- prevent people needing services and ensuring people are in control of the choices they make about their health and wellbeing
- ensure partners work together so that complex issues that affect health and wellbeing, like fuel poverty and cold homes, can be improved effectively
- focus on increasing people’s awareness of the impact of choices they make on their health and wellbeing



Partnership working

A Shared Commitment to Improving Winter Health

In order to improve the outcomes for people relating to cold weather, and reduce the number of excess winter deaths and unnecessary admissions to health and social care we need to work in partnership across a number of agencies. There are many complex and interacting factors influencing the winter health outcomes. For example, the environment, housing conditions; income levels; vaccination status; age and general health and wellbeing.

These challenges mean that across North Yorkshire we need to be able to:-

- lead changes in a coordinated way
- communicate messages consistently and clearly
- build on and not duplicate the work of other agencies
- know the impact we are having on the health outcomes for people

To do this the North Yorkshire Health and Wellbeing Board delivery group established **A North Yorkshire Seasonal Winter Health Strategic Partnership** to develop and drive this strategy on behalf of the partners within North Yorkshire.



The North Yorkshire Seasonal Winter Health Strategic Partnership

The North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP) is a multiagency partnership leading and developing this strategy on behalf of North Yorkshire agencies and linking to existing partnerships such as the Health and Wellbeing Board, Local Resilience Forum, Voluntary Sector and Housing Partnerships. Part of this work means finding the evidence; identifying and mapping where there are gaps in evidence and / or services and establishing new links where needed to achieve the overall vision. The North Yorkshire Seasonal Winter Health Strategic Partnership (SWHSP) meets quarterly and reports to the Delivery Board of the North Yorkshire Health and Wellbeing Board.

The Partnership's Strategic Vision is:-

“to improve and maintain health during winter months and prevent avoidable ill-health and Excess Winter Deaths by reducing the adverse impact of indoor and outdoor winter conditions on the populations health and wellbeing”.

The Partnerships 7 Strategic Objectives are to:-

- Reduce preventable cold-related ill-health and Excess Winter Death (EWD) rates.
- Improve health and wellbeing among vulnerable groups.
- Reduce pressure on health and social care services.
- Reduce fuel poverty, the risk of fuel debt and/ or being disconnected from energy supplies.
- Increase influenza immunisation uptake rates.
- Reduce injury resulting from accidents, trips and falls.
- Reduce excess emergency admissions to hospital.

The SWHSP will develop an all year round strategic and systems-wide approach to achieve the above strategic goal and objectives in North Yorkshire through partnership and collaboration. This includes effective evidence based planning and coordinated working to implement a wide range of interventions that address the multiple problems of the most vulnerable in order to achieve measurable improvements in the objectives.

The first task of the partnership was to produce this jointly agreed Seasonal Winter Health Strategy 2015-2020 and subsequently an implementation plan that reflects the evidence and includes the recommendations of NICE guidelines, the Fuel Poverty Strategy and elements of the Cold Weather Plan so that these align with other strategic and operational plans (see references at end of this document).

List of organisations involved in North Yorkshires Seasonal Winter Health Partnership

Who is involved?

- Local System Resilience Groups (SRGs)
- Clinical Commissioning Groups (CCGs)
- Local Health Resilience /Partnership groups
- Winter Weather groups – District Councils, including housing representation
- Capacity Planning Groups
- Tees, Esk and Wear Valleys Mental Health Foundation Trust
- Harrogate and District NHS Foundation Trust;
- North Yorkshire County Council Adult Social Care;
- York NHS Trust;
- the Voluntary Sector elected through the VCSE Strategy Group North Yorkshire
- Yorkshire Ambulance Service NHS Trust.
- Healthwatch North Yorkshire;
- North Yorkshire County Council



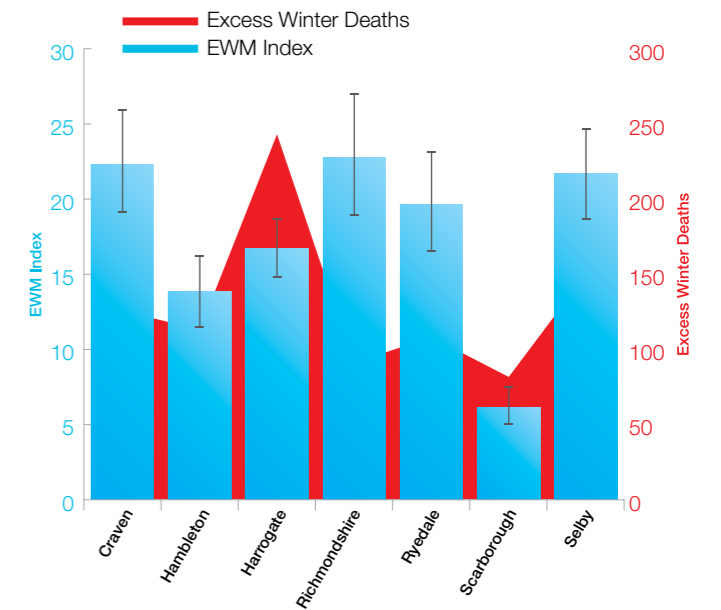
How big is the problem in North Yorkshire?

Every year in North Yorkshire there are hundreds of Excess Winter Deaths (EWDs). These deaths are calculated by comparing the number of deaths that occurred during the December to March winter period with the average number of deaths occurring in the preceding August to November and the following April to July.

- Each winter there are hundreds of Excess Winter Deaths (EWD) in North Yorkshire. In 2012/13 there were an estimated 431 EWDs in North Yorkshire (ONS). More recent figures are lower and may reflect some recent milder winters and possibly fewer infectious outbreaks.
- The majority of winter deaths occur in people aged 75 and over.
- For every EWD it is estimated there are an additional 8 emergency admissions. This means thousands of potentially preventable admissions e.g. approx. 3,448 avoidable NHS hospital admissions in winter 2012/13.

The following Figure 1 shows both EWDs and the Excess Winter Mortality Index by District. It demonstrates the large variation across North Yorkshire. Mortalities are relatively rare events and do not provide enough data in a single year to draw conclusions between districts in North Yorkshire geographies. The 5 year snapshot comparison between the districts shows Selby with the highest EWM Index and Craven with the lowest. Harrogate, with the highest population, has the largest number of EWDs but when adjusted for the size of the population the EWM index is lower than Selby.

Figure 1 North Yorkshire EWM Index and Excess Winter Deaths by District, 2009-2014 (EWM = winter deaths – average non-winter deaths)



Tackling winter health issues, particularly fuel poverty, cold damp homes and increasing the take-up of flu vaccinations, can make a significant contribution to reducing winter pressures on health and social care services and improve the health and wellbeing of the population.

Understanding the problem and building the case for action

Across North Yorkshire there is a growing older population, many of whom are living in rural areas with fixed incomes. This older demographic is important to consider, together with the quality of the housing stock in North Yorkshire which is also older and less energy efficient.

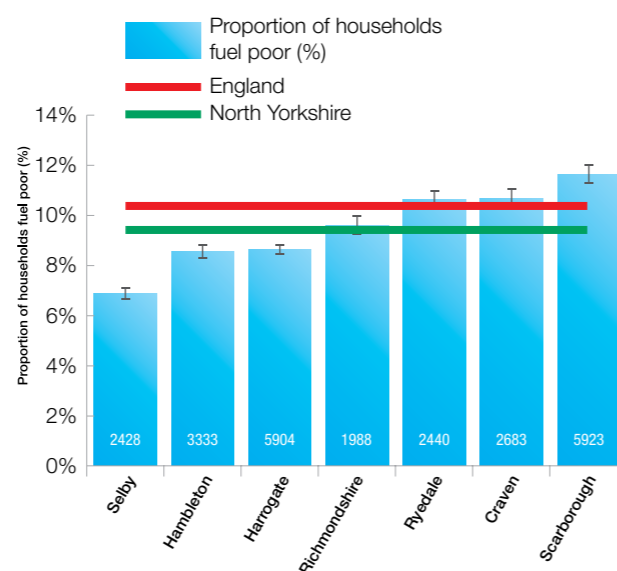
The impact of cold weather on health is estimated to cost the NHS £1.5bn a year and over 18,000 people died prematurely last winter. The excess cost of winter emergency admissions in the former North Yorkshire and York PCT area in 2010/11 was £3.7m. Excess emergency admissions to hospital from respiratory conditions alone in the same period cost £2.4m.

Fuel poverty is a potential causal factor of increased morbidity and mortality from winter weather. Figures 2 and 3 show the distribution of fuel poverty in households across North Yorkshire. The new (2013) definition of fuel poverty in England is measured on a low income, high costs basis. A household is considered to be in fuel poverty if:

- they have required fuel costs that are above average (the national median level) and
- if they were to spend that amount they would be left with a residual income below the official poverty line.

Fuel poverty can be a useful indicator for areas where households struggle to heat their homes, but it does not necessarily describe the temperature of a household. Households with higher fuel poverty may have well heated homes, and conversely, a low fuel poverty household may have a poorly heated home.

Figure 2 - 2013 Fuel Poverty by District (source: DECC)



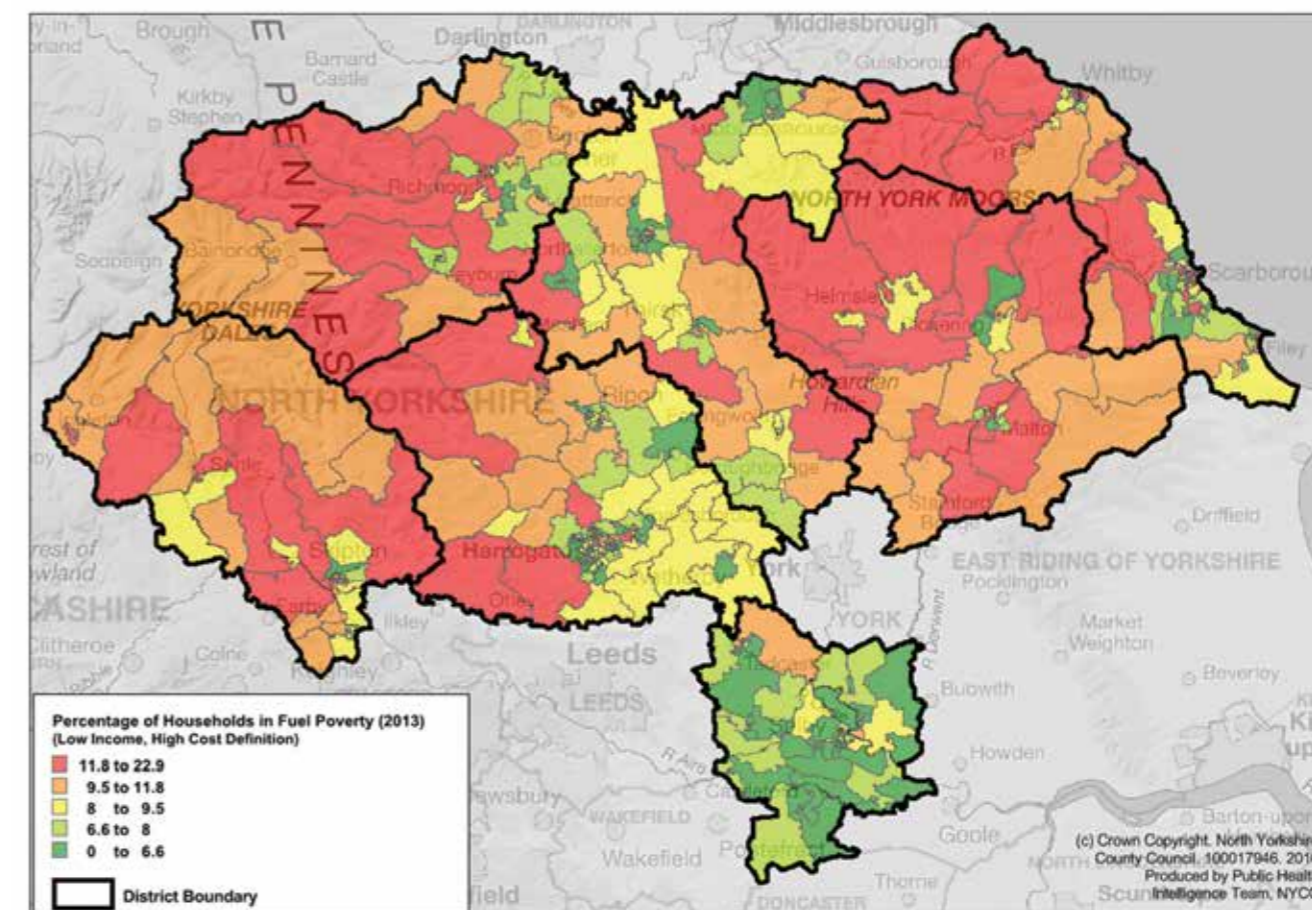
The extent of fuel poverty and cold homes are both major contributors to poor winter health. Fuel poverty is caused by three main factors:

- inefficient homes,
- high energy costs and
- low incomes.

Improving the energy efficiency of housing has been shown to reduce health and social care costs and improve health and wellbeing.

In North Yorkshire, there are an estimated **24,699 households** in fuel poverty (Figure 2). This figure equates to about 10% of households in North Yorkshire. Figure 3 shows the distribution of households in fuel poverty across North Yorkshire. Fuel poverty is more likely to occur in rural areas like North Yorkshire because housing tends to be older and more difficult to make energy efficient. Many homes have solid walls so are more difficult to insulate and a large proportion of homes are off the mains gas network, meaning higher costs for heating fuels. More generally in rural areas, there is a lower take up of benefits and energy advice and grants.

Figure 3 North Yorkshire Residents, % of Houses in Fuel Poverty 2013, Low Income High Cost (Source DECC)



Mortality and Morbidity

The impacts of fuel poverty and cold damp homes on health and wellbeing are felt most notably by vulnerable households, in particular older people, those living with chronic illness or disability and those with children.

Whilst fuel poverty and cold homes are factors in EWDs the scale of morbidity should not be underestimated. According to the Marmot Review Team, 'There is a strong relationship between cold temperatures and cardio-vascular and respiratory diseases, children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes, mental health is negatively affected by fuel poverty and cold housing for any age group...'**The Health Impacts of Cold Homes and Fuel Poverty**¹.

The 'Hills Fuel Poverty Review' found that, "Thirty-four per cent of fuel poor households contain someone with a disability or long-term illness, 20% have a child aged 5 or under, and 10 per cent a person aged 75 or over².

Cost to health of fuel poverty and cold damp homes

The Government has been working on a methodology to estimate and monetise change in terms of the Quality of Life Years (QALY) that result from improving energy efficiency of homes and the resultant financial value of the health savings per measure installed. For example below:-

| Intervention | QALY saved per measure installed | Value of health saving per measure installed (£-Net Present Value) |
|------------------------|----------------------------------|--|
| Cavity Wall Insulation | 0.049 | £969 |
| Solid Wall Insulation | 0.036 | £742 |
| Replacement boiler | 0.009 | £224 |
| Central Heating | 0.012 | £303 |

In addition, potential areas for cost savings locally include:

- Reduced GP consultations, out-of-hours calls, attendances at walk-in centres, district nurse visits and drug prescriptions.
- Reduced emergency department visits.
- Reduced inpatient admissions.
- Reduced social care service costs.

Recent research begins to quantify the Social Cost of cold homes (ref Journal of Public Health 21 Aug 2014 pp251-7) and NICE have undertaken work demonstrating some potential cost savings see NICE costing statement <http://www.nice.org.uk/guidance/ng6/resources/costing-statement-6811741>

¹ See http://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf (2011)

² Fuel Poverty Advisory Group (for England) - 11th Annual Report 2012-13

Objective Details

Strategic Vision and Priorities

In order to join up the actions, the following four key strategic priorities were identified, based on the evidence in the NICE guidelines, the Fuel Poverty Strategy and the outcomes of the multi-agency partnership event in June 2015.

Four Key Strategic Priorities for action

1. **General awareness raising**
2. **Identifying and supporting the most vulnerable people**
3. **Shared responsibility and making every contact count**
4. **Partnership commitment**

1 - General awareness raising

This strategy recognises the need for a single source on information with clear and consistent messages that increases awareness among professionals and members of the public that this is a priority in the prevention of ill-health effects of winter. An annual North Yorkshire-wide partnership awareness raising approach under the heading "Keep Warm, Keep Well, Keep Safe" in winter is being developed.

Outcomes

- Coordination of key messages and a single shared information resource.
- Increased awareness of preventable seasonal related ill-health and Excess Winter Deaths to members of the public.
- Increased seasonal influenza immunisation uptake rates.
- Increased awareness among communities and community leaders of ways to strengthen resilience to the impact of seasonal changes and cold weather.
- Increased awareness of impact of cold homes on health among frontline staff and professionals in the independent and public sector.
- Increased understanding of the links between fuel poverty and ill-health by supporting evaluated projects and research.
- Agreed key messages on "Keep Warm, Keep Well, Keep Safe in winter" promoted across North Yorkshire consistently as part of a multi-agency, partnership campaign.
- Increased awareness among landlords, landowners and homeowners.



2 – Identifying and supporting the most vulnerable

This strategy recognises that there are a wide range of people who are vulnerable to the cold, particularly in rural areas of North Yorkshire. These people are a priority as they need support to prevent ill-health, hospital admissions, social care interventions and excess winter deaths. For example, people living with a chronic medical condition such as heart disease, a disability, older people and families with children and young people. Sometimes, personal circumstances such as low income, being socially isolated and unable to afford to keep warm, is enough to make someone vulnerable potentially leading to harm which could be avoided e.g. slips, trips and falls. This strategy will ensure that we recognise the needs of and provide support for these priority groups by providing preventative approaches through early interventions and targeted awareness raising.

Outcomes

- Defined the most vulnerable groups in North Yorkshire,
- Created ways to increase identification of the most vulnerable in North Yorkshire,
- Increased routes to reach those most vulnerable to the harmful effects of being cold,
- Utilised opportunities to target approaches based on the needs of the most vulnerable,
- Maximised current services provided to the most vulnerable increasing added value and diversity where needed,
- Increased number of programmes which support the delivery of prevention services in the community and provide consistent coverage when most needed. (e.g. increased uptake of influenza immunisations),
- Increased the range of opportunities for ‘support services’ to promote resilience in cold weather and community connectedness,
- Increased accessibility for all vulnerable groups to reach the support which most appropriately meets their needs,
- Increased initiatives which support people to reduce unnecessary fuel consumption and reduce fuel poverty.
- Developed opportunities to involve service users in the evaluation / design of interventions.

3 – Shared responsibility and making every contact count

This strategy recognises that everyone can be affected by cold weather (all ages, male and female) directly or indirectly. We are all responsible, whether we are parents, employees, neighbours and friends, for reducing preventable, cold-related ill-health and Excess Winter Deaths, especially if we live and /or work with those who are most vulnerable to the effects of the cold. This strategy encourages us all to take a shared responsibility across all services for all citizens and use the concept of ‘making every contact count’ to protect everyone from the adverse effects of cold weather.

Outcomes

- Increased awareness across North Yorkshire among professionals and others (independent and public sector) to feel confident in giving advice and signposting service users, as well as neighbours, friends and family members.
- Increased training and awareness for staff working with vulnerable groups about the link between household temperature and effects on health and wellbeing so that it positively impacts on practice and improves services.
- Increased ability to refer individuals to appropriate services to improve their health and wellbeing in winter.

4 – Partnership commitment

This strategy recognises the need to continue to work in partnership across many sectors including health, voluntary sector, councils and other agencies to deliver Joint Commissioning and effective and coordinated services.

Outcomes

- Aligned priorities to achieve better health and wellbeing for the population of North Yorkshire especially in winter months.
- Created policies and plans which take into account the impact of winter / cold weather as part of the year-round planning and decision-making.
- Increased consideration of the impact of winter on health across all sectors (including utilities, housing, service providers etc)
- Created stronger partnerships taking action in response to significant issues e.g. poor quality housing and fuel poverty.

Partnership Communication

There is acknowledgment that plenty of good work is already being undertaken in localities across North Yorkshire by various agencies and we want to find ways to build on this and focus on addressing areas where more needs to be done and where there is the greatest impact locally. By working closely with partner agencies at the right scale and volume, we can ensure local action is well integrated, communicated, evaluated and effective.

Through signing up to this strategy the partnership is committed to communicating effectively, not only with other agencies, but also with members of the community.

This includes:

- Delivering coordinated awareness raising with all members of the community
- Delivering targeted training to identified partner agencies
- Facilitating coordinated communication within and between partner agencies
- Promoting a consistent approach and key messages on seasonal winter health across all partner organisations in North Yorkshire.

Leadership and Governance

This overarching Strategy was commissioned and approved by the North Yorkshire Health and Wellbeing Board. Leadership at a “system” level will continue to be owned by this Board. However, some aspects of its delivery will rest with partner organisations. For example the responsibility for devising, delivering and monitoring the detailed actions that flow from healthcare service delivery in winter and relating to system capacity and resilience will be overseen by the Local Resilience Forum, local health System Resilience Groups and the existing reporting arrangements to NHS England who will in turn be linked to the North Yorkshire Health and Wellbeing Board.

How does this Strategy fit with Community Resilience in North Yorkshire?

The North Yorkshire Local Resilience Forum (NYLRF) is a multi-agency body set up to discharge the statutory obligations and duty of care required of identified agencies under the Civil Contingencies Act (2004). This key work consists of assessing risk in North Yorkshire and coordinating all agencies in their efforts to plan and mitigate potential impacts, such as snow and flooding, on our communities. This work is coordinated by the NYCC Emergency Planning Unit (EPU).

NYLRF is made up of key agencies (Police, Fire and Rescue, Ambulance and Health Agencies, Local Authorities) and other supporting agencies (Utility companies, Highways England, Network Rail etc.) with a shared responsibility for identifying vulnerability and supporting the resilience of local communities.

A key component in this work is the early sharing of information with colleagues and partner agencies to provide a coordinated well-informed response to major or critical incidents and any emergency situation. This may include increased activity in emergency care due to seasonal pressures (e.g. increased hospital admissions due to winter illness such as influenza). Community engagement, communication and promotion of resilience at all levels is fundamental to the work of NYLRF and an established robust multi-agency structure is in place across North Yorkshire to deliver relevant messages to the public.

NYLRF fully support the strategic objectives of the North Yorkshire Winter Health Strategy.

What are local health System Resilience Groups (SRGs)?

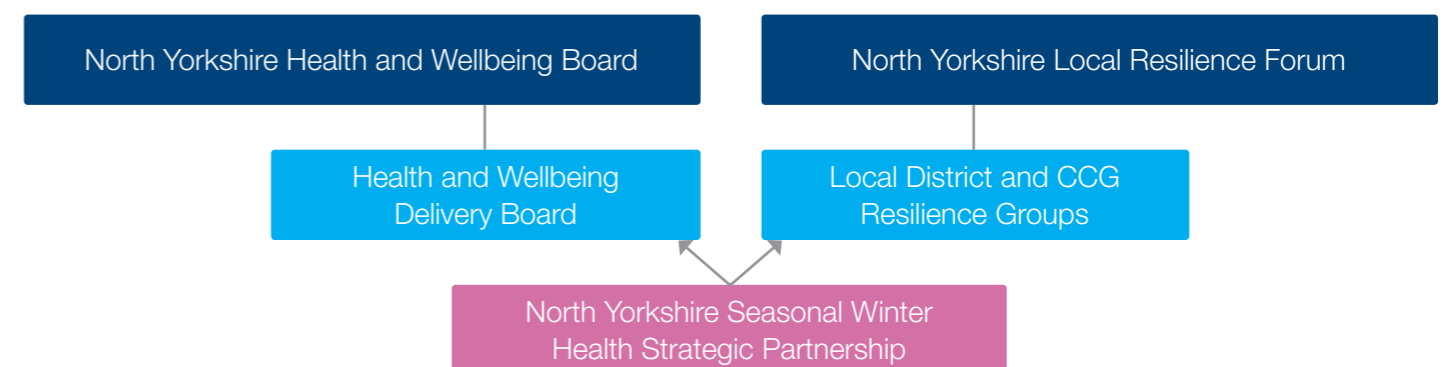
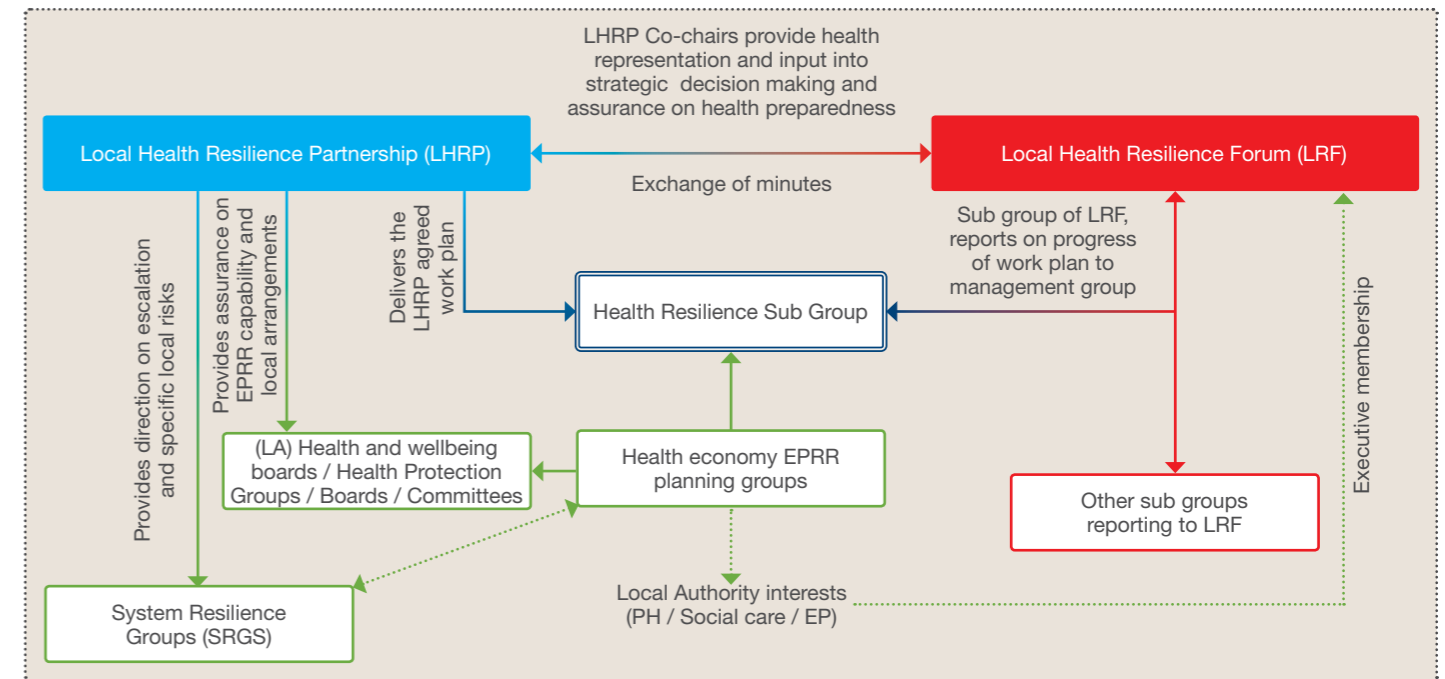
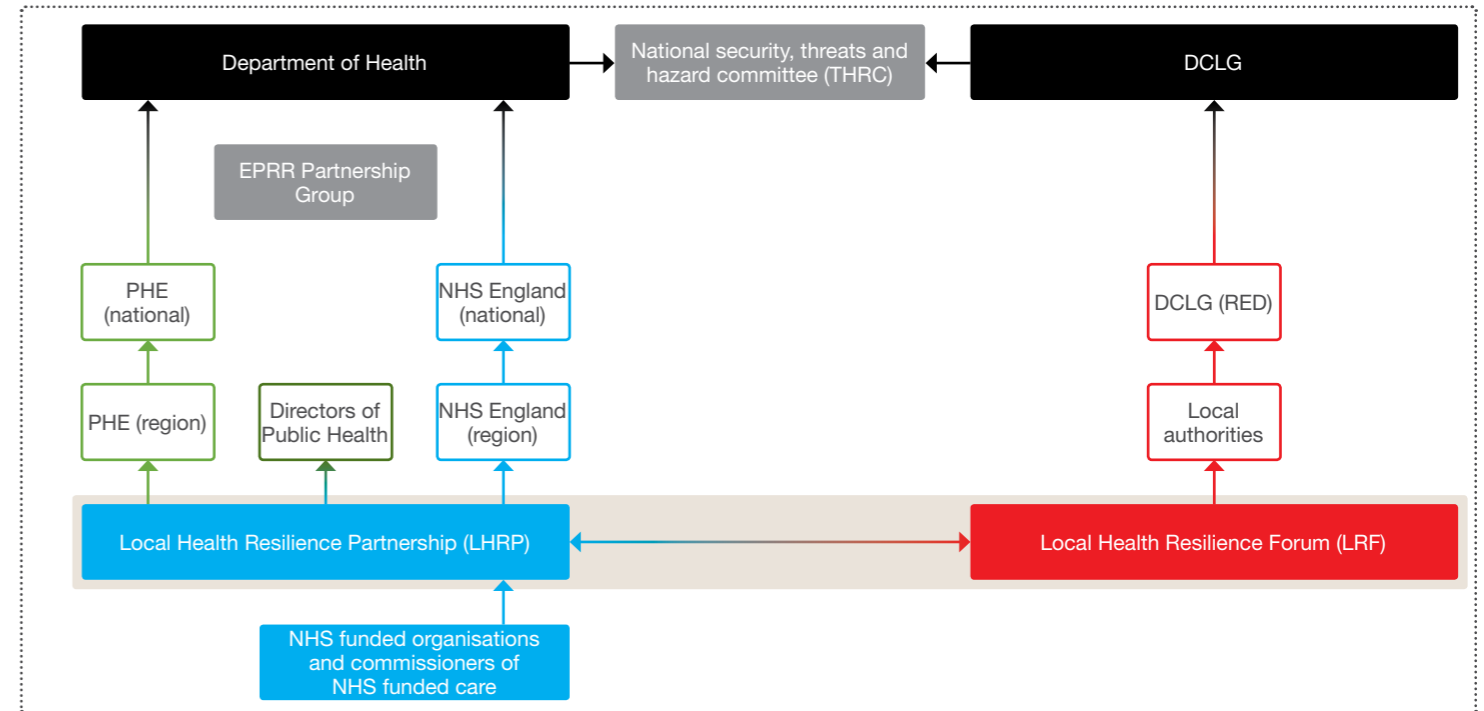
System Resilience Groups (SRGs) link to the NHS Clinical Commissioning Groups (CCGs) with 5 SRGs covering the population of North Yorkshire. The SRGs membership includes the operational leads of the health and social care services.

They are responsible for:-

- Effective delivery of bespoke urgent care in their geographical area.
- Planning additional winter capacity for urgent and emergency care.

The SRGs report to NHS England and provide assurance and feedback to the NYLRF. SRGs make predictions about activity levels for NHS services during the year (e.g. elective care, emergency care, diagnostics) and report to NHS England nationally as well as to the NYLRF. This all year planning activity includes winter months. Work is also coordinated through the regional Urgent and Emergency Care network to support the delivery of the urgent and emergency care strategy.

Figure 4 – Leadership and Governance - Emergency Planning and Resilience Structures



Measuring the Impact

The Seasonal Winter Health Strategic Partnership aims to prevent the adverse effects of winter on the population. Since winter health is a complex area due to the breadth of factors affecting the outcomes, attempts have been made to rationalise these and measure the complex winter health performance frameworks under three outcome domains:-

1. Population

The population does not suffer adverse health effects as a result of Seasonal Climatic Change (e.g. Figure 5 - Flu Immunisation Uptake rates)

2. Person

Across the county there is consistent affordable warmth (e.g. Figure 3 – households in Fuel Poverty)

3. Community

Communities have active networks to address Seasonal Climatic Change issues (e.g. Figure 2 – Fuel Poverty by district)

Grouped under each of these 3 outcomes domains are a series of indicators relating the domain, the indicators are population level. Below the population indicator level the activity of the projects/schemes that are running across the county is captured demonstrating what is in progress to improve health and wellbeing.

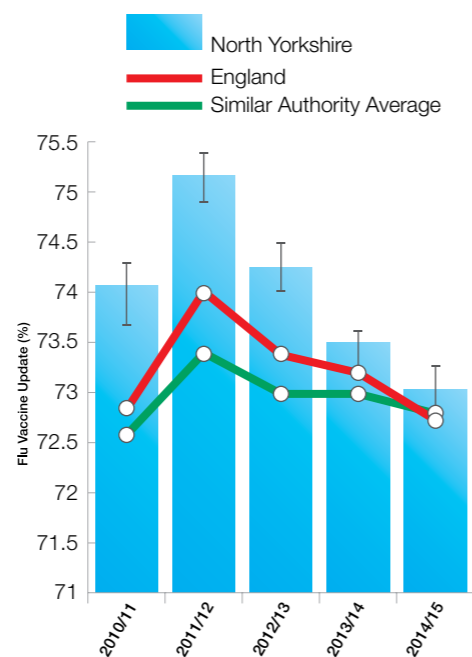
Through ongoing discussion with partners, indicators will be developed around housing quality and the activity in voluntary sector groups, as the strategy and action plan sub-groups progress their work. Task and finish groups established will develop specific measures around the schemes of work, ultimately demonstrating progress against the population measures and therefore the overarching outcomes.

The intention is to engage all the partnerships involved in activities linked to this strategy to ensure that there are measurable outcomes linked to the SWHSPs 7 strategic objectives (page 9). For example, measurable impacts across North Yorkshire include:-

- Reducing preventable cold-related ill-health and Excess Winter Deaths (EWD)
- Improving Health and Wellbeing among vulnerable groups.
- Reducing pressure on health and social care services.
- Reducing fuel poverty, the risk of fuel debt and/or being disconnected from energy supplies (Figures 2 & 3).
- Increasing Influenza Immunisation Uptake Rates (Figure 5).
- Reducing injury resulting from accidents, trips and falls.
- Reducing excess Emergency admissions to hospital.

Figure 5 – Measuring the impact on the Individuals in Priority Groups.

Flu Vaccination Coverage - Individuals aged 65 and Over (2010/11 to 2014/15) Source: PHE (ID.11), 2015



Equality Statement

This strategy recognises that winter cold weather can affect people regardless of age; ethnicity; religion or belief; disability; sexual orientation; gender. An equality impact assessment was undertaken to inform the development of the plan and determine the impact on various groups and take appropriate action.

The North Yorkshire Seasonal Winter Health Strategic Partnership recognises that winter health issues, particularly fuel poverty, cold damp homes and poor take-up of flu vaccinations, can make a significant contribution to winter pressures on health and social care services.

Whilst older people and young children are predominantly the most at risk, it is important to note that there are other vulnerable groups such as the homeless and those in poor quality cold housing.

Products developed under this strategy and its implementation plan will be systematically reviewed using an Equality and Diversity Impact assessment to ensure they meet the needs of users and that mitigations and proactive action is in place to ensure no one within the identified protected characteristic groups are disadvantaged.



Feedback

For an Easy read version of this strategy or feedback please email:-
Winterhealthstrategyfeedback@northyorks.gov.uk

Links to other Strategies, Related Documents and Guidance

HM Government "Cutting the cost of Keeping warm" A fuel poverty strategy for England URN 15D/062 (March 2015)

NICE National Institute of Health and Care Excellence Guideline NG6 "Excess winter deaths and morbidity and the health risks associated with cold homes" (5 March 2015)

Public Health England "Protecting health and reducing harm from cold weather – local partnerships survey report" (November 2014)

North Yorkshire Local Resilience Forum Multi-agency response arrangements (2015)

Cold Weather Plan England 2014 – Protecting health and reducing harm from Cold weather (LGA, NHSE, MetOffice, Public Health England)

References

¹NEA November 2014 <http://www.nea.org.uk/Resources/NEA/Action%20for%20Warm%20Homes/documents/Letter%20to%20Prime%20Minister.pdf>

²ONS November 2014 <http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/index.html>





Contact us

You can tell us what you think about the strategy by emailing your views to jsna@northyorks.gov.uk or writing to:

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If you would like this information in another language or format please ask us.

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