



West Yorkshire Joint Health Overview and Scrutiny Committee

Our response on COVID-19

Purpose

1. Since the Joint Committee last met in public there has been a significant escalation of the COVID-19 incident. This has necessitated a substantial refocusing of the work of all organisations in the West Yorkshire and Harrogate (WY&H) Health and Care Partnership. The purpose of this paper is to update the Committee on the focus and priorities of our Partnership work over the past four months and set out the focus our work for the coming period.

Approach

2. There are well established arrangements at system level, through the [West Yorkshire Resilience Forum](#), and locally with councils, the NHS, community and voluntary organisations and other partners working together in each of our six places (Bradford district and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield) to co-ordinate our response on COVID-19.
3. Within the NHS there is a formal command-and-control structure, with incident management centres at national, regional and organisational levels. All national requirements are communicated through single points of contact (SPOC) at these levels.
4. The WY&H Partnership does not duplicate these arrangements or create additional oversight or reporting mechanisms. We are however clear that the relationships and ways of working we have established through the WY&H Partnership over the past four years add value in supporting the response. We also have the staff with the capacity and skills to work in different ways as required.
5. We work to identify specific tasks where WY&H Partnership working can add value, in line with our three tests of a) working at scale to achieve critical mass; b) sharing good practice; and c) tackling wicked issues together. There is also the opportunity to use the Partnership to facilitate mutual aid / support for places and organisations facing significant pressure.
6. Nationally, NHSE/ NHSI have set out four phases for planning the response to the pandemic. These are as follows:

7.

Phase	Time period	Response
1	Jan-April 2020	Level 4 incident Focus on critical care and building capacity to respond to Covid-19
2	April-June 2020	Immediate recovery actions post-Covid-19 surge

		Focus on urgent activities
3	July 2020 – March 2021	More comprehensive planning review Focus on building elective and potential Covid-19 spike during the winter phase
4	April 2021 onwards	Focus on recovering and developing the NHS towards the 'new normal'

The Partnership's response to COVID-19 phase one: March and April 2020

8. Since the [WY&H Partnership Board](#) met on the 3 March 2020 we have seen a significant escalation of the COVID-19 incident. Phase 1 of our response was focused on ensuring that there was sufficient capacity to respond to the anticipated surge in demand resulting from COVID-19.
9. There were four specific priorities within this:
 - Exponentially **increasing critical care capacity** at pace, including supporting the development of the [NHS Nightingale Yorkshire and the Humber](#) located in Harrogate
 - Ensuring **safe hospital discharge** from general and hospital beds and caring for people in the community at short notice
 - Building coordinated support for **people shielding** at home for 12 weeks
 - Delivering **business continuity** and safe services in the face of reduced staffing from sickness, self-isolation and shielding.
10. We were well placed to respond to each of these priorities. The [West Yorkshire Association of Acute Trusts](#) and our critical care network provided the platform for expansion of critical care and allowed us to ensure we led the development of NHS Nightingale Yorkshire and the Humber. Our integrated teams and primary care networks ensured that safe discharge and support was in place and operating in line with clinical decisions made in each of our hospitals. Our local authorities and neighbourhood teams provided support for those shielding. This also includes support from the voluntary and community sector (VCS) and the NHS.
11. Two specific issues quickly became priorities in this phase for business continuity. It was essential to support this; we established West Yorkshire and Harrogate programmes to co-ordinate our efforts on Personal Protective Equipment (PPE) led by [Mel Pickup, Chief Executive of Bradford Teaching Hospitals NHS Trust](#) and test, track and trace led by [Martin Barkley, Chief Executive of Mid Yorkshire Hospitals NHS Trust](#).

The Partnership's response to COVID-19 phase two and three: May 2020 to March 2021

12. The Government has confirmed that we remain in a 'National Level 4 Incident' under a command and control structure with emergency legislation in place. Partner organisations are fully retaining their Emergency Preparedness, Resilience and Response incident co-ordination functions. These have served us well, with good decisions then implemented through partners.

13. This second phase is not one of full recovery. It is one of stabilisation and preparing for phase three when we can reset what we do for a world where we live with the virus. Our priorities during this phase have expanded and are:
- Continuing to provide **critical and urgent care for COVID-19 patients**, their recovery and rehabilitation
 - Providing **essential health and care services during the COVID-19 incident for other groups** of people
 - Continuing to support **people who are shielding** from the virus, as well as supporting other groups who are likely to be affected by it
 - Keeping **health and care colleagues** safe and well
 - Understanding the **wider impact on different groups** of people, including Black Asian and Minority Ethnic Communities (BAME), older people, people with learning disabilities and/or mental health concerns and other vulnerable people
 - **Co-ordinating our reset** to the new 'normal' (stabilisation and reset), including responding to future peaks.
14. A local planning process has now been put into place to quickly gauge what we can and should do in the coming weeks. This is informed by a range of scenarios, including working with acute hospital trusts to assess and plan how many appointments and care procedures could take place in the coming months, whilst keeping staff and patients safe and considering any future peaks in the virus.

What this means for WY&H priorities

15. Our 5 year strategy, published in March continues to set the strategic priorities for the Partnership. While the context for delivery has changed, the 10 big ambitions remain as important ever.
16. The Health and Care Partnership priority programmes have also been updated through this process. We have engaged with places and reshape their programmes to ensure that they continue to add value, while retaining true to the ambitions of the 5 year strategy.
17. Each programme has carried out a stop / continue / accelerate process so that the focus and energy is adding value to the system response. Some examples of this is as follows:
- a. The improving population health programme is working with public health colleagues and the University sector to better understand the direct and indirect impact of COVID-19 on different population groups. They have also distributed over £0.5m of grant funding focusing on those most affected by COVID-19.
 - b. The system leadership and development programme has worked with the Academic Health Science Network to develop a compendium of good practice that has been initiated in response to the pandemic for wider roll out.
 - c. The planned care and cancer programmes are working are supporting a system response on capacity and planning, including diagnostic and independent sector capacity.

- d. The mental health, learning disabilities and autism programme are developing psychological support offers for people who have been affected by COVID-19.
- e. The carers programme has refocused its priorities to support unpaid carers during the pandemic, including the development of a carers toolkit for discharge teams.

18. We are keen to work with the Joint Scrutiny committee to agree priority areas for consideration at future meetings.

Conclusion and next steps

19. The Joint Committee is asked to note the approach set out in response to the pandemic, and the programme priorities for the next phase of the response.