

Notice of a public meeting of

City of York Outbreak Management Advisory Board

To: Councillors Aspden (Chair), Runciman (Vice-Chair) and Kilbane
Ian Floyd - Chief Operating Officer, CYC
Sharon Stoltz - Director of Public Health, CYC
Anne Coyle - Interim Director of Children's Services, CYC
Michael Melvin - Assistant Director of Adult Social Care, CYC
Siân Balsom – Manager, Healthwatch York
Lucy Brown - Director of Communications, York Teaching Hospital NHS Foundation Trust
James Farrar - Local Enterprise Partnership
Ian Humphreys - Managing Director, First Manchester and York
Professor Charlie Jeffery - Vice Chancellor and President, University of York
Zoe Metcalfe – Police, Fire and Crime Commissioner
Phil Mettam - Track and Trace Lead for Humber, Coast and Vale, NHS Vale of York Clinical Commissioning Group
Dr Simon Padfield - Consultant in Health Protection, Public Health England
Mike Padgham - Chair, Independent
Stephanie Porter - Acting Director of Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group
Alison Semmence - Chief Executive, York CVS
Dr Sally Tyrer - General Practitioner, North Yorkshire Local Medical Committee
Lisa Winward – Chief Constable, North Yorkshire Police

Date: Wednesday, 23 March 2022

Time: 5.30 pm

Venue: Remote Meeting

AGENDA

1. **Declarations of Interest**
2. **Minutes of the Meeting held on 26 January 2022** (Pages 1 - 8)
3. **Presentation: Data - Summary of the Pandemic Period**
4. **Covid Vaccination Programme** (Pages 9 - 12)
5. **Presentation: Living with COVID - The Public Health and Partner Response, including System Pressures** (Pages 13 - 26)
6. **Any Other Business**

For more information about any of the following please contact Democratic Services at democratic.services@york.gov.uk

- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

City of York Council

Committee Minutes

Meeting	City of York Outbreak Management Advisory Board
Date	26 January 2022
Present	<p>Councillors Aspden (Chair), Runciman and Kilbane</p> <p>Ian Floyd - Chief Operating Officer, CYC</p> <p>Jamaila Hussain - Director of Prevention and Commissioning/Education and Skills, CYC (Substitute for Anne Coyle)</p> <p>Michael Melvin – Assistant Director of Adult Social Care, CYC</p> <p>Fiona Phillips – Assistant Director of Public Health, CYC (Substitute for Sharon Stoltz)</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Lucy Brown – Director of Communications, York and Scarborough Teaching Hospital NHS Foundation Trust</p> <p>James Farrar – Local Enterprise Partnership</p> <p>Ian Humphreys – Managing Director, First Manchester and York</p> <p>Mabs Hussain – North Yorkshire Police (Substitute for Lisa Winward)</p> <p>Professor Charlie Jeffery - Vice Chancellor and President, University of York</p> <p>Zoe Metcalfe – Police, Fire and Crime Commissioner</p> <p>John Pattinson – Independent Care Group (Substitute for Mike Padgham)</p> <p>Alison Semmence – Chief Executive, York CVS</p>
Apologies	<p>Anne Coyle – Interim Director of Children's Services, CYC</p> <p>Sharon Stoltz - Director of Public Health, CYC</p> <p>Phil Mettam – Track and Trace Lead for Humber, Coast and Vale, NHS Vale of York Clinical Commissioning Group</p> <p>Dr Simon Padfield - Consultant in Health Protection, Public Health England</p> <p>Mike Padgham – Independent Care Group</p> <p>Stephanie Porter – Director of Primary Care –</p>

NHS Vale of York CCG
Dr Sally Tyrer – General Practitioner, North
Yorkshire Local Medical Committee
Lisa Winward – Chief Constable, North
Yorkshire Police

In Attendance Eddie Coates-Madden – Senior
Communications Manager, CYC
Anita Dobson– Nurse Consultant for Public
Health, CYC
Daniel Kimberling - GP & Medical Director,
Nimbuscare
James McQuillan – Assistant Director of
Delivery and Performance, NHS Vale of York
Clinical Commissioning Group
Will McEvoy - Nimbuscare

52. Declarations of Interest

Board Members had no interests to declare.

53. Minutes of the Meeting held on 24 November 2021

The Board signed off the minutes as an accurate record of the meeting held on 24 November 2021.

54. Current Covid-19 Situation in York

Fiona Phillips, Assistant Director of Public Health at City of York Council, informed the Board that the increase in cases seen before Christmas had started to come down, although this was the highest case rate in the pandemic so far, with 863 cases per 100,000 population. A further rise in cases could be seen as local lockdowns were usually called when the case rate was 100 cases per 100,000. This had largely been from the Omicron variant, which accounted for most of the cases in York. Fiona reported that the national data set was due to be updated on 31 January and would then include data of people who had contracted covid more than once.

Fiona also reported that there had been an increase of cases in high risk places like schools and care homes. There had been a large increase in secondary school aged cases before the Christmas period, which had later translated into primary school aged cases. There were 18 care homes in the CYC areas that had confirmed

outbreaks (at least one staff and one resident), though rates in York care homes were lower than the regional and national averages. Fiona also noted that there were 94 cases in general and acute beds in the hospital and a further four in the ITU.

Triple the normal number of lateral flow tests had been registered over the Christmas period. Home testing had seen a massive increase, going from 1,800 per week to over 50,000. Fiona noted that these numbers only reflected the tests that were actually registered, meaning the rate was probably even higher. If funding did not continue, the testing provision would have to be wound down.

The Board noted the update.

55. Mental Health and the Economy

James Farrar, representative from the Local Enterprise Partnership, provided an overview of the plans to address the rising needs of mental health and the economy. James noted the existing mental health issues of the city, which the pandemic had exacerbated. The Board discussed the different demographics that were more likely to refer themselves to mental health support services. Even though a lot of economic strategies already included plans that reflected mental health issues, it was agreed that it was an opportune time to review and co-produce the mental health strategy, post-pandemic. James mentioned that there was some potential funding to help partners work together to better join up health and economy initiatives. The Board expressed their endorsement of adopting a joint working approach to the issues discussed.

Alison Semmence, Chief Executive of York CVS, also expressed her interest in the joined up approach to ending the stigma around mental health. James Farrar agreed to progress this outside of the meeting.

Sian Balsom, Manager of Healthwatch York, informed the Board of the [Healthwatch Guide](#) which provided an overview of the existing mental health services in York. Sian encouraged people to share their experiences in finding support, whether it be positive or negative.

The Board noted the update and expressed their commitment to the joint working approach.

56. Vaccination and Winter Planning Programmes

Will McEvoy from Nimbuscare provided an overview of the Vaccination and Winter Planning Programme. The Board discussed the difficulties in getting total uptake of the vaccine while the eligibility criteria of the programme continued to expand.

The Booster Campaign had caused huge activity over the Christmas period, which had helped York achieve a 90% uptake of the first dose. 8,800 doses had been administered in a single day within the Vale of York. The Board discussed the challenges in addressing the low uptake cohorts and wards. A targeted approach had been taken, with pop-up clinics and leaflet dropping. GP Practices also continued to send invitations to the unvaccinated populations on their records.

Professor Charlie Jeffery, Vice Chancellor and President of the University of York, informed the Board of the student survey, which showed that at least 70% of students had received their booster vaccine. The Board discussed how vaccines rates would not be recorded with York's data if the student/person was registered to a GP Practice outside of the city. They would be recorded at the place where the individual was registered with a GP Practice. This was where an issue arose with international students not being registered with a GP at all.

Will McEvoy informed the Board of the success of the Flu Vaccination Programme and how it had received a large uptake. There had been some supply issues reported, which had hampered the roll-out recently. A walk-in offer would continue to be available at the Askham Bar site.

Councillor Kilbane asked whether anything was currently being progressed to address the wards with low uptake. Anita Dobson, Nurse Consultant for Public Health at City of York Council, assured the Board that a weekly meeting took place to look at vaccine uptake and collectively innovate to address the issues. A more local sustainable community based approach was being developed that would service the city in the long-term.

The Board noted the update.

57. System Pressures

Lucy Brown, Director of Communications at York and Scarborough Teaching Hospital NHS Foundation Trust, informed the Board of the

significant system pressures that had arisen through December and January. The increase in staff absences, among other reasons, had prolonged the waiting times for both the Emergency and Ambulance Departments. Emergency and cancer surgery had managed to be sustained but other routine planned operations had had to be postponed due to capacity.

James McQuillan, Assistant Director of Delivery and Performance at NHS Vale of York Clinical Commissioning Group, gave an update on how primary care were now delivering more appointments than before the pandemic. Primary care were also supporting the vaccination programme. The workforce were reportedly under a lot of pressure and many practices had staff shortages of their own.

Michael Melvin, Assistant Director of Adult Social Care at City of York Council, reported that he was acutely aware of the hospital pressures, which had also affected adult social care. Additional resources had been put in place to relieve pressure. Adult Social Care had been hit with similar pressures due to staff absences and covid care homes closures. Peppermill Court had been used to discharge patients from the hospital.

Jamaila Hussain, Director of Prevention and Commissioning at City of York Council informed the Board of the work that had been progressed with schools. Schools were maintaining a low level of absenteeism, with the majority of student absences being attributed to covid.

Alison Semmence talked about the impact of system of pressures on the voluntary sector, which was now seeing more people with more acute problems. The voluntary sector had similar workforce challenges to everyone else in the system.

Sian Balsom mentioned that the voluntary sector used to be more focused on early intervention and prevention but were now working at the crisis end of the spectrum. There had been a shift in the type of clients accessing voluntary sector services. There had also been an impact on people with learning difficulties as services had not been resumed. The waiting lists for operations and dental treatment had also been impacted negatively by the pandemic.

John Pattison, representative of the Independent Care Group, reported that this was a bad period for care providers, with staff being difficult to recruit. This made it harder to maintain a good quality of care. Domiciliary care had also been struggling and had sometimes

had had to hand back contracts due to their capacity. Further providers were likely to fail in the close future.

Mabs Hussain reported that the police had been working on getting back to business as usual; however, there had been some issues with staffing due to illness and isolation periods.

The Board noted the update.

58. Communications Update

Eddie Coates-Madden, Senior Communications Manager at City of York Council, updated the Board on the significant increase of communications activity which had aligned with rise of the new variant. Locally, specific work had been progressed under the Director of Public Health around dissuading people from being in the city centre over the New Year's Eve period.

The messages of the NHS and other partners had been amplified through the council's various media channels. Other accurate and timely messaging had also been maintained. Targeted communications had been developed to address the wards with lowest uptake of the vaccine. As the number of media enquiries around covid fell so would the regular set of covid communications. Covid would still be a focus, with Facebook Live Q&A's continuing to be used to address community hesitancies. The longer-term strategy would focus around physical fitness and mental health, which would help with the effects of covid.

The Board noted the update.

59. Update from Sub Group: Universities and Higher Education establishments

Professor Charlie Jeffery reported that there had been a surge in student cases across both universities. Each university had seen its peaks at different times but both had since seen their rates start to fall. The majority of virus transition had been attributed to households and social settings. The rates of staff members at both universities remained stable, with business continuing as usual.

Professor Jeffery expressed a cautious response to the end of Plan B, particularly to the surge in cases seen in the student population. A strong policy on mask usage would be retained until 11 February. In-

person teaching would be prioritised and transferred to virtual teaching where possible.

The Board noted the update.

60. Items for Next Agenda

The Chair confirmed that there were five standing items for all future agendas:

- Current Situation in York
- Communications and engagement
- Updates from Sub-Group/ Task and Finish Groups
- Vaccinations and Winter Planning
- System Pressures

61. Dates of Future Meetings

The agreed dates of future meetings were as follows:

- 23 March 2022
- 25 May 2022

As the covid outbreak funding would finish on 31 March 2022, the Board agreed to discuss the continuation of these meetings at the meeting in March.

62. Any Other Business

The Board had no other business to discuss.

Cllr K Aspden, Chair

[The meeting started at 5.31 pm and finished at 7.14 pm].

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Report prepared 14 March 2022

Outbreak Management Advisory Committee

COVID Vaccination Programme Numbers - Summary

At 14 March 2022, Vale of York CCG has **327,637** eligible individuals for covid vaccinations (from the national IMS Reporting Tool). This number changes frequently as more JCVI cohorts become eligible (e.g. 12–15 year olds), and as guidance changes re. the required time needed between the various doses. Progress re. the first (partially vaccinated), second (fully vaccinated) and booster programmes is as follows:

327,631 INDIVIDUALS WITHIN PRIORITY GROUPS	45,827 INDIV. YET TO HAVE A VACC. 13.99% INDIV. YET TO HAVE A VACC. %	10,726 PARTIALLY VACCINATED 3.27% PARTIALLY VACCINATED %	271,078 INDIV. FULLY VACCINATED 82.74% INDIV. FULLY VACCINATED %	228,509 FULLY VACCINATED + BOOSTER 88.41% FULLY VACCINATED + BOOSTER %
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Being fully vaccinated with two doses is still the benchmark and for the Vale of York CCG registered population, we are at 82.74% of those eligible fully vaccinated and of that group 88.41% have taken up a booster dose.

When we look at the age bands of vaccinated citizens we see good take up of those individuals who we know are affected the greatest by the virus.

Covid vaccination rates far exceed those for any other campaign, including Influenza.

INDIVIDUALS BY PRIORITY GROUPS (INDIVIDUALS MAY APPEAR IN MULTIPLE GROUPS) % VIEW								
Priority Groups	Individuals	Eligible Booster	Invited First Dose	Invited Booster	Individuals yet to have a Vaccination	Partially Vaccinated	Fully Vaccinated	Fully Vaccinated + Booster
Age 80+	19,701	19,197	96.67%	93.24%	2.13%	0.29%	97.58%	98.76%
Age 75-79	15,479	15,065	99.38%	96.21%	2.40%	0.15%	97.45%	98.71%
Age 70-74	19,736	19,005	99.51%	95.35%	3.27%	0.30%	96.43%	98.41%
Age 65-69	19,255	18,399	99.54%	93.90%	3.88%	0.39%	95.72%	97.73%
Age 60-64	22,620	21,292	99.29%	84.92%	5.24%	0.41%	94.35%	96.38%
Age 55-59	25,533	23,576	98.75%	77.52%	6.71%	0.64%	92.64%	94.57%
Age 50-54	25,234	22,818	97.84%	77.24%	8.33%	0.82%	90.85%	92.22%
Age 40-49	44,345	37,230	96.66%	62.77%	13.81%	1.34%	84.85%	87.95%
Age 30-39	47,911	35,927	89.33%	50.73%	20.53%	2.47%	77.00%	78.93%
Age 18-29	64,653	43,281	89.81%	46.51%	25.20%	3.08%	71.72%	73.29%
Age 16-17	7,600	2,522	97.61%	47.25%	21.51%	13.42%	65.07%	49.33%
Age 12-15	15,564	159	99.16%	0.71%	30.51%	33.82%	35.67%	45.91%

Of the individuals who are eligible for the vaccine and have chosen not to do so, by age the figures for the Vale of York CCG are as follows:

INDIVIDUALS BY PRIORITY GROUPS (INDIVIDUALS MAY APPEAR IN MULTIPLE GROUPS)								
Priority Groups	Individuals	Eligible Booster	Invited First Dose	Invited Booster	Individuals yet to have a Vaccination	Partially Vaccinated	Fully Vaccinated	Fully Vaccinated + Booster
Age 80+	19,701	19,197	19,044	18,369	420	57	19,224	18,958
Age 75-79	15,479	15,065	15,383	14,893	371	23	15,085	14,870
Age 70-74	19,736	19,005	19,639	18,819	645	59	19,032	18,702
Age 65-69	19,255	18,399	19,167	18,081	748	76	18,431	17,981
Age 60-64	22,620	21,292	22,460	19,209	1,185	93	21,342	20,521
Age 55-59	25,533	23,576	25,215	19,794	1,714	164	23,655	22,296
Age 50-54	25,234	22,818	24,690	19,491	2,101	207	22,926	21,043
Age 40-49	44,345	37,230	42,863	27,836	6,126	593	37,626	32,742
Age 30-39	47,911	35,927	42,797	24,304	9,838	1,182	36,891	28,357
Age 18-29	64,653	43,281	58,065	30,073	16,295	1,989	46,369	31,722
Age 16-17	7,600	2,522	7,418	3,591	1,635	1,020	4,945	1,244
Age 12-15	15,564	159	15,434	111	4,749	5,263	5,552	73

Vaccination Programme during Jan – March 2022

Following the successful booster campaign in December the covid vaccination providers have been responding to government guidance and instruction on next steps, this has included:

- Offering a primary course for 5-11-year-olds in a risk group and household contacts of immunosuppressed people this involved all sites eligible with protocols for this age group to ensure the accessed new Paediatric Comirnaty®
- Implementing the offer for the vaccination of non at risk 5 to 11 year-olds

Providers are currently determining the logistics and the contract for continuation of the covid vaccination programme alongside the request to return to business as usual, and to address the significant backlog of activity, 'the Covid Recovery Plan' which all providers are facing.

As outlined in 'Next steps for the NHS COVID-19 Vaccination Programme planning and delivery - C1597, 23 Feb 2022' for the year ahead, there are three key priorities:

- continued access to COVID-19 vaccination; *The evergreen offer*
- delivery of an autumn COVID-19 vaccination campaign if advised by JCVI; *to be confirmed*
- development of detailed contingency plans to rapidly increase capacity, if required. *Currently being discussed with providers*

Our practices and vaccination providers are also working on the Spring Booster Campaign - People aged 75 years and older, residents in care homes for older

people, and those with weakened immune systems will be offered a spring booster of coronavirus (COVID-19) vaccine.

Lower Uptake Cohorts

We know that our Vale population has older residents, who became eligible earlier and take up was high overall. For both our Vale and City residents we see excellent take up rates until we start to see levels fall off in the under 50s.

We continue to make sure access across the City is easy, with pop up clinics at key locations in lower take up areas as well as pharmacy sites.

We continue to work on the vaccine validation programme, where students and residents who have had their vaccine in other countries show as unvaccinated on our NHS systems and this impacts our younger cohorts particularly because of the high student numbers in York Centre.

We continue to accept and plan for invites to local groups to address vaccine hesitancy as recent example was a residents meeting at Door 84 – where we attended to 'mingle' and chat and vaccinated 3 people with their first vaccine there and then.

Impact of Covid on Primary Care

During the last 3 weeks in particular our health providers have seen significant impacts to our staffing levels due to covid. Staff absence, with covid reinfection of fully vaccinated staff is such that we have had practices call for mutual aid from other practices to sustain urgent services. This results in routine services needing to be delayed. Whilst covid is not the focus of attention in the media, with the lifting of mandatory covid restrictions for most, the portrait of Omicron as a mild illness undermines its continuing impact on the services we can offer.

Stephanie Porter

Interim Director for Primary Care and Population Health

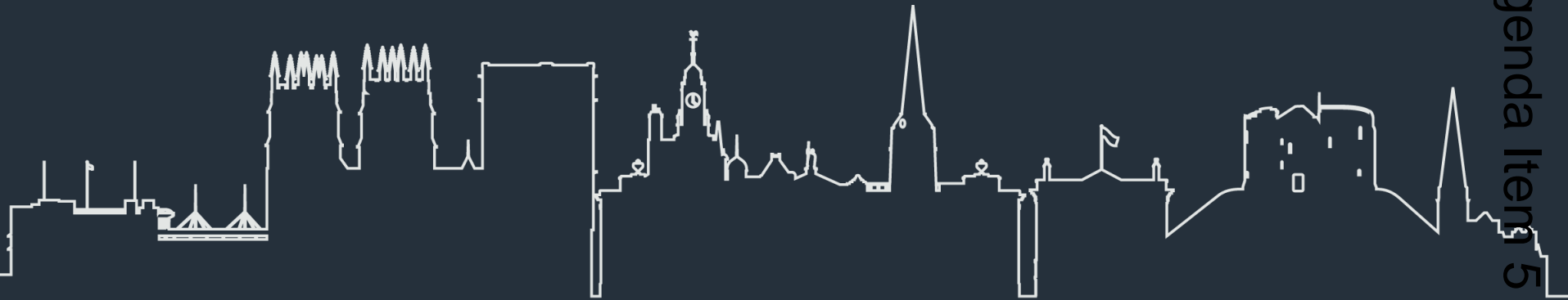
Shaun Macey

Acting Assistant Director of Primary Care

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Living with Covid: A System Perspective

March 2022



Public Health Perspective

- The Director of Public health was responsible for leading the pandemic response with partners under 7 themes outlined in the Outbreak Management Plan.
- This was an enhanced pandemic response, and our response from 1st April largely goes back to business as usual. Therefore under the 7 themes our response is:

Schools and care homes

- Schools – we will provide general advice to schools around any public health issues as their local experts. Outbreak management will be led by UKHSA, with local input where required
- Care homes – awaiting full guidance, but we will continue to work with colleagues in Adult Social Care and the NHS to ensure that care homes have the public health support they require.

High risk places, locations and communities

- Public health has a responsibility to protect the health of their population, and to assess risk and have plans in place to respond to health protection issues. Therefore we will continue to work closely with partners to understand specific risks around Covid for communities.

Public Health Perspective

Local Testing capacity

- Symptom free testing under the Targeted Community Testing Programme ends on 31st March 2022. Our last site in York will close on Sunday 27th March to allow close down and hand back of the site.
- PCR test sites (Poppleton Bar and Wentworth Way) will operate until 30th March.
- Symptomatic testing will remain in place for the over 80s and the immunocompromised. Also for some health and social care staff.
- Testing for future outbreaks will be arranged through UKHSA and is likely to take the form of Mobile Testing Units

Contact Tracing

- With the end of the legal duty to isolate for cases of Covid on 24th February, our local contact tracing service ceased to operate. Any future need for contact tracing will be lead by UKHSA, with support from the local public health team if required.

Public Health Perspective

Data Integration

- Reporting on cases will cease and therefore we will no longer publish ongoing case data.
- Nationally, the ONS Covid-19 survey will continue and will become the most reliable data source. It is however a look back over the last few weeks.
- Locally, we will still continue to look at hospital admissions data, and work closely with UKHSA to identify local outbreaks.

Vulnerable People

- With the end of the legal duty to isolate for Covid cases, the need to provide support for people to isolate from local community hubs ended.

Public Health Perspective

Local Boards

- The Outbreak Management Board was established to have local political ownership and provide public facing engagement and communication.
- The Joint North Yorkshire and York strategic health protection board will continue and will include COVID together with other health protection risks. This is chaired by the DPH for CYC and the deputy is the DPH for NYCC.
- A local York only health protection group has also been established to continue the dialogue between local partners.
- Both of these groups will include COVID and will support the response to VOCs or outbreaks, working closely with the UKHSA.
- Our proposal is therefore to stand down the York Outbreak Management Board.

Public Health Perspective

Risks

- Potential for future variants of concern.
- Potential health inequalities in those who become ill with Covid.
- Ability to stand back up an outbreak response locally.
- Long term impacts of Covid.

Living with Covid: Partner Responses and System Pressures Primary Care/Out of Hospital Services – Key Themes

- **Learning from the pandemic**
 - Central York review of what can be delivered at scale
 - Collaboration of partners to change at pace and deliver together
 - Services that can and should be delivered off hospital site ie CAT Hub
 - Services which can be better delivered via non medical services ie SPA
 - Understanding remote working
- **Ongoing response to the pandemic**
 - Telephone triage
 - Recovery/Backlog
 - Loss of staff to the system clinical and admin
- **The recovery phase**
 - Creating capacity – what can be done centrally without continuity of care being a driver
 - Approach to waiting well
- **System pressures and risks**
 - Continued staff absence
 - Capacity being outstripped by demand
 - Shift of work into primary care from secondary as that bit of the system looks to manage recovery
 - Unknown impact of Long Covid

York Hospital Perspective

- High numbers of Covid patients in hospital
- At 14 March, 235 patients in our hospitals who have tested positive (167 in York)
- Previous peak of 215 patients trust-wide in January 2021
- Managing these high numbers of patients means that hospital services remain under pressure.
- We continue to work with national infection prevention and control guidelines which require testing of all patients on admission, social distancing, PPE and other measures
- This is continuing to cause major pressure on our inpatient capacity, and the flow of patients from the emergency departments through to leaving hospital is hindered significantly, particularly as we are trying as best we can to deliver planned care at the same time.
- We are working hard to tackle the backlog of patients needing planned treatment as well as emergency cases, but these measures further restrict our ability to carry out pre-pandemic levels of activity

York Hospital Perspective

- Unfortunately we have had to postpone some routine elective activity at York Hospital in response to increased demand for beds
- We are continuing to prioritise emergency urgent and cancer patients so that we manage those patients with the greatest clinical need.
- We are once again looking at how we might address this in different ways within the staffing and space constraints we face, and awaiting further guidance on what the rules might be going forward for hospitals and other healthcare settings
- Risk is around our ability to concurrently treat high numbers of covid patients within the current IPC guidelines whilst trying to deliver our elective recovery plan
- Despite the ongoing pressures, we continue to make progress in reducing the number of 'long wait' patients

‘Living with Covid: Partner Responses and System Pressures

Alison Semmence, Chief Executive
York CVS

Learning from the pandemic

- The pandemic provided opportunities for increased partnership working and in turn the wider system became more aware of what the VCSE are capable of
- The pandemic enabled the VCSE to demonstrate that they are able to respond effectively and to turn things around in a short space of time in a safe and impactful way
- During the pandemic existing health inequalities worsened - we were able to respond with a more targeted approach and learning from this should be considered as part of a future response to reducing health inequalities.

Ongoing response to the pandemic

- Continued partnership working - an example of this is the Covid Recovery Hub - this has adapted and changed as the pandemic has developed and continues to meet the needs of those that have been negatively impacted by Covid
- Grant schemes - York CVS have secured grants for the VCSE that will continue to focus on supporting Covid recovery and those in the community who continue to be worst impacted by the pandemic
- Operationally the VCSE continue to support those worst impacted by the pandemic, particularly those whose physical and mental health has been detrimentally effected.

The recovery phase

- The issues people are facing are increasingly complex and we are seeing people falling through the gaps not getting the support they need
- For the VCSE to support these individuals there is a need to address training and support for the workforce and ensure that training for VCSE staff is made available through health and social care
- Workforce is a continued challenge both for staff retention and recruitment and most importantly staff wellbeing.

System pressures and risks

- The demand for services is high but capacity and resources cannot match this
- Increased demand leads to the increased need for waiting lists and an increasing number of people not having access to the support they need when they need it
- Due to system pressures we are seeing people slip through the net and increasingly not meeting thresholds for services.

Universities and Colleges Sub Group

Ongoing response to the pandemic

- Continued focus on vaccination coverage to keep rates high and provide for newly arrived students
- Advice on ventilation and good public health measures remain in place (e.g. handwashing)
- Focus on individual case-by-case approach for staff and students who are immunosuppressed

The recovery phase

- Standing down most Covid internal structures and moving back to business-as-usual approaches for handling infectious diseases, risk assessments etc
- But, maintaining deep and close cooperation with public health and between institutions in a relaunched and invigorated student health network

Universities and Colleges Sub Group

System pressures and risks

- Covid cases have not gone away and continue to have an impact on staffing levels (especially linked to staff with school aged children)
- Covid anxieties remain high for some colleagues especially with face coverings and testing (mostly) disappearing
- Work needed on best practice approach to messaging and monitoring around 'freshers' flu' and the wider arrival of new students later this year

Our thanks

- Covid has brought colleagues together across the city and the University and Colleges sub group would like to put on record our sincere thanks to everyone who has supported our institutions over the past two years, in particular the fantastic public health team in CYC and colleagues in health care across the city