



Office for Health
Improvement
& Disparities



UK Health
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Agency



Maximising opportunities for prevention, resilience and population health in London Winter 2022/23

A London Winter Resilience and Prevention Framework

Draft 28102022

Produced by London OHID in partnership with
UKHSA, ADPH London, NHS London

London Winter Resilience and Prevention Framework

Document Summary

Date and Version	28th October 2022. Draft 28102022 (002)
Name	London Winter Resilience and Prevention Framework Introduction. Draft for Engagement. October 2022
Purpose	This document aims to help NHS, ICS, local government and voluntary and community sector partners understand and prioritise key population health interventions to support health and care winter planning and response. We recommend 10 key population health interventions for implementation, scale-up and active monitoring alongside other clinical and social care focused interventions.
Audience	Health, care, local government and community leadership and governance groups working at local and regional levels in London.
Document Status	OFFICIAL DRAFT Policy recommendations for comment
Action	Comments and feedback to be returned to OHID London julie.billett@dhsc.gov.uk or kevin.fenton@dhsc.gov.uk
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London Winter Resilience and Prevention Framework

Introduction

Health and social care system partners in London at regional, ICS and local level are working together to deliver **joined up, integrated care** focused on enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time.

Given the immediate and significant challenges facing the health and care system, there is a strong focus within **health and care system** winter planning on:

- Strengthening system capacity to respond to increased demand;
- Managing system flow, from ambulance handovers and ED waits through to effective discharge and supporting people to remain in the community.
- Continuing to clear the elective backlog with better access to primary and secondary care services

We believe that **prevention and population health interventions** are an important part of the health and care system's resilience, response to winter pressures, and ensure the current and future sustainability of these services.

This Framework recommends **10 key population health interventions** that we would like to see implemented, scaled, monitored and evaluated by system partners as progress through Winter22/23 alongside other NHS and social care interventions

London Winter Resilience and Prevention Framework

Introduction

- As we enter the 22/23 winter period, we are approaching a period of significant challenge for the health and care system in London, and for population health and health equity more broadly.
- The factors and influences driving this challenging context are multiple and varied, and are summarised on this slide.
- Planning for winter needs to be part of an integrated approach that responds to changing seasonal and broader factors that impact on population health.

Challenges and influences on population health in London | Winter 2022/23

Risk of a resurgence of COVID-19 coinciding with the winter period, and potential for an earlier and **larger flu season** owing to low levels of flu activity during the preceding two years; high rates were seen in the southern hemisphere's winter season. Lower levels of vaccination coverage in London and in certain population groups.

A growing backlog for elective care, **rising emergency demand, increasing waits in A&E** departments, longer ambulance response times, longer waits for cancer treatment - impacting detrimentally on patient access, experience and outcomes

Staff burnout and fatigue at all levels and in all organisations across London, coupled with potential for industrial action and recruitment and retention challenges

Excess morbidity and mortality is usually seen each winter, especially if there are severe **cold weather episodes**. This phenomenon may be exacerbated this year by increased fuel poverty and the cost of living crisis (see below).

Longer-standing **structural challenges** in the health and care system, including workforce shortages and capacity challenges

Disruption to the delivery of health care during the pandemic, and in particular to **the management of long term conditions and preventive programmes** such as screening and immunisations, leading to poorer control, later presentation/diagnosis and increased health need and system demand

The **cost of living crisis**, higher energy bills, rents, poverty, food instability and mental health impacts will place undue pressures on the most vulnerable in society, and may also have specific direct impacts on people's access to and use of health and care services eg prescriptions, dentistry, medical aids and devices.

Exacerbation of inequalities – there is potential for existing inequalities in health to be exacerbated further this winter. The pandemic highlighted the disproportionate impact of COVID-19 on London's Black, Asian and ethnic minority communities, and the rising cost of living will hit those who are already disadvantaged or with existing vulnerabilities the hardest.



London Winter Resilience and Prevention Framework

Cost of Living Crisis Population Health Impacts

Public health partners have identified 4 top areas of concern for cost of living related population health risks, with the potential for driving increased pressure on primary, mental health and emergency NHS care, as well as need for more local authority and voluntary and community sector support:

1. The **impact of cold homes and fuel poverty** on health, increasing risks of cardiovascular and respiratory diseases and pressures on primary and emergency services.
2. **Worsening diet as a result of food insecurity** (driven by increased food prices, availability and fuel prices and affordability) leading to poor dietary outcomes and worsening of diet related diseases.
3. **Worsening mental health** from rising costs, reduced purchasing power, and potential increases in unemployment impacting food security, problem debt, housing stability and financial security.
4. **Worsening of preventable and treatable ill health** due to people not accessing services as people fail to keep up with protective behaviours and a reduction in personal focus on health and an increase in health risk behaviours.

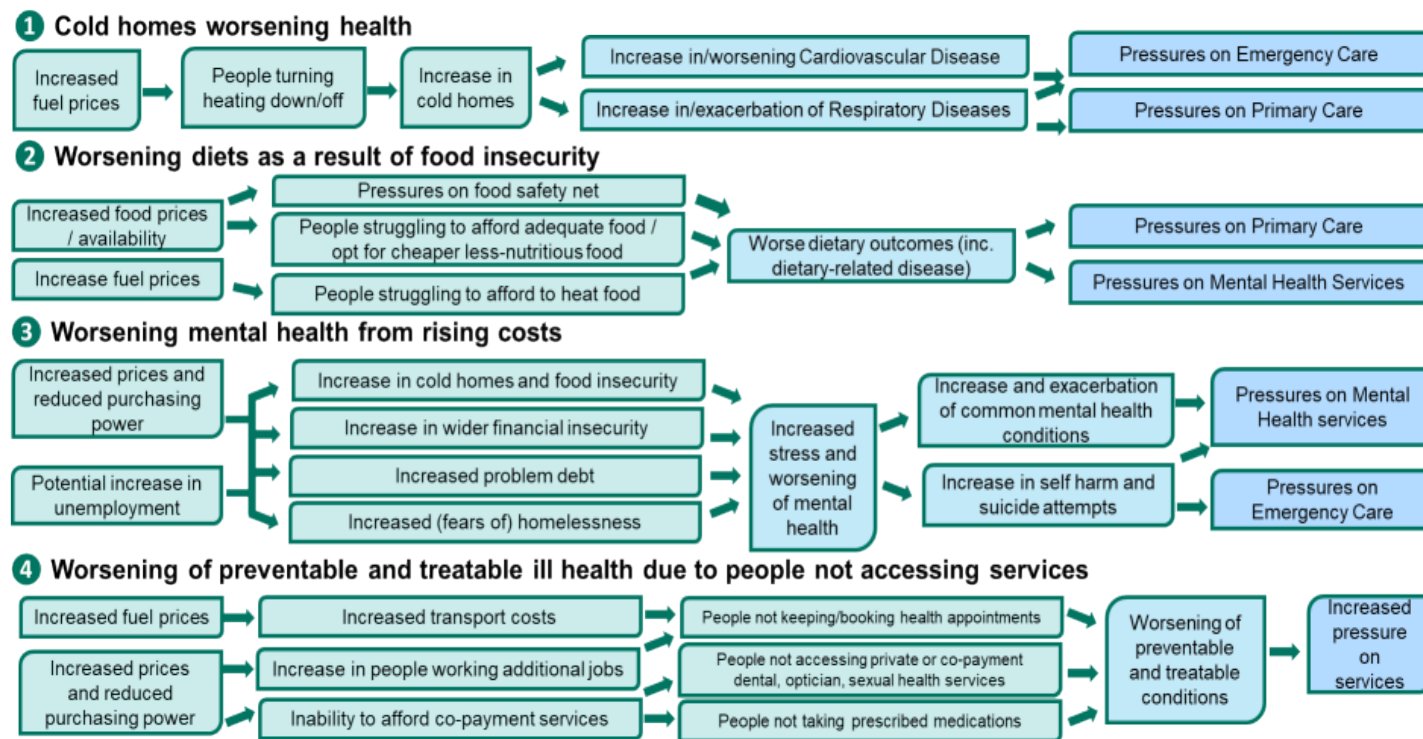


Figure: The four most important population health risks arising from the cost of living crisis and their impacts. Note that the categories are not mutually exclusive nor comprehensive.



London Winter Resilience and Prevention Framework

Purpose

- The purpose of this **Winter Resilience Prevention Framework** is to draw together those key population health measures, interventions and approaches that can help strengthen population health resilience in London this winter and contribute to reducing health and care system demand in the shorter term.
- Taking a **population health approach** to winter planning should also serve to build a more resilient London population for the medium term.
- This framework is **designed as a tool for use by partners** working across the NHS, social care, local government, the VCS, schools and with communities, at local, sub-regional and regional levels, to support a strengthened focus on prevention and demand management measures within winter planning and preparedness. It offers a framework for the actions required to mitigate winter morbidity, mortality and service pressures.
- It also sits alongside and complements the updated **London Autumn/Winter ‘living with Covid’ plan** that sets out key public health objectives for managing COVID and other concurrent health protection threats this winter (see: [embed hyperlink to Living with Covid autumn/winter 2022](#))



London Winter Resilience and Prevention Framework Principles

- **Proposed principles to underpin a population health approach to winter resilience planning and delivery in place**
 1. Harness the power of place-based partnerships, communities and whole system working
 2. Place equity at the heart of winter resilience planning and implementation
 3. Take a data-driven and evidence-based approach to planning, prioritisation and action – applying what works at scale
 4. Optimise prevention actions to keep people well, build resilient communities and reduce avoidable demand
 5. Identify and address the underlying social and economic determinants of health, including integrating practical advice and support into everyday interactions and service delivery
 6. Take a whole population focus and consider particular vulnerable groups and settings
 7. Strengthen community engagement, participation and co-production through community-centred approaches
 8. Prioritise and support staff health, wellbeing and resilience
 9. Build on short-term winter resilience measures to create longer-standing change



London Winter Resilience and Prevention Framework

Priority interventions for region-wide implementation

We have identified 10 cost-effective, implementable and scalable **population health interventions** which can:

- 1) Have immediate and medium term impact on individual's health and wellbeing
- 2) Strengthen community resilience and help reduce demand on health and social care services
- 3) Help mitigate the worsening risk of widening health inequalities, especially among the most vulnerable Londoners

While activity in all 10 areas continue to be delivered by local and regional partners, we want to ensure there is a resolute and laser-like focus on the **scale-up, responsiveness and impact** on these interventions.

The Framework aims to ensure that **all system partners** in London incorporate a focus on these areas a part of their Winter Planning and Response governance and activities

Number	Priority population health Intervention for London-wide implementation
1	Drive high and equitable uptake of COVID-19 and flu immunisation, and other routine immunisations
2	Support equitable recovery and increased take up of national cancer screening programmes
3	Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF
4	Optimise case finding, diagnosis and management of long term conditions
5	Promote “staying well in winter” campaigns and messaging, including health system ‘literacy’ and navigation
6	Maintain a focus on public mental health, wellbeing and resilience
7	Develop and harness assets for community-centred approaches, community engagement and mobilisation
8	Prioritise and support health and care settings with vulnerable populations, such as care homes
9	Provide proactive support and tailor services for inclusion health and other vulnerable groups
10.	Support the health, wellbeing and resilience of the health and care workforce



London Winter Resilience and Prevention Framework

Vulnerable populations

Key vulnerable groups for excess winter morbidity and mortality

- Older adults (and particularly those aged 85+ years)
- People with existing chronic diseases or people living with a disability
- Pregnant women
- People experiencing deprivation and disadvantage
- Those with less healthy behaviours (sedentary behaviour, chronic/irregular heavy alcohol consumption, smoking)
- People living in fuel poor households/in cold housing
- People in inclusion health groups
- People who are socially isolated

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9	Provide proactive support and tailor services for inclusion health and other vulnerable groups
10.	Support the health, wellbeing and resilience of the health and care workforce



Priority approaches and interventions

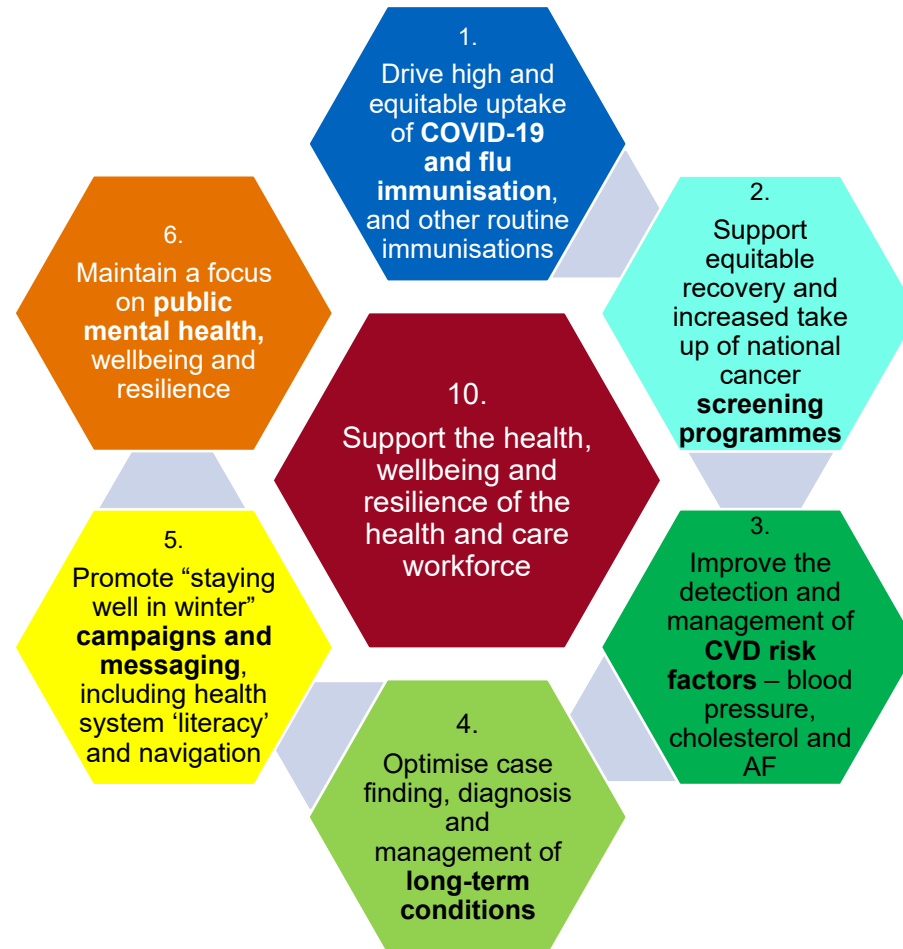
SECTION 2

London Winter Resilience and Prevention Framework

Priority NHS Secondary Prevention Interventions

The London Winter Resilience Prevention Framework identifies:

- Six high priority **secondary prevention interventions** for NHS and ICS systems supported
- Three cross-cutting **priority structural interventions** for NHS, community and local government partners aimed at ensuring a stronger community centred and equity focused response.
- The importance of centring the prevention response around a supported, **healthy and resilient health and care workforce**



Number	Priority population health Intervention for London-wide implementation
1 NHS/ICS	Drive high and equitable uptake of COVID-19 and flu immunisation, and other routine immunisations
2 NHS/ICS	Support equitable recovery and increased take up of national cancer screening programmes
3 NHS/ICS	Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF
4 NHS/ICS	Optimise case finding, diagnosis and management of long term conditions
5 NHS/ICS	Promote “staying well in winter” campaigns and messaging, including health system ‘literacy’ and navigation
6 NHS/ICS	Maintain a focus on public mental health, wellbeing and resilience
7 ALL PARTNERS	Develop and harness assets for community-centred approaches, community engagement and mobilisation
8 ALL PARTNERS	Prioritise and support health and care settings with vulnerable populations, such as care homes
9 ALL PARTNERS	Provide proactive support and tailor services for inclusion health and other vulnerable groups
10. ALL PARTNERS	Support the health, wellbeing and resilience of the health and care workforce

1. Drive high and equitable uptake of COVID-19 and flu immunisations and other routine immunisations



Opportunity	<p>This winter it is expected that acute respiratory infections, including COVID-19 and flu, may be circulating at high levels – putting increasing pressure on hospitals and other health and care services. Maximising uptake of both the COVID-19 booster and the seasonal flu jab this winter will protect those people who are at greatest risk from poorer flu or covid-related outcomes. Maximising uptake of other routine immunisations – including shingles and pneumococcal and childhood routine vaccinations – will reduce other vaccine-preventable illness.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure robust regional, sub-regional, local and hyper-local covid and influenza vaccine delivery plans and infrastructure are in place, including plans for co-promotion and co-delivery of both vaccinations. <input type="checkbox"/> Ensure effective contingency or surge COVID-19 vaccination programme capabilities and infrastructure are in place <input type="checkbox"/> Ensure a data-driven focus on equity in vaccine programme design and delivery, targeting and tailoring delivery to reach under-served populations and groups <input type="checkbox"/> Take a “making every contact count” (MECC) approach – using vaccine encounters to detect and address other issues (eg blood pressure or referral to support with the cost of living) as well as embedding immunisation into other clinical encounters and pathways <input type="checkbox"/> Continue to promote infection prevention and control measures alongside vaccination eg employers encouraging sick employees to stay at home, hand washing advice.
Lead agencies and partners	<p>ICSs and local borough partnerships, including LAs, social care providers and VCS. NHSE London, UKHSA, GLA, OHID, Covid Legacy and Equity Partnership</p>

2. Support equitable recovery and increased take up of national cancer screening programmes



Opportunity	<p>Improving uptake of the three national cancer screening programmes in London will help address late stage cancer diagnosis and improve population health outcomes. London uptake falls below national rates for all three programmes, with breast screening uptake particularly impacted by the pandemic. Inequalities in uptake are associated with a range of factors including deprivation, gender, ethnicity, LGBTQ+, faith and learning disability.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Work in partnership to deliver an integrated approach to improving uptake and reducing inequalities in cancer screening programmes, informed by data, intelligence, evidence of what works and co-production with communities and inclusion health groups <input type="checkbox"/> Maximise opportunities to integrate cancer screening signposting & advocacy within other clinical pathways and clinical encounters, such as medicine reviews, long term condition reviews, health checks for people with learning disabilities. Take a MECC approach to every screening encounter <input type="checkbox"/> Build a focus on cancer prevention, screening, awareness of signs and symptoms, early presentation and access to services into broader health promotion and literacy campaigns and community engagement activities <input type="checkbox"/> Harness the resources, support and learning available through regional, ICS and Cancer Alliance programmes and networks eg Joint London Cancer Screening Improvement Board, Breast Screening Recovery Community of Practice and Health Inequalities Advisory Group <input type="checkbox"/> Amplify regional bowel and cervical screening social marketing campaigns
Lead agencies and partners	<p>NHSE, ICSs, London's Cancer Alliances and the Transforming Cancer Services Team (TCST), working with local authorities, VCS, academia, Covid Legacy and Equity Partnership and others</p>

3. Improve the detection and management of CVD risk factors – blood pressure, cholesterol and AF



Opportunity	<p>There has been an increase in cardiovascular (CVD) mortality and a drop in management of CVD risk factors during the pandemic in London. People from deprived areas are more likely to die prematurely from CVD, and people from Black ethnic groups are less likely to have their blood pressure (BP) controlled, and suffer more from CVD, stroke, renal failure and dementia. Detection and optimisation of CVD risk factors - BP, high cholesterol and atrial fibrillation – will prevent the development and exacerbation of cardiovascular disease, one of the main causes of excess winter deaths.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Optimise public health interventions to support healthy behaviours in people at increased risk of CVD or with established disease (e.g. smoking cessation, healthy weight, increased physical activity and low risk alcohol consumption) <input type="checkbox"/> Use a systematic population health management approach at place level to detect and optimally manage CVD risk factors (hypertension, atrial fibrillation and cholesterol), using data to identify and target populations through evidence-based interventions. Optimise uptake of NHS Health Checks. <input type="checkbox"/> Work with communities and VCS organisations to develop culturally competent and innovative approaches to CVD risk factor detection and management <input type="checkbox"/> Embed CVD prevention into workplace health programmes, including for health and social care staff <input type="checkbox"/> Support the health and care workforce to embed CVD prevention into a broad range of clinical pathways, settings and clinical encounters, making every contact count <input type="checkbox"/> Promote awareness of minimum room temperature for health (18°) especially for those with CVD risk factors
Lead agencies and partners	<p>ICS and place-based partnerships, including: NHS and social care providers, LAs, and local VCS partners; London Cardiac Network, North and South London Cardiac Operational Delivery Networks, AHSNs, OHID.</p>

4. Optimise the management of other long term conditions



Opportunity	<p>Alongside CVD, optimising the management of other long term conditions will bring year-round secondary prevention benefits and help reduce avoidable winter health and care system demand, particularly for respiratory disease and dementia. There is emerging evidence that people with dementia are more vulnerable to respiratory diseases and falls, difficulties with self-care, and disturbances of temperature regulation in winter. Respiratory diseases account for around a third of all excess winter deaths.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Use a systematic population health management approach at place level to support the optimal management of people on long-term condition registers, using data to identify and target individuals and populations through evidence-based interventions <input type="checkbox"/> Support people with chronic conditions to self-manage their condition, for example, by facilitating effective navigation through health and care services and through tailored, culturally competent self-management support programmes <input type="checkbox"/> Maximise the use of telecare and telehealth solutions to support people with long term conditions and disabilities to live independently, stay in control of their health and wellbeing and prevent avoidable demand for health and care services <input type="checkbox"/> Harness and extend the contribution of community pharmacy to long-term condition management and to supporting people to stay well this winter, including monitoring and follow up <input type="checkbox"/> Interrogate Urgent and Emergency Care datasets (e.g. ED attendance, emergency admissions) to identify opportunities for upstream intervention and the potential for re-direction to community-based alternatives
Lead agencies and partners	<p>ICS and place based partnerships, including health and care providers, LAs, and VCS partners. Clinical networks at regional and ICS level.</p>

5. Promote “staying well in winter” campaigns & messaging, including how to access and navigate services



Opportunity	<p>Providing clear, simple and consistent information on staying well this winter, including how and where to access practical support with health, social and financial issues, should help people look after their own and others’ health and wellbeing, and increase awareness and use of locally available services.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Develop, deliver and amplify “staying well in winter” campaigns and public messaging to help build individual and community resilience and raise awareness of available support <input type="checkbox"/> Reinforce infection prevention and control messaging and advice – letting fresh air in if meeting indoors; using face coverings in crowded, enclosed spaces; practising good hygiene; avoiding contact with others if unwell <input type="checkbox"/> Develop an integrated “local offer” that draws together advice and signposting to the range of health, wellbeing, practical and financial support available locally this winter <input type="checkbox"/> Ensure health and care professionals are aware of this “local offer” to help them navigate patients, carers and residents to relevant services, particularly for social and financial issues. Develop and promote a clear “community pharmacy winter offer” to reduce pressures on general practice <input type="checkbox"/> Develop innovative approaches to identify households that are particularly vulnerable this winter and provide proactive support eg working with housing departments, landlords, energy companies, DWP, education settings and institutions, voluntary and community services and groups, London Fire Brigade, London Ambulance Service. Encourage and support vulnerable households to register with the Priority Services Register https://www.ukpowernetworks.co.uk/power-cut/priority-services/about-the-priority-services-register <input type="checkbox"/> All organisations to understand and action their role in implementing the Cold Weather Plan The cold weather plan for England 2022 to 2023 (publishing.service.gov.uk)
Lead agencies and partners	<p>Sub-regionally and locally: LAs, ICS and borough partnerships, health and care providers, voluntary and community sector partners Regionally: NHSE, GLA, London Councils, OHID, UKHSA</p>

6. Maintain a focus on public mental health, wellbeing and resilience



Opportunity	<p>Whilst data are limited on the mental health experiences of those impacted by rising living costs, it is clear these challenges are a serious barrier and psychosocial stressor which threaten the emotional resilience of Londoners. Risk and protective factors for good mental health are not equally distributed across the population, with those most at risk of poor mental health being many of the same individuals and communities disproportionately impacted by the pandemic. As we head into winter, there are many indirect health and psychosocial effects of cold weather, such as cold housing linked to worse mental health, depression and social isolation; reduced physical activity and mobility; and increased heating costs leading to fuel poverty and financial-related stress.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Strengthen multi-sectoral partnerships and collaborations to bring insight, share knowledge and develop and implement mental health and suicide prevention activities to support Londoners who are struggling <input type="checkbox"/> Use regionally-produced campaigns, resources and toolkits from THRIVE LDN and Good Thinking to deliver and amplify public mental health communications and campaigns locally and sub-regionally. <input type="checkbox"/> Continue to monitor and review data through the Real Time Surveillance System for Suspected Suicides to understand trends and inform preventive actions; consider updating local suicide prevention plans. <input type="checkbox"/> Promote and facilitate mental health and wellbeing training for front-line workers, including those in direct contact with people struggling financially and embed financial and mental wellbeing support within Community Champions networks and in social prescribing programmes <input type="checkbox"/> Work with local grassroots organisations to test and scale preventative and resilience programmes for groups at disproportionately greater risk of poor mental health, including through THRIVE’s Right to Thrive initiative <input type="checkbox"/> Promote and embed a whole school approach to address the mental health needs of pupils, parents, carers and teaching staff
Lead agencies and partners	<p>THRIVE LDN, Good Thinking, NHSE London, OHID, GLA; ICS and local borough partnerships, working with a broad range of cross-sectoral partners and organisations</p>

7. Develop and harness assets for community-centred approaches, community engagement and mobilisation



Opportunity	<p>Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to health and wellbeing. These community determinants build control and resilience and can help buffer against threats to both physical and mental health. Participatory approaches can directly address marginalisation and powerlessness that underpin inequities. Evidence points to interventions that build community resilience as emerging yet important approaches to addressing winter pressures.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Strengthen local community engagement and community mobilisation mechanisms <input type="checkbox"/> Support initiatives to strengthen resilience within local communities, foster social connectedness and increase social networks. Such approaches can help develop and strengthen services and support in the community that respond to winter- and cost of living-related issues, such as isolation and loneliness, fuel poverty, food insecurity and falls <input type="checkbox"/> Embed advice and signposting to practical, financial and social support into community champions networks, social prescribing programmes, and other community health worker initiatives. <input type="checkbox"/> Raise awareness of simple actions that people can take to build social connectedness and community health resilience over winter, such as encouraging people to check in on friends, neighbours or relatives to help alleviate loneliness and ensure they are keeping well, and through volunteering and peer support. <input type="checkbox"/> Integrate community-centred approaches into winter planning activities on an ongoing basis, including co-production with communities
Lead agencies and partners	<p>Borough, placed-based partnerships across local government, NHS, social care, voluntary and community sector</p>

8. Prioritise and support health and care settings with vulnerable populations, such as care homes



Opportunity	<p>Many of the most clinically vulnerable individuals in society are in receipt of care and support; protecting vulnerable people through a focus on key settings and services will be as important as ever this winter.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Maximise COVID and flu vaccination amongst eligible groups, including care home residents, and amongst health and care staff <input type="checkbox"/> Ensure care homes have access to IPC training and support <input type="checkbox"/> Ensure robust plans are in place for testing for vulnerable groups, carers and key workers at times of high prevalence and for testing in acute respiratory infection outbreaks in high risk settings to support outbreak management <input type="checkbox"/> Maintain robust pathways for provision of antivirals (COVID and flu), when necessary <input type="checkbox"/> Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
Lead agencies and partners	<p>NHS and social care providers; LAs, borough partnerships and ICBs; UKHSA</p>

9. Provide proactive support and tailor services for inclusion health and other vulnerable groups



Opportunity	<p>People in inclusion health groups typically experience multiple, overlapping risk factors for poor health and experience stigma and discrimination. These experiences, risk factors and barriers in access to healthcare lead to extremely poor health outcomes. The winter period and cold weather presents the greatest health risk to those who are homeless and sleeping rough. However, all groups already facing marginalisation and social exclusion are likely to be among the hardest hit by cost of living pressures. People living with a disability may also be amongst those particularly hard hit by the rising cost of living.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Understand, plan for and respond to the particular needs of inclusion health groups during the coming months. Tailor information, advice, support and services to minimise barriers to access for inclusion health groups – including language barriers and digital exclusion <input type="checkbox"/> Mobilise and coordinate regional and local interventions to support people who are homeless this winter to protect them against winter-related morbidity and mortality, building on the success of and learning from “Everyone In” <input type="checkbox"/> Ensure ongoing support and continuity of care for vulnerable groups following discharge from hospital. Follow NICE guidance on post-discharge care of vulnerable people https://www.nice.org.uk/guidance/ng6/chapter/1-Recommendations#recommendation-7-discharge-vulnerable-people-from-health-or-social-care-settings-to-a-warm-home <input type="checkbox"/> Drive up vaccination uptake in inclusion health groups by delivering accessible, tailored and outreach flu and covid vaccination services alongside inclusive mainstream vaccination delivery. Optimise use of locations that feel safe and welcoming and can be more easily accessed by inclusion health groups.
Lead agencies and partners	<p>Local authorities, GLA, NHSE, ICSs and borough partnerships, VCS partners, OHID, UKHSA</p>



10. Support the health, wellbeing and resilience of the health, care and wider workforce

Opportunity	<p>The pandemic has had a significant physical, mental and psychological impact on staff across the health and care system, and current and future demands mean that staff will remain under pressure. Alongside interventions targeting staff recruitment and retention to build workforce capacity, looking after the health and wellbeing of health and care staff and ensuring they feel supported is a crucial part of system resilience, now and into the future. Employers in all sectors can also support employee health and wellbeing this winter.</p>
Priority Actions	<ul style="list-style-type: none"> <input type="checkbox"/> Boards and senior leaders to give staff health and wellbeing the highest priority and drive an organisational culture of wellbeing, where staff wellbeing is considered across all organisational activities and decisions <input type="checkbox"/> Implement inclusive workplace wellbeing programmes that consider the full range of factors that influence staff health and wellbeing, including elements such as workplace relationships, management skills and the working environment, as well as physical and mental health <input type="checkbox"/> Maximise uptake of flu and covid vaccination amongst health and care staff, using culturally competent and tailored delivery approaches to address barriers to uptake <input type="checkbox"/> Tailor organisational staff wellbeing and support offers to recognise and respond to wider social and economic challenges and stressors facing some staff this winter, including providing or signposting to financial and practical advice and support
Lead agencies and partners	<p>Health and care providers; ICS and borough partnerships; GLA, NHSE, OHID, UKHSA; employers</p>



London Winter Resilience and Prevention Framework

Monitoring and governance for population winter resilience

Monitoring

- There is no single, integrated indicator set for monitoring the diverse population health risks, system impacts and performance this winter. Relevant data are held and monitored within specific organisations and partnerships at regional, sub-regional and local level.
- At **regional level**, key public health system level outputs include:
 1. COVID-19: London Summary Indicators (weekly, OHID London)
 2. London Winter health protection summary (weekly, UKHSA London – *in development*)
 3. COVID-19 escalation framework triggers
 4. GLA's City Intelligence Unit - produces a range of reports on the impact of the cost of living crisis on Londoners, using opinion polling, economic data, and analysis of trends (*ad-hoc*)
 5. London Councils – *ongoing work to develop a Cost of Living indicator set?*

Governance

- **No new or additional** governance arrangements are proposed to oversee or track adoption and implementation of this framework.
- Established **groups and fora at all system levels** with responsibility for winter planning and system resilience, or for specific areas covered within the framework such as immunisations or cancer screening, are already in place and a the focal point for the Framework's implementation.
- We would however encourage the **routine inclusion and monitoring** of these 10 population health interventions in all winter planning governance and oversight meetings to ensure that a focus on prevention and resilience is constant over the winter period.



London Winter Resilience and Prevention Framework

Next steps for engagement and mobilisation

Implementation of this framework will require **collaborative and integrated action** at regional, sub-regional and local level, adaptation by local areas to reflect the needs of their population and the actions already in place.

Partners are encouraged to use the framework as a **prompt** to thinking about and taking forward a **population-health approach** to winter planning at all system levels, **strengthening existing winter plans with a deeper focus on prevention**.

The next step is to **socialise the draft framework** widely with partners to prompt discussion about:

1. How the framework itself can be developed and strengthened, and
2. The additional actions partners can take to strengthen the resilience of London's population this winter.

At regional level, OHID London is:-

- Convening a series of thematic discussions with partners to raise awareness of current activities, interventions and resources, and to prompt further collaborative action.
- Thematic topics identified thus far are:
 - Public mental health (completed, 6th October)
 - Addictions, including tobacco, substance misuse and gambling
 - Immunisation and screening
 - Communications and messaging
 - Data and monitoring
 - Children, Young People and Families
 - Social care
- Working with partners to develop a prioritised plan for dissemination and engagement with key audiences:- professional groups and networks; institutions; Community networks and leaders; and Londoners



APPENDICES

SECTION 3

London Winter Resilience and Prevention Framework

Key “Stay Well This Winter” Tips



- Make sure you get your flu vaccination.
- Come forward for your COVID-19 booster when offered.
- Keep your home at 18°C (65°F) or higher if you can.
- Take advantage of financial schemes and discounts to help you pay for heating.
- Contact NHS 111 online or by phone if you are worried about any symptoms.
- Look out for other people who may need a bit of extra help over the winter.

NHS

Where to go for the right medical help

- 999** Dial 999 for life-threatening emergencies
- 111** If you need medical help fast or think you need to go to an Emergency Department (A&E) use NHS 111 first – online or by phone* – to get clinical advice or direction to the most appropriate services for treatment
111.nhs.uk
- GP Pharmacy** For all other health needs, contact your pharmacy or GP practice. You can also access NHS advice and information at www.nhs.uk
www.nhs.uk

*If you have difficulties communicating or hearing, you can use the NHS 111 British Sign Language (BSL) interpreter service via www.nhs.uk/111 or call 18001 111 on a textphone.



London Winter Resilience and Prevention Framework

Factors influencing population health in London this winter

Risk of a resurgence of COVID-19 coinciding with the winter period, and potential for an earlier and **larger flu season** owing to low levels of flu activity during the preceding two years; high rates were seen in the southern hemisphere's winter season. Lower levels of vaccination coverage in London and in certain population groups.

A growing backlog for elective care, **rising emergency demand, increasing waits in A&E** departments, longer ambulance response times, longer waits for cancer treatment - impacting detrimentally on patient access, experience and outcomes

Staff burnout and fatigue at all levels and in all organisations across London, coupled with potential for industrial action and recruitment and retention challenges

Excess morbidity and mortality is usually seen each winter, especially if there are severe **cold weather episodes**. This phenomenon may be exacerbated this year by increased fuel poverty and the cost of living crisis (see below).

Longer-standing **structural challenges** in the health and care system, including workforce shortages and capacity challenges

Disruption to the delivery of health care during the pandemic, and in particular to **the management of long term conditions and preventive programmes** such as screening and immunisations, leading to poorer control, later presentation/diagnosis and increased health need and system demand

The **cost of living crisis**, higher energy bills, rents, poverty, food instability and mental health impacts will place undue pressures on the most vulnerable in society, and may also have specific direct impacts on people's access to and use of health and care services eg prescriptions, dentistry, medical aids and devices.

Exacerbation of inequalities – there is potential for existing inequalities in health to be exacerbated further this winter. The pandemic highlighted the disproportionate impact of COVID-19 on London's Black, Asian and ethnic minority communities, and the rising cost of living will hit those who are already disadvantaged or with existing vulnerabilities the hardest.



London Winter Resilience and Prevention Framework

Links to key resources

1. [Help with the cost of living | London City Hall](#)
2. [Warmer Homes | London City Hall](#)
3. [NHS England » Next steps for urgent and emergency care letter and framework](#)
4. [20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf \(england.nhs.uk\)](#)
5. [The cold weather plan for England 2022 to 2023 \(publishing.service.gov.uk\)](#)
6. [Winter - UK Health Security Agency \(blog.gov.uk\)](#)
7. [Responding to the challenge of cold weather and winter - UK Health Security Agency \(blog.gov.uk\)](#)
8. [NHS winter pressures - The Health Foundation](#)
9. [NHS winter pressures | The King's Fund \(kingsfund.org.uk\)](#)





Office for Health
Improvement
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