West Yorkshire and Harrogate Health and Care Partnership Board Briefing Session

Tuesday 5 May 2020

www.wyhpartnership.co.uk  @WYHpartnership
Hello my name is...
Our COVID-19 response

Integrated Care Systems (ICS) have a fundamental role to play in tackling the corona virus pandemic.

The strength of our relationships, our infrastructure and governance is being applied to be the biggest challenge faced for generations.

In weeks we have seen fundamental changes in the way care is delivered.

Objectives & principles of our Five Year Plan are still important to our Partnership – we need to work towards them in the COVID-19 context.
Structure, links, resources

- **COVID RDM+ Strategic Group**
  - Including PHE, army, cell leaders and Incident Response Director

- **Regional Incident Coordination Centre**
  - Coordinate, Contingency

- **National Incident Response Board**

- **National Incident Management Team**
  - Plan, Transform

- **Regional Director**
  - Locality directors

- **Amanda Pritchard**

- **8 Local Resilience Forums (LRFs)**

- **ICSs** – support to systems, LRFs and cells

- **Cells**

- **Incident Response Director**

- **Dept. of Health and Social Care**

- **NHS England / Improvement**

- **The Ministry of Housing, Communities and Local Governments**

- **28 local authorities**

- **31 NHS Trusts and FTs, 2 Ambulance Services Trusts, 25 CCGs, primary care (Gen practices x1048, comm pharm, dentists, optom) 185 Primary Care Networks**

- **Includes Army colleagues**
Our priorities during the COVID-19 incident will evolve

**PHASE 1:**

- Supporting the exponential increase in critical care capacity
- Supporting safe and effective discharge to communities, to free up acute beds
- Supporting the 1.4m ‘vulnerable’ people shielded from the virus, & other groups who are likely to be most effected by social distancing
- Ensuring continuation of other essential areas of business.

**PHASE 2:**

- Continuing to provide critical & urgent care for Covid-19 patients, their recovery and rehabilitation
- Providing essential health & care services during the Covid-19 incident for other population groups
- Continuing to support people who are shielded
- Keeping health & care colleagues safe & well
- Understanding the wider impact on different population groups, including BAME / older/LD/mental health/safeguarding/other vulnerable people
- Co-ordinating our reset to the new ‘normal’ (stabilisation and reset) – including responding to future peaks.
## Phase 2: Current tasks

<table>
<thead>
<tr>
<th>Priority</th>
<th>Specific WY&amp;H work areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuing to provide critical and urgent care for COVID-19 patients, and their recovery and rehabilitation</strong></td>
<td>• Supporting WYAAT liaison function&lt;br&gt;• Support to the Y&amp;H Nightingale facility&lt;br&gt;• Supporting adoption of digital solutions in the care sector&lt;br&gt;• WY&amp;H approach to clinical ethics&lt;br&gt;• WY&amp;H bereavement support</td>
</tr>
<tr>
<td><strong>Providing essential health and care services (including critical and urgent care) during the COVID-19 incident for non-Covid need</strong></td>
<td>• Maintenance and recovery of cancer services&lt;br&gt;• Management of TIA during COVID-19&lt;br&gt;• ‘NHS is still here for you’ communications</td>
</tr>
<tr>
<td><strong>Continuing to support people who are shielded</strong></td>
<td>• Identifying funding options for VCS organisations&lt;br&gt;• Violence reduction during COVID-19.&lt;br&gt;• Sharing good practice approaches and learning across WY&amp;H via Director Public Health Network</td>
</tr>
<tr>
<td><strong>Keeping health and care colleagues safe and well</strong></td>
<td>• WY&amp;H co-ordination of PPE supply&lt;br&gt;• WY&amp;H co-ordination of WY&amp;H testing&lt;br&gt;• Developing a consistent offer for staff health and wellbeing</td>
</tr>
<tr>
<td><strong>Understanding the wider impact on different population groups</strong></td>
<td>• Analysis of mortality by place and population&lt;br&gt;• Identifying funding options for VCS organisations&lt;br&gt;• Health inequalities grant funding</td>
</tr>
<tr>
<td><strong>Co-ordinating our reset to the new ‘normal’ (recovery), including responding to future peaks</strong></td>
<td>• Developing WY&amp;H approach to system stabilisation and reset&lt;br&gt;• Capturing and systematising learning / innovation during the COVID-19 incident</td>
</tr>
</tbody>
</table>
Entering the 2\textsuperscript{nd} phase of COVID-19 national response

- Continue at Level 4 National Incident / orgs to retain their EPRR incident coordination functions
- Expect to be looking after several thousand Covid19-positive patients, hopefully with continuing weekly decreases
- Pressure on staff will remain unprecedented, they will need active support.
- Emerging data: people from BAME backgrounds are disproportionately affected by Covid19. Compassionate, supportive leadership / intelligence at national, WY&H (known as an integrated care system: ICS) and local level is key.
- Increased demand for Covid19 aftercare & support in community health services, primary care, & mental health
- Ensure people are safely & appropriately discharged from hospital to a care home are first tested for Covid19. How the ICS collectively supports care homes is in view, i.e. how we shield these homes, safely discharged to care homes.
- Uncertainty as to the timing and extent of the likely rebound in emergency demand (retain surge capacity)
- Opportunity to begin to release & redeploy some of the treatment capacity that could have been needed while the number of Covid19 patients was rising so sharply. Caution not to step back too soon.
BAME staff and populations: Your role in making a difference

Every leader in the NHS (and politicians too) can commit to both those objectives and others by:

- positively and overtly valuing equality, diversity and inclusion both for its own sake and for its impact on care quality and staff wellbeing
- practising compassionate leadership – attending to those they lead, understanding their challenges, empathising and helping
- providing stretching project and career opportunities for staff from minority ethnic groups while providing good support
- learning about the research evidence on how diversity is associated with team and organisational effectiveness and innovation in healthcare
- creating fair and just cultures in their teams and organisations
- mentoring and coaching staff from minority ethnic groups and creating opportunities for reverse mentoring. For example, Sir Simon Stevens, Chief Executive of NHS England, has reverse mentoring from Habib Naqvi, Deputy Director of the WRES (Workforce Race Equality Standard) Programme
- assessing their performance as inclusive leaders ensuring everyone they lead feels included by their leadership
- ensuring all team members commit to the objectives above and receive regular supportive feedback.
Personal Protective Equipment

• Access to PPE is one of our biggest concerns of staff working in health & care services right now
• Working with Local Resilience Forum (LRF), West Yorkshire Combined Authority (WYCA), NHS national supply chain, local manufacturers
• Work across WY&H to improve access to the national & alternative supply chains; the flow and distribution of PPE, & to ensure that we can support each other with mutual aid when necessary.
• The aim is to have enough PPE to keep our staff protected & to ensure local reserves stored & available to draw upon when needed.
Virus testing / contact tracing & tracking

• Scaling up testing capacity to protect the vulnerable, support keyworkers, and ultimately save lives

• Testing gives people the information they need – whether to continue their isolation / or to go back to work

• Key workers include: NHS, local authority; prison service; fire and rescue service; the police; keyworker teachers; and mental health, primary care, independent care providers, community health services & key transport workers

• Various ways / places where keyworkers can access tests:
  - Their own orgs
  - Temple Green in Leeds / Bradford University, Horton Road
  - Four satellite services at Halifax, Huddersfield, Keighley & Wakefield
  - Mobile units

• Working with Public Health England, the Care Quality Commission & the Association of Directors of Adult Social Services re: care homes / independent sector testing

• Contact tracking and tracing. Project team being set up with public health, NHS and council colleagues.
Social care

Parity of esteem

- Councils spent hundreds of millions more than expected during the lockdown on providing social care, PPE for staff, housing rough sleepers, supplying emergency food packages, while losing large amounts in lost revenues from council tax, parking charges & leisure fees.
- Enhancing care & support to those in care homes & in their homes as well as shielding responsibilities / wrapping support around people who are isolating.
- Responding to the upsurge in domestic violence incidents.
- Supplies of PPE is causing anxiety amongst employers, staff, & families.
- People who rely on social care are more vulnerable to catching & dying from Covid-19.

Care homes

- Deaths at some of the largest care home networks having surged by more than 70% in the last two weeks - peak in care homes / community yet to be realised.
- Reporting of care home prevalence / understanding complexity of care homes.
- Long term care home sustainability (when previously 99% occupancy).
Communities

- Our local councils are leading on three areas of support:
  - Direct delivery of food
  - Medicines and support through community pharmacy
  - Social support, including around emotional health and wellbeing, often via voluntary and community organisations

- Community volunteering hubs in each place. Take referrals from orgs or people can self-refer

- Working with NHS Volunteer Responders to establish better links with local provision

- Across West Yorkshire and Harrogate, the voluntary and community sector (VCS) continue to experience a high level of demand on their services

- Linking VCS organisations working in direct care into opportunities to access testing, PPE, access to technology

- Exploring national funding opportunities.
Health inequalities

Supporting BAME staff and communities

• Government action to tackle fatalities from Covid-19 in black and Asian communities
• Compassionate, caring, leadership support for the wellbeing of BAME staff across West Yorkshire & Harrogate
• Shaping the development of new research initiatives locally & nationally on the impact of COVID-19 on BAME communities & mortality rates, including work with the National Institute of Healthcare Research (NIHR)
• Working to ensure that ethnicity is recorded on all COVID related death – to better understand community needs.
Health inequalities (hitting some communities harder than others)

- Low income families / child poverty / concern for at-risk children during lockdown / educational disparities will grow
- Lower-paid sectors are hit hardest (Mar 2020, 67,155 jobless claimants in Leeds City Region, with 57,330 claimants in West Yorkshire. Between Feb and Mar 2020, the count increased by 1,040 (+2%) across the City Region and by 855 (+2%) across West Yorkshire, reflecting the rate of increase seen nationally – also 2%)
- ‘Keeping people connected’, for example people with learning disabilities / autism
- Carers programme: ‘Plan B’, hospital discharge pack
- Mental health support: drop in referrals, people not accessing help who need it the most, increase in childhood trauma; mental health and links to violence
- Working to embed a public health approach / evaluation tool for all programmes of work. Links to increase in domestic abuse; inter-familial sexual / physical abuse; exploitation of young people; changes in drug use behaviour & supply leading to possible increase in demand on healthcare.
The economy

- Job posting in West Yorkshire between 23 Mar & 20 Apr down by 23%
- Of 800 companies with high growth potential tracked by Beauhurst in West Yorkshire, 161 judged to face ‘critical’ or ‘severe’ impact & disproportionately in leisure, retail & construction
- Centre for Progressive Policy ranked potential economic impacts on local authorities from Covid-19 from 1 (most affected) to 382 (least effected). Leeds City Region figures:
  - Bradford 264
  - Calderdale 249
  - Craven 16
  - Harrogate 229
  - Kirklees 66
  - Leeds 285
  - Wakefield 206
- Data suggests a c. 90% fall in public transport use during the lockdown period
- As of 20 Apr, local authorities in West Yorkshire have paid out £254.4m, 21,500 businesses as part of two grant schemes established to help businesses through the coronavirus crisis – the Small Business Rate Relief Scheme and the Retail, Hospitality and Leisure Business Grants Fund.
Finance and funding...

• In 2019/20 the Partnership agreed to sign up to a shared control total

• To protect all the funding for the Partnership a number of other organisations, including hospital trusts and CCGs, agreed to improve their position to ensure we achieved overall financial balance

• Represented a different way of working, with organisations actively looking to help out others in a true spirit of Partnership & collaboration. Put simply this means a £36m surplus on a budget of £4.1bn, or about 1%. This really is positive news – and is all down to the strength of our relationships and Partnership approach.

Also...

• £450,000 of funds has been made available to voluntary and community organisations to help tackle the impact on people’s health affected by COVID-19, as part of our improving population health management programme. This additional to the £1.9m allocated to the Harnessing Power of Communities Programme

• Postvention/bereavement sites (2020/21) = allocation will be £173,000 / Suicide Prevention Transformation Funding (2020/21) = allocation will be £520,000. Sadly this will be needed.
Still here to help

Since the lockdown

• Clinical Forum concerned by the drop in number of people seeking advice through their GP resulting in a marked reduction in, for e.g., urgent cancer referrals & evidence suggests up to 20% reduction in confirmed strokes

• Non-Covid-19 respiratory visits to GPs fell by 75% from the 16 Mar introduction of distancing

• A&E visits have fallen significantly, with a 29% drop year on year for Mar

• WY&H figures (Tues 21 Apr) showed the aggregate performance for A&E departments was 95.4%. Bed occupancy in WY had decreased from 95% to 48% over the past 6 weeks. Figures for 25 Apr – aggregated to 92.6% overall

• Daily hospital visits for suspected heart attacks halved from 300 to 150.

Public campaigns

• Help us help you. A new national public information campaign

• Bradford District and Craven partner campaign reminds people across the area & beyond that local health and care professionals, council services & voluntary and community organisations are #StillHereToHelp.

• NHS Leeds ‘Your NHS is here for you’.

• 'Care for Others. Make a Difference', will look to inspire the public to consider a career in social care.
A true Partnership response

• Public Health input at all levels – from testing to insight and intelligence
• Working with independent, private sector like never before
• Revolutionising the way we ‘do business’ from digital to innovation
• Sharing resources, staff, equipment, support
• Collaborating at every level.
What next...

Covid-19 hasn’t gone away

- To consider how we restore services to hundreds of thousands of people – while retaining Covid capacity
- Reviewing clinical priorities
- Embracing, continuing to deliver innovations in the way care is delivered, for e.g. digital
- Capturing the learning
- Task ahead is to make sure we have the right safeguards without rebuilding barriers that have held us back for years
- Understanding the trauma that has been experienced by staff
- Awareness of mental health of the population, the untreated disease, delayed operations, the undiagnosed conditions
- Reset must mean revisiting our Five Year Plan
- Continuing as an integrated system with local authorities, sustainable voluntary sector & independent sector partners.