

**6 November 2024**

## **Health, Housing and Adult Social Care Scrutiny Committee**

Report of the Director of Public Health

### **Winter Planning and Pandemic Preparedness in York**

#### **Summary**

1. This report provides an update about winter planning in 2024/25, and about our pandemic preparedness in York following the report of the COVID-19 Enquiry Module 1 (Resilience and Preparedness).

#### **Background**

2. This report has been written at the request of members for an update and information on winter planning this year, and on the local pandemic preparedness arrangements.
3. Members should be aware that Executive receive the Annual Health Protection Board Assurance Report every year, as a mechanism for ensuring that the local health protection system is robust in line with statutory duties on the Director of Public Health. This report provides a fuller picture of activity around health protection in York.

#### **Key issues**

##### *Winter Planning*

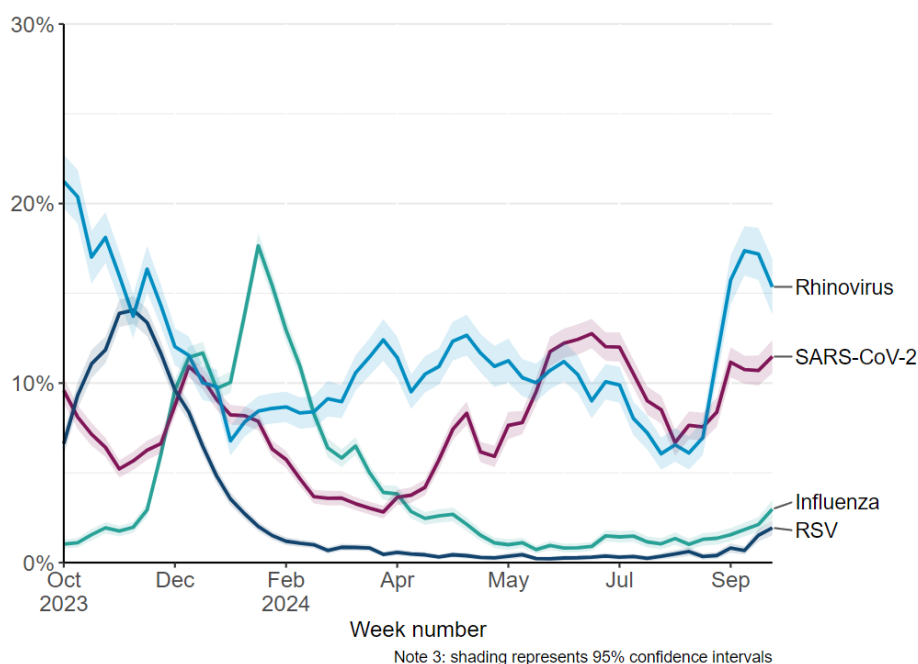
4. Winter planning is a necessary and critical part of service planning within health and care, to ensure business continuity and to manage risks during what is typically a pressured time of the year. In addition, measures to protect population health from effects of cold weather and increased levels of infection during winter will also help avert healthcare pressures.

5. Winter has the benefit of being predictable, and so prevention to avoid these pressures takes place all year round, through partnership working with primary and secondary care, the ICB, voluntary services and other Local Authorities.
6. A winter planning meeting, led by public health, feeds into the Health Protection Board, although it should be noted that during the winter period specifically, other multi-agency meetings also existing in both healthcare sectors and within communities to prepare and protect citizens. For instance, winter pressures will be discussed daily at system escalation meetings including staff from the hospital, social care alongside other partners. These meetings provide an integrated system response to help relieve pressures and provide ongoing support in the community.
7. Infectious disease levels across any winter can vary quite dramatically. This can be due to the emergence of a new pathogen or significant genetic change of an existing one (e.g. 'antigenic shift' in influenza, which might cause a pandemic). However more typically, it is due to rates of disease often coming in waves with variable peaks and troughs depending on transmission dynamic in the population, and the amount of 'antigenic drift' seen in the genetics of pathogens that year.
8. For example, in a 'bad flu year' like 2017-18, there were 22,500 excess deaths associated with flu in the UK. Latest UK Health Security Agency (UKHSA) data shows that over the past 2 winters (October to May, 2022 to 2023 and 2023 to 2024) at least 18,000 deaths were associated with flu, despite last winter being a relatively mild flu season. In the same two-year winter period the estimated number of deaths associated with COVID-19 was just over 19,500. This suggests that one lasting legacy of the pandemic is an increased burden on Acute Respiratory Illness (ARI) in the population each winter
9. Bearing in mind this variability, some principles and predictions which can put forward for winter this year include:
  - A rise in respiratory illness through September relating to 'back-to school' mixing of children
  - A rise in Covid cases through autumn, with peak demand at some point in winter
  - A rise in flu in early January 2025

- A peak in Respiratory Syncytial Virus (RSV) in November / December 2024
- Norovirus cases and outbreaks spread across the winter, particularly concerning in settings with vulnerable residents e.g. care homes.

10. So far, as of 17<sup>th</sup> October (week 42) a COVID-19 and rhinovirus (common cold) peak in September is abating, and there have been some early rises in flu and RSV:

**Figure 5a. Respiratory DataMart weekly percentage of tests positive for influenza, SARS-CoV-2, RSV and rhinovirus, England [note 3]**



11. One key tool we have to protect the population during winter is vaccination.
12. National Immunisation programmes are delivered through primary and secondary care, pharmacies and the School Aged Vaccination Service (Vaccination UK). Vaccines relevant to our winter planning efforts include:
- The introduction of RSV vaccination programme for older adults (75, plus 76-79 catch up) and pregnant women, which started in September 2024. Infants will be protected by maternal vaccination at around 28 weeks year round, and through direct vaccination for infants and young children at high risk of severe RSV disease

- Flu and COVID vaccination programmes, including eligibility for all frontline health and social care workers.
  - Year round MMR and pertussis programmes, due to higher levels of Measles and Whooping Cough (Pertussis) during winter and pressure on services.
13. Local operational groups are held in conjunction with NHSE to monitor uptake of immunisation programmes and identify and address any inequalities to improve uptake and access to programmes.
  14. This year, there is real concern from UKHSA around the drop in the flu vaccine uptake rates last winter across all eligibility groups in England compared with the previous year
  15. While uptake in older people last year remained high, only 4 in 10 (41%) people with long-term health conditions, just over 4 in 10 (44%) 2- and 3-year-olds, and just 1 in 3 pregnant women received the flu vaccine.
  16. Evidence shows the significant impact from last year's flu vaccine with a 30% reduction in the number of those aged 65 and over being hospitalised and a 74% reduction in those between 2 and 17 years of age.
  17. The public health team are leading a significant communications campaign this year on vaccination, as well as providing staff vaccination for non-eligible CYC staff.
  18. During the winter months the Health Protection Team sees an increase in notifications of outbreaks in settings such as Care Homes, schools and nurseries, including outbreaks of Diarrhoea and Vomiting and Acute Respiratory Illnesses (ARIs) e.g. Influenza and COVID. Locally, the public health team and social care work together with UKHSA in managing these situations and supporting settings.
  19. UKSHA provide good surveillance of infectious diseases. They have recently provided an "influenza pack" for all care/residential homes to help care homes detect outbreaks of influenza-like illness quickly, and enable prompt notification and implementation of infection control measures. They are also providing training webinars for care homes in early identification and notification of influenza outbreaks in Care Homes.

20. Together with North Yorkshire Council, the public health team commissions a Community Infection, Prevention and Control (IPC) team, who provide onsite support in outbreaks and training for care homes and domiciliary care staff around PPE, prevention and also produce resources for outbreak management. Within NHS trust settings, for instance the hospital, IPC arrangements are part of the organisation's mandatory duties.
21. As well as infectious organisms, winter brings with it health risks due to extreme cold. The End Fuel Poverty Coalition estimates that in 2022/3 4,950 excess winter deaths were caused by cold homes.
22. The relationship between warm homes, fuel poverty, and health is a significant and multifaceted issue. Fuel poverty occurs when households struggle to afford the energy needed to maintain a warm, comfortable living environment.
23. This can lead to several health-related challenges. One of the outcomes of poorly heated homes can be increased ill-health and therefore an increased demand on primary and secondary care for the treatment of preventable illnesses.
24. There are certain factors that increase an individual's risk during cold weather, and CYC have a communication plan which is based on the national UKSHA [Adverse Weather and Health Plan](#) which we use to target communications at times when health harm is likely to be greatest.
25. A significant amount of work happens outside of public health within communities and revenue / benefits teams in the city around fuel poverty, uptake of the Household Support Fund, and advice / support around home insulation and fuel bills.
26. In addition to this, this year CYC Public Health have funded a Winter Warmth Grant, which the council's Healthy and Sustainable Homes team will use in work related to winter warmth and the reduction of hospital admissions relating to poor housing / fuel poverty. It will include the recruitment of a damp and mould expert to identify residents most in need, assess homes, create a ventilation and quick-wins strategy for each resident, and retrofitting properties with items such as draught proofing, radiator bleeding, installation of trickle vents, and referral to other support systems such York Energy Advice.

## *Pandemic preparedness in York*

27. The impacts of COVID-19 on health and wellbeing were not felt uniformly across society. As the British Academy of Sciences have demonstrated, COVID-19 has exacerbated existing structural and social inequalities, with particularly negative health outcomes for those already disadvantaged in society.<sup>1</sup>
28. The 2022 Director of Public Health Annual Report 'York: the pandemic years' tells the full story of the pandemic in York and the city's response.<sup>2</sup>
29. The findings from Module 1 of the national COVID-19 Inquiry, led by Dame Heather Hallett, were published on 18<sup>th</sup> July 2024. Full and summary versions are available online.<sup>3</sup>
30. Module 1 focuses on the state of the UK's central structures and procedures for pandemic emergency preparedness, resilience and response (EPRR). Other aspects of the Inquiry (e.g. care sector, test & trace, economic response) will be covered in future modules, many of which will have more direct recommendations beyond the national level.
31. The report identifies several concerns about the UK's pandemic preparedness. These include a narrow focus on the risk from pandemic influenza only; an overly complex set of institutions and structures for emergency planning; an outdated pandemic strategy; lack of consideration of health and social inequalities; failure to fully learn from past exercises and outbreaks; and a lack of focus on prevention.
32. There is also recognition that local authorities and volunteers/VCSE were not adequately engaged in the national emergency planning process.
33. The report provides key recommendations to improve the UK's central structures and procedures for Emergency Planning, Preparedness and Response (EPPR). The majority of these recommendations and the action which follows is targeted at national and regional level. However there are some general principles within them that can be applied locally too, and ensuring appropriate EPPR structures relating to

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<sup>1</sup> <https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/>

<sup>2</sup> [York: Pandemic Years Annual Report of the Director of Public Health 2020-2022](#)

<sup>3</sup> [UK Covid-19 Inquiry: Resilience and preparedness \(Module 1\) Report - GOV.UK \(www.gov.uk\)](#)

pandemic preparedness forms part of the health protection duties placed on councils through the Health and Social Care Act 2013.

34. City of York Council Public Health, in collaboration with North Yorkshire Public Health, the North Yorkshire and York Local Resilience Forum (NYLRF) and the joint Resilience and Emergencies Team (RET), have been working through the recommendations and implications from the report. Many findings are not unexpected and have already been acted upon; however, work to embed recommendations from this and future Modules will continue as future reports are released.
35. The recommendations from Module 1 are:
  - A radical simplification of the civil emergency preparedness and resilience systems. This includes rationalising and streamlining the current bureaucracy and providing better and simpler ministerial and official structures and leadership.
  - A new approach to risk assessment that provides for a better and more comprehensive evaluation of a wider range of actual risks.
  - A new UK-wide approach to the development of strategy, which learns lessons from the past and from regular civil emergency exercises, and takes proper account of existing inequalities and vulnerabilities.
  - Better systems of data collection and sharing in advance of future pandemics, and the commissioning of a wider range of research projects.
  - Holding a UK-wide pandemic response exercise at least every three years and publishing the outcome.
  - Bringing in external expertise from outside government and the Civil Service to challenge and guard against the known problem of groupthink.
  - Publication of regular reports on the system of civil emergency preparedness and resilience.

- Lastly and most importantly, the creation of a single, independent statutory body responsible for whole system preparedness and response. It will consult widely, for example with experts in the field of preparedness and resilience, and the voluntary, community and social sector, and provide strategic advice to government and make recommendations.
36. A number of the lessons identified have sizable implications on how Government could plan for future UK-wide emergencies. These will impact national, regional and local civil contingencies processes and the RET will utilise existing groups and structures to ensure the recommendations are discussed effectively and efficiently with partner organisations.
  37. Local partners are also supporting work being undertaken at a regional level by UKHSA on planning for the next pandemic, as well as supporting capabilities development within the NHS through Humber & North Yorkshire Integrated Care Board (ICB) to respond to future health protection issues.
  38. An NYLRF mass treatment plan for North Yorkshire and York was developed pre-COVID, but since the pandemic, an Infectious Diseases Plan has been prepared by public health teams and is now approved. In February 2024, a large multi-agency group came together to exercise the plan (Exercise Tussio), with lessons learned from the exercise used to update the plan prior to recent approval.
  39. A lot of learning has already been undertaken within NYLRF on how partners plan for the future pandemics, and a number of points made within the inquiry report have already been implemented. For example, the new Infectious Diseases Plan moves away from single-risk pandemic flu and emerging infectious disease approaches, into a single plan covering multiple transmission routes (as recommended in the Inquiry report) that also considers impacts beyond the direct health response.
  40. Together with North Yorkshire, we have continued to advocate for closer links between Directors of Public Health and national emergency planning, preparedness and response structures, most recently as part of lessons learned feedback from the H1N2(v) incident in North Yorkshire in November 2023 which also affected York through a suspected case working in the city.



41. Other findings arising from the report that we will need to consider include:

- the potential change to national risk assessment processes (that will have knock-on implications for local risk assessment processes);
- how health protection capabilities (including surge capacity) are expected to be split over local/regional/national levels, with a number of gaps in the health protection system identified locally by Humber and North Yorkshire Directors of Public Health including:
  - out of hours swabbing/testing capability
  - prescribing of prophylactic medication e.g. antibiotics or vaccination
  - contact tracing capacity, particularly in the community.
- recommendation of external assessment of EPRR processes; and alignment of local structures (particularly LRF and LHRPs)

## Council Plan

42. The CYC Council Plan and Health and Wellbeing strategy sets out a vision where the current trend of widening health inequalities is reversed, and people are supported to manage their health and wellbeing, with additional support available for those that need it.

## Implications

- **Financial** There are no financial implications of this report.
- **Human Resources** There are no direct Human resource implications of this report. CYC encourages all staff in eligible cohorts to accept the offer of vaccinations and provides an occupational scheme to offer all staff a free flu vaccination who are outside the eligible cohort.
- **Equalities** The overall aim of the national immunisation programme is to protect the population from vaccine preventable diseases and

reduce the associated morbidity and mortality. In the context of health outcomes the national immunisation programme aims to protect the health of individuals and the wider population.

- **Legal** There are no direct legal implications of this report.
- **Crime and Disorder** There are no crime and disorder implication of this report.
- **Information Technology (IT)** There are direct IT implications of this report .
- **Property** There are no property implication of this report.

### Risk Management

43. There are no direct risks associated with this report.

### Recommendations

44. Members are asked to consider and note the report.  
Reason: To keep the committee updated.

### Contact Details

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**Chief Officer Responsible for the report:**

Peter Roderick  
Director of Public Health

**Report  
Approved**



**Date** 23/10/24

**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

## **Background Papers:**

UK Covid-19 Inquiry: Resilience and preparedness (Module 1) Report, <https://www.gov.uk/government/publications/uk-covid-19-inquiry-resilience-and-preparedness-module-1-report>

UK Health Security Agency, Adverse Weather and Health Plan - Protecting health from weather related harm, 2024 to 2025 – second edition, [https://assets.publishing.service.gov.uk/media/6603fee3f9ab41001aeea372/Adverse Weather Health Plan 2024.pdf](https://assets.publishing.service.gov.uk/media/6603fee3f9ab41001aeea372/Adverse_Weather_Health_Plan_2024.pdf)

York: the Pandemic Years - Annual Report of the Director of Public Health 2020-2022, <https://www.york.gov.uk/downloads/file/1158/director-of-public-health-s-annual-report-2020-to-2022>

## **Annexes**

None

## **Abbreviations**

ARIs	Acute Respiratory Illnesses
EPRR	Emergency preparedness, resilience and response
ICB	Humber & North Yorkshire Integrated Care Board
NYLRF	North Yorkshire and York Local Resilience Forum
RET	Joint Resilience and Emergencies Team
RSV	Respiratory Syncytial Virus
UKHSA	United Kingdom Health Security Agency