



Tuesday, 09 February 2021

## West Yorkshire Joint Health Overview and Scrutiny Committee

23 February 2021

### West Yorkshire and Harrogate Health and Care Partnership: Update on response to COVID-19

#### Introduction

1. The purpose of this paper is to:
  - a) update West Yorkshire Joint Health Overview and Scrutiny Committee members (WY JHOSC) on the West Yorkshire and Harrogate Health and Care Partnership's (WY&H HCP) response to COVID-19;
  - b) give members an opportunity to ask questions on work and progress to date.

#### Context

2. Our Partnership priorities during phase three of the pandemic response (July 2020 to March 2021) are as follows:
  - 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, or are clinically extremely vulnerable, 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.
3. The COVID-19 pandemic continues to provide the focus for our work across for the past twelve months, as well as plans for the remainder of this financial year in the context of both COVID-19 and our [Five Year Plan](#). Some of the work the Partnership has been doing and progress on the ['ten big priorities'](#) we set ourselves is covered here.

#### Current Position:

##### Infection rates and hospital pressures

4. In line with the national restrictions, cases of coronavirus continue to fall across the country. Over the last seven days (28 January to 3 February) 125,341 people have tested

positive in England. This is equivalent to a rate of 222.7 per 100,000, and compares to a rate of 650.9 per 100,000 when national restrictions were introduced on the 5 January. Please note this information was accurate at 9 February.

5. Latest available data shows that over the last seven days 4,830 people have tested positive for coronavirus in West Yorkshire (accurate 9 February). Testing levels remain high, positivity is slowly falling, and case numbers are also falling, albeit falling more slowly than some other parts of the country, and more slowly than we observed in the first two lockdowns. Latest data shows that all five places (Bradford district and Craven; Calderdale, Kirklees, Leeds and Wakefield) have a rate similar to or below the national rate. Case rates remain highest in young adults and the working age population, and lowest in children.
6. Rates in the 60+ age group are also falling slowly and this is starting to be reflected in hospital activity. Activity remains high but there are early signs that this is beginning to reduce (accurate 9 February 2021).
7. The variant of coronavirus first detected in Kent (also known as VOC 202012/01 or B.1.1.7) is now the dominant circulating strain in Yorkshire and Humber as well as the rest of the UK. The changes in the spike protein of this variant have resulted in the virus becoming more infectious and spreading more easily between people. This is one of the reasons why the case rate has fallen more slowly compared to the first two lockdowns (accurate 9 February 2021).
8. The number of COVID-19 positive patients in hospitals in West Yorkshire peaked at just over 1000 in mid-November. The numbers then dropped through December before rising again after Christmas to a peak of around 900 in mid-January. We are now beginning to see the impact of the January national lockdown restrictions, with numbers reducing again, albeit relatively slowly. Hospitals remain under pressure, but they are working well together, providing mutual support when required.

### West Yorkshire Vaccination programme

9. The weekly figures show that West Yorkshire is continuing to perform well. The figures are [published](#) weekly at an integrated care system level. West Yorkshire and Harrogate Health and Care Partnership is also known as integrated care system (ICS).
10. A separate report is being shared with WY JHOSC members at this meeting.

### Looking out for one another

11. This pandemic has turned lives upside down and put a greater strain on people's mental health – with many experiencing a range of feelings including anxiety, sadness and loneliness. Support services remain open. This includes video consultations, online support, face-to-face appointments and local 24/7 crisis service hotlines.
12. We launched the West Yorkshire Positive Vibes mini-campaign in partnership with the West Yorkshire Local Resilience Forum in October 2020 and also phase three of the national award winning '[Looking out for our neighbours](#)' community campaign in November 2020. You can read the evaluation report [here](#).
13. On Wednesday 3 February, the Partnership alongside the West Yorkshire Resilience Forum hosted a webinar to hear directly from people who have been shielding, see the initial results of

person centred academic research from the University of Huddersfield; real time feedback from Healthwatch Leeds, and insight into the experiences of shielding staff from Leeds Community Healthcare.

### Care for people with COVID-19

14. We have developed a five point plan to respond to the resurgence in COVID-19 infections since summer 2020, with the intention to:
  - Ensure a consistent approach to prediction / forecasting for the future, providing a basis to prepare for expected peak in COVID-19 activity. This will allow for better planning and greater assurance for staff
  - Ensure that key public health and other interventions are implemented consistently to make a difference to prevalence – including testing, tracing, isolation, vaccination
  - Ensure a greater understanding and oversight of pressures in the system, coordinated in real time across all sectors
  - Ensure that appropriate business continuity and crisis response plans are in place with clear escalation criteria
  - Help build public confidence through collective and visible leadership with clear and consistent messaging. This includes trusted voices in the NHS, VCSE and council leaders.
15. We continue to provide critical and urgent care for COVID-19 patients, their recovery and rehabilitation. Effective management of critical care capacity is essential during this period, as we will need to manage demand relating to both COVID-19 and non COVID-19 people. This is achieved through our critical care group supported by the critical care network.
16. During quarter three, which covers the three months from October 2020 to December 2020, there were 198,598 accident and emergency attendances in the six West Yorkshire and Harrogate acute hospital trusts. This is lower than the same period in 2019 where there were 278,542 attendances. Of those people who attended hospital in quarter three, 83.3%\* were waiting under four hours from arrival for them to be admitted, transferred or discharged. The England position for the same period was 81.6%. \* *Mid Yorkshire NHS Hospitals Trusts is excluded from this figure as they were taking part in a national pilot.*
17. A Winter Delivery Agreement has been developed through the [Urgent and Emergency Care Programme Board](#). This will help to ensure that the right support is in place to support the health and care system to deal with an unprecedented set of concurrent challenges including normal winter demand, the pandemic, adverse weather, and the risks around EU exit. This has streamlined reporting arrangements so there is one route for reporting on winter and COVID-19 pressures.
18. In October 2020, NHSE / NHSI [announced](#) it would be investing £10million nationally to help local services in every part of the country to bring together the right professionals to provide physical, cognitive and psychological assessments of those experiencing enduring COVID-19 symptoms, so people can be referred to the right specialist help. Work has begun to enhance the current provision of services for patients with Post COVID- 19 Syndrome within West Yorkshire and Harrogate and to ensure there are pathways for diagnosis and then self-care/treatment.
19. The Partnership has a Long COVID-19 Networking Group that meets monthly to share good practice and work together where possible. There is good engagement across all partners and we are hoping to agree outcome measures for the Long COVID-19 Clinics and start a health

inequalities sub group to include information in different languages and self-help/services available. This includes working to enhance the care we provide to people with acute COVID-19 to identify deterioration faster and get patients to hospital quicker by using pulse oximetry (a non-invasive and painless test that measures oxygen saturation level or the oxygen levels in the blood) with them in their own homes. We are also establishing COVID-19 virtual wards to support early discharge of patients who are stable from the hospital to their own homes with ongoing support.

### **Personal protective equipment (PPE), test and trace**

20. Across West Yorkshire and Harrogate, the Personal Protection Equipment (PPE) Board works to maintain a supply across all health and care providers in collaboration with the [West Yorkshire Local Resilience Forum](#). All health and care providers can now access the PPE that they need either through the central NHS system, the National PPE Portal for primary care and social care providers or the local distribution mechanisms run by our local councils. Procurement leads from local trusts meet weekly to ensure the supply of PPE is maintained.
21. There is currently enough PPE coming into the area for all health and care sectors. The Clinical Reference Sub-group provides a clinical voice and expertise required to ensure all staff are supplied with appropriate PPE. This includes undertaking standardised testing of PPE procured by organisations within the Partnership for clinical use as per PHE Guidance, and supporting the work of the West Yorkshire Vaccine Programme.
22. Local initiatives to improve PPE manufacturing and supply that were developed in the early stages of the pandemic have now been superseded by more robust and effective national procurement supply chains.
23. We continue to work together across the Partnership to ensure our capacity for COVID-19 testing in West Yorkshire for the population generally, and NHS activity specifically. Since November all NHS 'patient-facing' staff have been requested to test themselves for COVID-19 on a twice-weekly basis. NHS England, hospital trust, clinical commissioning group staff, and public health directors meet regularly to coordinate activity, share learning and support another.

### **Providing other essential health and care services during the COVID-19 incident**

24. In the face of unprecedented demand from COVID-19, it is essential that people know the NHS is still here to help, and that people access the care and support they need. We continue to provide care for people with other health conditions, including the following.

#### **Planned care**

25. Planned care teams are working on a collaborative approach to address waiting lists across the area. The number of planned operations performed will increase significantly once we see a significant and sustained reduction in the rate of new COVID-19 cases across the region.

#### **Primary care**

26. A set of principles have been developed and agreed with primary care colleagues in general practice in West Yorkshire. These have been designed to ensure we have resilient GPs who can continue to contribute to the pandemic during the pandemic and beyond. The principles include GPs using their own professional/clinical judgements in prioritising the services provided to people based on clinical needs and working within their local [primary care networks](#), if needed

to provide mutual aid to each other to protect the resilience of general practice across West Yorkshire.

27. NHS England and NHS Improvement (NHSE / NHSI) have released a [£150m General Practice COVID-19 Capacity Expansion Fund](#) to support GP services through the pandemic until March 2021. We have received £6.41m as our share of the fund and this will be distributed through to places on a fair shares basis. £1.3m of the national [General Practice Forward View Transformation Funds](#) has also been distributed to clinical commissioning groups with a focus on supporting GP retention and resilience.

### **Vascular services**

28. Last year NHSE / NHSI approved the proposals to allow there to be two specialised vascular centres instead of three in West Yorkshire. These changes are part of developing a single vascular network that ensures capacity is available across the whole of West Yorkshire. The 'go live' date was 16 November. One of the specialised vascular centres for the network is based in Leeds General Infirmary due to its status as a major trauma centre; the other specialised vascular centre is based in Bradford Royal Infirmary due to its co-location with in-patient renal care.

### **Stroke care**

29. Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all. Work has been taking place in each of our six local areas. Our priority has been to:
- Prevent strokes happening across the area
  - Deliver effective care when people have a stroke that is sustainable and meets the national standards;
  - Ensure there is good support and rehabilitation for people after a stroke; and
  - Address the ongoing workforce challenges across the area.
30. To achieve this, the stroke clinical network was re-established and in line with recommendations outlined in the NHS Long Term Plan; this network has transitioned into an Integrated Stroke Delivery Network (ISDN). This will ensure that all stroke units will, over the next five years, meet the NHS seven-day standards for stroke care and the National Clinical Guidelines for Stroke. This will include exploring the use of telemedicine for stroke services in response to COVID-19; undertaking gap analysis of community rehabilitation services to identify what, if any, actions are required across West Yorkshire and Harrogate and the development of a stroke performance dashboard to help steer improvement initiatives.

### **West Yorkshire and Harrogate Cancer Alliance**

31. Urgent and time-critical cancer care has continued throughout the pandemic; acute provider colleagues have worked hard to restore services and build resilience to withstand further waves of COVID-19 infection. Our [Cancer Alliance](#) is supporting our system with deployment of Cancer Service Development Funds to:
- Minimise delays to diagnosis and treatment for people on cancer pathways, focussing effort on those pathways and procedures most impacted by the effects of the pandemic; and
  - Mitigate the risk of deterioration in outcomes for tumour groups and/or people who may have been disproportionately impacted by the pandemic and where a proactive approach to encourage presentation may be required.

32. Either stand-alone COVID-19 free 'green' sites or isolated COVID-19 free zones (such as Bexley Wing in Leeds Teaching Hospitals Trust) have been developed within NHS and independent sector hospital estates and used to undertake more diagnosis and treatment in a safe way. Pathways have been adjusted where possible to reduce the need for hospital visits and some patients will have had their management plans modified based on a clinical assessment of risk to the person.

### **Support for people who are clinically extremely vulnerable**

33. The advice to shield at home has been re-issued to the 102,560 residents of West Yorkshire and Harrogate who are clinically extremely vulnerable to Covid-19. This advisory is in place until at least 21 Feb and will be reviewed during this period should it need to be extended. The advice to shield at home means not leaving the house to work; not going to supermarkets or pharmacies in person and significantly reducing contact with anyone from outside the home or support bubble.
34. Councils are using a range of methods to contact clinically extremely vulnerable residents, including text messaging and calls locally to ensure that CEV people have received the updated advice to shield at home and have the right support in place to follow the advice. Employers are being supported to ensure they can support their employees to shield at home and not come into the workplace.
35. Following this advice creates significant challenges for people, but working with partners across the system, each of our local places (Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) have stood up a comprehensive range of support to ensure that people who are shielding can have access to food; prescriptions; financial advice and support; social and emotional support - including peer support, physical activity support and digital access.

### **Supporting health and care staff**

36. Our workforce has been working throughout the pandemic. We have seen 'ordinary people, extraordinary efforts' from staff, volunteers and unpaid carers. Supporting them to stay safe and well during our response is our biggest priority. Without staff, we cannot deliver anything.
37. [The West Yorkshire and Harrogate Health and Care Partnership Five Year Plan](#) made a commitment to develop a system wide workforce plan by January 2020 – building on the [West Yorkshire and Harrogate Workforce Strategy 'A Healthy Place to Live a Great Place to Work'](#) and the Interim NHS People Plan.

The COVID-19 global pandemic has impacted on delivery of this plan and has also raised a new set of workforce challenges which we need to build into our workforce strategies and priorities.

38. The impact of COVID-19 on the health and care system in West Yorkshire and Harrogate as well as on our communities and economy means we need to re-set our people plan priorities in response to this – as well as to ensure we achieve our longer term ambitions.
39. It's helpful to note that our People Board covers all sectors, including social care, unpaid carers and volunteers.

40. Our Partnership has secured funding from NHS England/NHS Improvement to the end of March 2022 of more than £1million to develop and maintain a Mental Health and Wellbeing Hub for all staff working in health and care services in West Yorkshire and Harrogate. Our Hub ambition is to work in collaboration with all our Partnership organisations and services, building on the existing provision in place to ensure that our workforce can access appropriate support for their mental health and wellbeing needs.
41. Staff wellbeing is a top priority across our Partnership with many leaders highlighting concerns about staff stress and burnout through the pandemic. The hub is already beginning to take shape with clinical and other professionals recruited into the project team. Work is underway to connect with a full range of people in our organisations to ensure all voices are heard and needs identified, including those who may be disproportionately affected by COVID-19 and are particularly vulnerable to the effects of the pandemic. In these early stages, the focus of work is on prioritising colleagues in psychological distress so they receive the mental health support they need quickly.
42. Launched on 4 February 2021 'Time to Talk' day, the Partnership's [CheckIn](#) campaign aims to get people in the workplace talking about mental health to prevent the risk of suicide. Over 170 organisations have already registered to get involved. Preventing suicide in targeted areas by 2022 is one of the Partnership's 10 big ambitions. The 'Check-in' campaign aims to prevent staff suicide and promote a wellbeing culture by normalising the conversation around suicide and mental health as well as providing training, including links to credible sources such as the [Zero Suicide Alliance](#), and signposting to support in and out the workplace. The [campaign](#) has been co-produced with people who have direct experience of suicide, has been created by staff coming together from NHS services, councils, Healthwatch and community groups.

### **BAME Partnership support, review report and action plan**

43. The Partnership launched its [review report](#) into the impact of COVID-19 on health inequalities and support needed for Black, Asian and minority ethnic (BAME) communities and colleagues on the 22 October 2020. The [action plan](#) to support this work at pace was approved by the Partnership Board on the 1 December.
44. Progress since the Board met includes:
  - Recruitment of the BAME Fellows, launch of shadow board, leadership training and alignment to partnership programmes
  - A core team in place for delivery for the review action plan. Including the identification of a leadership fellow to coordinate and lead the system response to the review.
  - Presentation and discussion with our People Board and West Yorkshire and Harrogate Programmes to discuss accountability and actions
  - Priority actions emerging to take forward in the coming weeks include: a review of recruitment and selection pathways; a focus on migrant health - identifying population specific actions and working with specific sites for migrant friendly hospitals
  - Mitigation against inequalities in COVID-19 vaccination uptake through sharing insight, intelligence and local approaches to community engagement
  - Continuing to engage with the Voluntary, Community and Social Enterprise (VCSE) BAME Review Panel and the West Yorkshire and Harrogate BAME Network to act as critical friends to the Partnership providing both support and constructive challenge
  - A project group established to take forward an anti-racist campaign / movement across communities and organisations – which must be embedded into system change and culture.

45. An update on the progress made will be shared with [West Yorkshire and Harrogate Partnership Board](#) on Tuesday 2 March. The meeting is held in public via Teams.

### **Understanding the wider impact on population groups**

46. The pandemic has highlighted increased population health needs related to exacerbated health inequalities. We have continued to provide public health input throughout the pandemic and have been able to articulate the direct and indirect impact of the pandemic and how this may disproportionately affect specific groups of people. This in turn has influenced reset and stabilisation plans for our [priority programmes](#) across the area.
47. The Partnership published the first [Annual Report](#) from our Improving Population Health Programme in December 2020. The Report provides a digest of the year's work, case studies and a look ahead to what's planned for this year and next.
48. The Partnership launched the [Health Inequalities Academy](#) at the beginning of February to share experiences and plans for further action to be delivered by the health, care, community and voluntary services organisations that make up the Partnership. The launch took place over three days with international, national and local speakers. It also included workshops with key areas of work, including tackling health inequalities for people with learning disabilities, the impact of violent crime and climate change.

### **Mental health, learning disabilities and / or autism**

49. The Mental Health, Learning Disability and Autism Collaborative continue to take forward existing transformation work and respond to the COVID pandemic. This includes developing more integrated community mental health teams within places, supported by specialist regional capacity, agreeing plans to improve service provision in West Yorkshire for people with complex mental health rehabilitation needs and supporting one another to respond to service pressures through mutual aid conversations.
50. The second of our big [ambitions](#) as a Partnership is to achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.
51. Alongside the development of a 24/7 mental health crisis line; we have launched the [Great Minds suicide prevention project](#). This targets men and their wellbeing. We also continue to develop the [Grief and Loss Support Service](#) and the [Suicide Bereavement Support Service](#). Other work includes establishing a children and young people's voice group, the wider roll out of [advance care planning](#) (including dementia) and the [DadPad](#).
52. We are acutely aware of a report published by [Public Health England](#) (PHE) in November which has discovered 451 per 100,000 people registered as having a learning disability died with COVID-19 between 21 March and 5 June 2020. We already have work underway to help reduce this inequality but are taking stock to identify what more can be done to reduce the gap in life expectancy for people with a learning disability compared with the wider population. This will include identifying how the Partnership pushes this work further, faster. This will be underpinned by health intelligence and supported by our [Health and Care Champions](#) who are people with learning disabilities. It will also involve a focus on personalised care to support further uptake of health checks and shared decision making; specialist roles, changes to assessment procedures and communication across a range of health and care providers and the development of the 'Think LD' promotional material.

53. The responsibility of this work will span across the whole of the Partnership and include:
- Every organization equipped to better support people with learning disabilities and /or autism
  - Further alignment to local Health and Wellbeing Being Boards and wider determinants of health, including jobs, education, housing and employment opportunities
  - Work taking place in councils, child and adult transition and the increased take up of healthcare checks
  - Tracking the data so we can equip our workforce to develop an improved service framework, helpful to all sectors, including voluntary and community social enterprise sector and unpaid carers.
54. An update on the [assessment and treatment units](#) for people with complex learning disabilities will be discussed in a separate report.

### **Third sector resilience: Before and during COVID-19**

55. Our voluntary, community and social enterprise (VCSE) sector partners and charities are playing a crucial role in supporting those who are most in need, building on the strength and relationships they already have with local communities and neighbourhoods; and adapting their services to meet growing and changing needs.
56. The Partnership's [Harnessing the Power of Communities Programme](#) published a report in July 2020 titled '[Third Sector Resilience: Before and during COVID-19](#)'. The findings of the [second resilience survey](#) undertaken in September/ October 2020 on the state of the VCSE sector in West Yorkshire and Harrogate set out the current position of the sector and the evidence for increased strategic engagement, shifting investment towards preventing ill health and community based support, particularly mental and emotional resilience – whilst working towards ensuring funding is joined up, accessible and long term.
57. As a result of two VCSE surveys , six areas have been agreed for development:
- A shift towards prevention
  - Joined up, longer term, accessible and inclusive funding
  - VCSE engagement at all levels, at the outset of any work
  - Streamlined, simplified commissioning
  - Investment in local VCSE infrastructure
  - Investment in volunteering

The Partnership has signed up to these areas of change, and is now working with partners to turn these into meaningful actions at primary care network, local place and system levels to take this work forward.

### **Integrated Care System (ICS) national policy development**

58. In November the NHSE / NHSI Board set out the direction of travel for ICSs and [proposed options](#) for legislative change to support this. There is much to welcome in the proposals for the future of ICS arrangements. The vision set out in the document fits well with the approach we take in West Yorkshire and Harrogate, including our future ambitions and how we continue to work together to improve the lives of the 2.7million people living here. The recognition of the health and care system within the economy and the recognition of wider determinants of health is a good addition to the national perspective on how partnerships should work.

59. The work that we have been progressing in each of our local places to develop stronger integrated care partnership arrangements across the NHS, councils, providers, VCSE partners and Healthwatch is essential to our future ways of working. We have been clear in our plans since 2016 that commissioning functions will move to greater work at system, place and in support of provider collaboratives.
60. Our Partnership responses to the consultation submitted on the 8 January are [here](#). The government will be making a decision on next steps following NHS legislation / advice, with the potential for a bill, with legislative intent later this year, with the next step being royal descent (all to be confirmed).
61. We continue to work with NHSE/I to understand the implications of these changes, and have begun a process to review our ways of working so that they continue to be as effective as possible. It is critical that we are able to provide certainty for staff affected by these changes as soon as possible.

## **Economy**

62. The economic impact of COVID-19 has led to significant job losses and to a recession which brings additional risks to the health of our population. It also means that the potential economic benefits of the health and care system in terms of jobs, large capital schemes, innovation and med tech must be secured. The [West Yorkshire Economic Recovery Board](#) (ERB) is chaired by [Councillor Susan Hinchcliffe, Leader of Bradford Council](#). The Partnership feeds directly into the ERB and the role of our sectors in supporting the economy and health is reflected in the [recovery plan](#).

Thank you for your continued support to WY&H HCP, during these challenging difficult times. We truly believe that only by supporting and working together can we save lives, better support our colleagues and deliver the best care possible for the 2.7million people we, and you, serve.

**Ian Holmes, Director for  
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