

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.

A dark silhouette of the York skyline, including various buildings, spires, and a clock tower, set against a light background.

Working together to improve and make a difference

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