West Yorkshire and Harrogate Health and Care Partnership

# West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

| **Summary report** | | | |
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| Date of meeting: 7 July 2020 | | Agenda item: **83/20** | |
| Report title: | Our response on COVID-19: Implications for the Joint Committee | | |
| Joint Committee sponsor: | Ian Holmes, Director WY&H Health & Care Partnership | | |
| Clinical Lead: | | | |
| Author: | Ian Holmes | | |
| Presenter: | Ian Holmes | | |
| **Purpose of report**: (why is this being brought to the Committee?) | | | |
| Decision | | Comment | ✓ |
| Assurance | ✓ | | |

**Executive summary**

Over the past 4 months our health and care system has mounted an effective response to the initial surge in the COVID-19 pandemic. As we move to into a more stable situation our focus is turning towards how we continue to meet the needs of people with COVID and other conditions. This paper describes the approach we have taken, and how we are refocusing our programmes to support the response.

**Recommendations and next steps**

The Joint Committee of CCGs is asked to:

a) Note the approach set out in response to the pandemic, and the programme priorities for the next phase of the response.
b) Note the next steps to develop a revised forward plan for the Joint Committee based on these new priorities.

**Delivering outcomes:** describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

This paper describes the partnership activities we are taking forward in response to the COVID-19 incident. It relates to the health, care quality and safety ambitions set out in our 5 year strategy.

**Impact assessment** (please provide a brief description, or refer to the main body of the report)

| | |
|---|---|
| Clinical outcomes: | |
| Public involvement: | |
| Finance: | |
| Risk: | |
| Conflicts of interest: | None identified. |

# Our response on COVID-19: Implications for the Joint Committee

## 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 what this means for the Joint Committee work plan moving forward.

## 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<br>Focus on critical care and building capacity to respond to Covid-19 |
| 2 | April-June 2020 | Immediate recovery actions post-Covid-19 surge<br>Focus on urgent activities |

| | | |
|---|---|---|
| 3 | July 2020 – March 2021 | More comprehensive planning review<br>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 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 expended 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 grou**ps 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 programmes and the Joint Committee work-plan**

15. It is clear that this is a uniquely fast moving environment and priorities and pressure points will change frequently and that an agile response is essential. While the specific focus of our work has changed, our Five year plan continues to set the high level objectives that we work towards.

16. All of the West Yorkshire and Harrogate programmes have been through a process to refocus their priorities for the next phase of the response. **Annex A** provides revised summary plans for each of the work programmes where decision making has been delegated to the Joint Committee. These have been revised in line with the priorities set out above. Clearly these plans will be kept under regular review. We are anticipating planning guidance from NHSE/I later this month which may have a material impact on their scope and focus.

17. Under normal circumstances, by the time of this meeting the draft Joint Committee workplan would have been turned into a detailed forward plan for this Committee, outlining key milestones and decision points for the rest of the year. Programme Directors have indicated that given the present uncertainty over reframed priorities and timescales, they have not yet been in a position to forecast with any precision a timetable for future commissioning decisions. The Governance Lead will continue to work with Programme Directors to develop a work plan for the year in line with these revised priorities.

18. As an example, The Joint Committee will want to consider whether it puts additional focus on mental health transformation in light of the COVID pandemic. Pre-COVID, the MHLDA programme undertook individual service user needs mapping for those with complex mental health rehabilitation needs and is close to the point of needing to finalise community models and a business case for capital investment. This service will reduce the number of people being cared for out of area and help address the inequality these individuals face. Post-COVID we do not yet know the impact on the mental health of our communities but expect increased, sustained support will be needed. Work is underway to identify potential WY&H scale psychological support for health and care staff, BAME communities and those who have experienced COVID illness. It will be important to get Joint Committee input and decisions on such services over the coming months.

19. Alongside stabilisation and reset, the main development which will influence the Joint Committee's future priorities and approach is the commissioning futures work, for which Esther Ashman has been appointed Programme Director. Moving forward, the Committee's work plan and role will need to evolve to reflect:

    - previously-agreed priorities as reflected in the revised work plan.
    - new priorities arising from the stabilisation and reset process.
    - new priorities and ways of working arising from the commissioning futures work.
    - strengthened approaches to mutual accountability and to measuring the impact of the Committee's decisions on health and well-being outcomes.

20. We will consider this work in more detail at a future session.

**Conclusion and next steps**

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

22. Note the next steps to develop a revised forward plan for the Joint Committee based on these new priorities.

# West Yorkshire & Harrogate Cancer Alliance – COVID 19 Recovery

West Yorkshire and Harrogate Cancer Alliance

West Yorkshire & Harrogate Cancer Alliance Priorities

## Building coordinated support for people affected by cancer and build public confidence over using NHS services

**Patient communication and information:** Support consistency of message to cancer patients whose care is affected by COVID 19. Ensure patients have access to personalised care to reassure patients and provide support. Continue engagement with patients and public via Yorkshire Cancer Community and Patient Panel so that we understand what is most important at this time and restoration of services is done in a way that people will feel confident to use.

## Support stabilisation and reset of cancer services

**Innovation:** Rapid deployment of new tests and devices to mitigate risk of increased diagnostic waits. To risk stratify patients with a cancer referral so high risk cases are prioritised and low risk cases can be managed appropriately. Explore and implement alternative diagnostic options to endoscopy.

**Referral processes and pathways:** Implement Alliance wide policy for management of suspected cancer referrals, ensuring they are assessed and triaged appropriately virtually/by telephone. Ensure safety netting procedures are in place for patients to be followed up if symptoms worsen or do not resolve

**Cancer Treatment modalities:** Implement national guidance on the management of cancer specialties (surgery, chemotherapy and radiotherapy). Work with clinicians to develop a do once and share approach to ensure standardisation across WY&H and collaborate and learn from other Alliances. Rapid and co-ordinated dissemination of national guidance on clinical prioritisation.

**System resilience and capacity planning and co-ordination:** Development of a system wide proposal to maintain cancer treatment during COVID 19 response/recovery and co-ordinate implementation once agreed. Track and model the impact of cancer referrals and activity to identify system surgical and non-surgical treatment capacity required to recover cancer activity. Establish a WY&H cancer patient tracking list (PTL) to provide system oversight of patients on pathways affected by COVID 19. Support rapid and regular communication routes between Alliance stakeholders, cancer providers and WYAAT and Planned Care to provide system intelligence on cancer including CWT performance and capacity to respond to COVID 19 impact. Share examples of policy and protocol development to ensure consistency of practice.

## Restoration and Restart of Key NHS Long Tem Plan Deliverables

**Rapid Diagnostic Centres:** Explore acceleration of RDC model to enable assessment of patients referred on 2WW with concerning but not red flag symptoms

**Targeted lung health checks**: review options for starting Targeted Lung Health Checks as part of expanding national programme. Although requiring input from pressured specialties therefore timing is to be negotiated it could mitigate impact of reduced lung referrals/potential increase in late presentation.

**Personalised Stratified Follow Up:** Accelerate the implementation of PSFU within 4 main tumour sites. We will then have a strategy in place to cope with the inevitable rise in referrals, as fewer patients will be seen in traditional OPA follow up clinics, thereby providing capacity for newly diagnosed patients.

**Healthy Communities Programme:** recommence work to improve screening uptake and broaden programme to take a wider health improvement approach incorporating cancer prevention in collaboration with the Improving Population Health Programme

# MHLDA Programme: June 2020 'Plan on a page'

West Yorkshire and Harrogate Health and Care Partnership
Mental Health, Learning Disabilities & Autism

**Delivering pre-COVID priority workstreams**

- Learning Disability – Closer integration of work across TCP and wider learning disability transformation agenda (reasonable adjustments, Learning Disability Improvement Standards). Delivery of the final commissioning and operating model for the ATU centre of excellence following engagement process. Continued delivery of Transforming Care Programme priorities.
- Autism – Refining priorities from the March 2020 system-wide workshop, including understanding the COVID impact on waiting lists and support for service users
- Secondary Care Pathways – Building on PICU modelling to work through clinical and operational pathways and a proposed collaborative approach. Reviewing community service provision, sharing learning and joint work to test and roll-out wider schemes to reduce admissions and enhanced step-down/discharge.
- Improving determinants of health – Facilitate place-based local funding initiatives for Wave 3 suicide prevention funding, and system-wide schemes on real-time surveillance and training. Continued support for postvention and trailblazer schemes and development of targeted suicide prevention campaign. Understanding who is/who is not accessing perinatal mental health services and how to prioritise access for under-represented communities, including interface with regional Mother and Baby Unit. Development of actions for the MH Prevention Concordat.
- Children & Young People - Supporting learning on Whole Pathway Commissioning for Children & Young People's Mental Health; holistic needs assessment with One-Adoption WY, case studies of those with neurodiversity and potential non-clinical support earlier in their lives and learning with Leeds place on earlier support and roll out of learning from the Transforming Care Programme. Supporting the development of clinical pathways and recruitment into the WY CAMHS unit.
- Specialised services – completion of the Adult Eating Disorder lead provider model and final development of the business cases for CAMHS and Forensics
- Complex Rehabilitation – finalising the proposed clinical/operational models and the capital business case

**Delivering ongoing support and response during COVID**

- Supporting effective collaboration between the NHS MHLDA providers to share learning , make collective decisions and escalate risks via weekly Crisis Pathways discussions with YAS and WYP, ATU operational meetings and Mutual Aid calls.
- Secondary Care Pathways: Planning for potential autumn COVID surge and increased mental health impact of initial peak across the MHDLA collaborative
- Continued operation and review of effectiveness of Keeping Connected project for people with neurodiversity and the Grief and Loss Helpline
- Continued consolidation of useful communications and distribution across MHLDA partners.

**Delivering new priorities as a result of COVID**

- Improving joint working across the MHLDA collaborative through a review and proposal regarding the potential to standardise Prevention & Management of Violence and Aggression training. Building on this work to consider the role and operation of a Collaborative staff bank.
- Identifying potential system-wide interventions for psychological support, investigating the potential offer for health and care staff, BAME communities and for those people who have experienced COVID illness.
- Sharing and consolidating learning from new ways of working such as virtual consultations, and how we take this learning forward or even standardise expectations, processes and clinical models

# Maternity Plan – COVID19 Response

West Yorkshire and Harrogate Health and Care Partnership
Local Maternity System

| Programme Priorities | Commissioning | Prevention/ Improving Population Health | Choice & Personalisation | Safety | Perinatal Mental Health | Digital |
|---|---|---|---|---|---|---|
| **Objective** | Establish a consistent commissioning approach across WY&H. | Ensure Public Health included in all elements of LMS Planning and underpins better outcomes for women and their families. | Ensure all women and their families are aware of the choices available and their preferences are heard across Maternity & Neonatal Care. | WY&H LMS will have safety at their core. Plans will set out how safety will be maintained and improved. | Improve outcomes and increase access to services for women at risk of or are experiencing Perinatal Mental Health difficulties. | Using digitalisation as a key enabler to improve maternity services across the WY&H LMS. |
| **Deliverables** | • Working together to identify opportunities to adopt a consistent commissioning approach. | • PH & Prevention recommendations have been reviewed as a result of COVID and will be launching and beginning implementation. | • All women will have a personalised care plan.<br>• Continuity of Carer (CoC) will be provided for the majority of women across WY&H.<br>• Women involved in C&P service development. | • Working with Neonatal services to improve outcomes for all babies.<br>• Ensure measures are put in place to reduce the rate of stillbirth, neonatal & maternal deaths and brain injuries.<br>• Achieve Saving Babies Lives 2. | • Reduce variation within maternity services .<br>• All women who require support will have timely access to Perinatal Mental Health (PNMH) services.<br>• Raise awareness of PNMH for women and their families. | • All women to have access to their electronic patient record.<br>• Facilitate the sharing of clinical records across the LMS.<br>• Have a platform to provide consistent information to enable women's choice in maternity care. |
| **Programme Activity** | • Collaboration with the Commissioning Futures Programme.<br>• Development of a Maternity Service Specification . | • Reproduction and postnatal contraception.<br>• Engagement of vulnerable groups<br>• Exploring use of virtual parent education classes. | • Continue to work towards the CoC trajectories.<br>• Recommence the development of a Personalised Care Plan.<br>• Progress the development of Choices Web /app. | • Working collaboratively to respond to the Neonatal Newborn Care Review.<br>• Work continues to compile a report from the WY&H Induction of Labour Audit. | • Scoping exercise undertaken to understand existing services.<br>• A bid for the Maternity Mental Health Assessment Clinics is being prepared . | • The Data Sharing Project continues and the technical gap analysis has been completed.<br>• Work on the Choices Web/app has commenced. |

# Stroke Plan – COVID19 Response

| Programme Priorities | Stroke Clinical Network | Prevention | Acute | Community Rehabilitation | Digital |
|---|---|---|---|---|---|
| **Objective** | Establish the West Yorkshire & Harrogate Stroke Clinical Network. | Reduce the incidence of stroke and avoidable deaths due to stroke. | Minimise the long term effects and improving the quality of life for survivors. | | Utilise technology to improve stroke care and the patient experience and outcomes. |
| **Deliverables** | • Secure Network Manager and Administrative support resources.<br>• Refresh stakeholder mapping exercise.<br>• Identify interdependencies.<br>• Identify future priorities for the Network (e.g. Long Term Plan, workforce developments) | • Investigate methodology / resource required in response to the Y&H AHSN Atrial Fibrillation Programme Report. | • Management of TIA's during COVID 19 response.<br>• Identify the key priorities for stroke services for the reset and stabilisation phase.<br>• Define measures for reporting of performance. | • Undertake a gap analysis of Community Rehabilitation services to identify what if any actions are required across WY&H. | • Explore the use of telemedicine and AI for stroke services. Ensuring stroke provision is considered as part of the capital funding bids. |
| **Programme Activity** | • Terms of Reference developed.<br>• Project plan and risk register developed.<br>• Stakeholder mapping summary updated.<br>• Network Board and fortnightly clinical lead meetings established.<br>• Progress recruitment of Network resources.<br>• Mechanisms for working collaboratively with other ISDNs established.<br>• Sharing of the learning gained through the COVID19 response. | • Review Y&H AHSN recommendations and define actions required. | • Management of TIA's during COVID 19 guidance developed.<br>• Capture lessons learned during COVID19 response.<br>• Develop a plan for the reset and stabilisation phase of the COVID 19 response.<br>• Develop dashboard to report on performance of stroke services across WY&H. | • Gap analysis of Community Rehabilitation services is underway and recommendations will be shared with stakeholders.<br>• Identify how Community Rehabilitation Services can meet the needs of patients during the next phase of the COVID 19 response. | • Working with digital and clinicians across Y&H to define the specification requirements for the introduction of a standardised telemedicine solution. |

# Urgent and Emergency care programme reset

### Key drivers

- Only 3.4% of A&E attendances were referred there by NHS111 – 96.6% of patients attending A&E went there unilaterally or were conveyed by ambulance
- Increased and unfettered access to A&E departments – exponential year-on-year growth
- COVID social distancing and staff absence impacting on already stretched A&E capacity
- Increased triage has already demonstrated a positive impact on patients getting the right advice and directed to the right services, if needed

### Opportunities

- Primary care access and availability (directly bookable slots);
- Alternative out-of-hospital urgent care services
- Increased call handling and clinical assessment capacity
- Technology – full access to patient records and IT functionality across all parts of the UEC system and crucially with Emergency Departments
- Marketing – ensuring the public understood that this was not about gatekeeping but ensuring the best care, in the best place at the right time
- UTCs as part of the Integrated UEC offer
- Expanded Directory of Services associated with 111

### Priority areas

1. Supporting a single Yorkshire and Humber Strategy, aligned to the national and regional approach to 'Talk before you walk', for integrated urgent and emergency care with a focus upon:
   - Telephone/on line triage via 111/999/General Practice
   - Referral to Emergency Departments/Urgent Treatment Centres via triage
   - Alternative/enhanced pathways via triage/Directory of services
   - A pre bookable model
2. A co-ordinated approach to public messages on accessing urgent and emergency care

### Wider Partnership Interfaces

- Primary and Community Care
- Mental Health
- Children and young people
- Harnessing the Power of Communities
- Improving Population Health
- Personalised Care
- Digital
- Workforce

- Y&H CCG AOs are in full support for the principles, values, behaviours and operating model (agreed on 16th June 2020)
- A Y&H Task and Finish group is being established week commencing 22nd June 2020
- The WY&H UEC programme board will meet on 21st July 2020 to agree key actions

# IMPROVING PLANNED CARE - Plan on a page 26 June 2020

## SUPPORTING STABILISATION AND RESET IN PLANNED CARE

### Immediate priorities

1. Understanding diagnostic demand and capacity
   - CT and Endoscopy
   - Identifying unused capacity and matching with unmet demand (prioritised)
   - Understanding ongoing demand for diagnostics and modelling capacity requirements
2. Rethinking Referral
   - Shared approach to primary and secondary care interface
   - Principles for 'turning on' referrals
   - Outpatients transformation, including learning from and embedding the progress in using the 'Attend Anywhere' platform, and other digital innovations

### Short to medium term priorities

1. Elective Hub
   - Development of concept
   - An approach to mutual aid / mutual support across acute trusts based on a shared high level framework for prioritisation (Priority 1-4 surgery)
   - Diagnostic and surgery
   - Integrating with Cancer Hub
2. Rethinking Referral
   - Whole life course approach
   - Prevention
   - Self-care and conservative management
   - Supporting people through extended waiting times
   - 'advice and guidance' approaches including collaborative system models

### Ongoing work

1. Eye Care
   - Cataract pathway and supporting surgical restart
   - Medical Retina services
   - Hospital / Community interface
2. WY&H Area Prescribing Committee and medicines programme
3. Evidence-Based Interventions Programme
4. MSK / First Contact Practitioner Insight project
5. Supporting local management of the national independent sector contract
6. NHSE and NHSI planning guidance deliverables

### To restart when capacity and priority allows

1. Dermatology programme development / scoping
2. MSK pathway
   - Implementation assurance process
   - Shared service specifications and outcome measures
3. Commissioning Thresholds
   - MSK
   - Eye Care
4. Elective Surgery
   - Post-op pathways
   - Shared patient information leaflets