

North Yorkshire

Director of Public Health

Annual Report 2021

Making sense of COVID-19

October 2019 - April 2021



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About this report

The Director of Public Health is an independent advocate for public health, providing leadership for systemic changes to improve local health outcomes. They work across local authorities, the NHS and other community organisations and services with responsibilities for health and well-being in a specific area.

In England, the role of Director of Public Health is embedded within local authorities. For North Yorkshire this position sits within North Yorkshire County Council.

Under the National Health Service Act 2006, Directors of Public Health *'must prepare an annual report on the health of the people in the area of the local authority'*.¹

Although this is a statutory requirement, the annual report is a useful and important tool to identify current and emerging public health issues, flag up problems, and report progress. It is a way 'to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve'.²

Due to the COVID-19 pandemic, this report covers a longer period than usual, specifically the 18 months from October 2019 to April 2021.

This, and previous North Yorkshire Director of Public Health Annual Reports, can be found here: <https://nypartnerships.org.uk/dphar>

¹ www.legislation.gov.uk/ukpga/2006/41/section/73B

² www.adph.org.uk/wp-content/uploads/2013/08/DPH-Annual-Report-guidelines.pdf

Foreword by Louise Wallace, Director of Public Health

Hello and welcome to my first Annual Report as the Director of Public Health for North Yorkshire.

I was a Director of Public Health for Hartlepool from 2012 to 2017 before I moved to North Yorkshire in 2017 to undertake the role of Assistant Director Health Integration. As part of my current role, my work across organisations to support integration will continue. I am often asked what it feels like working in public health during a pandemic and one word always immediately comes to mind – privilege. It is a massive privilege to work in Public Health at North Yorkshire County Council and it gives me great pleasure to share this report on behalf of the North Yorkshire Public Health Team. This report is not just the story of a year in public health but, rather, the year where public health was the story.

So much has been written about the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) – or COVID-19, as we all now know it. The intention of this report is not a definitive account of COVID-19, instead it looks at how the people who live and work in North Yorkshire faced and responded to the biggest public health challenge in living memory.

Of course, it is a story that we have lived through together. Some of it will be very familiar, especially for the many thousands of people who were ill with COVID-19 and the families, friends and colleagues of the more than 1150 people lost to COVID-19 in North Yorkshire alone. We will remember them.

Life has changed for all of us. Livelihoods have been disrupted; precious school days were spent alone in front of screens. Big life events passed by, milestone birthdays were not celebrated, new grandchildren not held, relatives not visited, holidays not taken. For those living in care, there has been isolation like no other.

Yet there is also another story. How many people could name the NHS' Chief Medical Officer before the pandemic, yet tuned in to listen to Professor Chris Whitty and his team of experts for the nightly briefings. As a country, we became experts on PPE, vaccination, hand-washing and infection control. Years' worth of public health education has beamed straight into our living rooms.

Lockdown was incredibly difficult, but still many people reported being able to spend more quality time with families. We learned to enjoy our local outdoors and improved our homes. We drove less and reduced our collective carbon footprint. More of us are walking, running and cycling. We are more aware of our eating and drinking habits, and finding new ways to relax.

What stands out most for me are the amazing acts of kindness and care that people across the whole of North Yorkshire have shown to each other. Communities rallied around for each other and stood strong. Our NHS colleagues were rightly lauded but right across the health and social care system, colleagues gave everything and more to keep people safe and connected. It is a huge honour to work alongside the Public Health Team, not only for their expertise but also unflappable dedication.

The pandemic has given me the chance to work with colleague's across my own organisations and with partners. I have learnt so much about what we all do and how, when we come together and bring all our creative thinking and resources to a problem, we can literally solve anything. The spirit of Team North Yorkshire – it is phenomenal and it will carry us through as we continue to respond and rebuild for a healthy future.



Louise Wallace,
Director of Public Health

A word from the Executive

A word from the Executive



Hello. My name is Councillor Caroline Dickinson and I had the honour of being the Executive Member for Public Health for North Yorkshire County Council from May 2017 to August 2021. When talking about my role I am often asked, 'what exactly *is* public health?' With such a broad, multi-layered approach to health in the UK, not least our incredible National Health Service, this always felt like a reasonable question. Yet as we cautiously emerge from the latest phase of the COVID-19 pandemic, I feel that something has changed.

Undoubtedly there is a greater understanding and appreciation for the critical role of public health. Over the past year, each of us has adopted our own routines, doing all we can as individuals and households to keep ourselves safe from the virus. I believe we also have a greater appreciation of how our own health decisions can affect others. We have learned that taking responsibility for our own actions – staying at home, wearing a face covering and social distancing, can help our communities stay safe and healthy.

Here in North Yorkshire, our Public Health Team has been at the heart of the work needed to spread these messages to every corner of our community. Partnering with local authorities, the NHS, service providers and community leaders, the Team has worked around the clock to provide advice, guidance, training, systems and processes. From the Dales to the Coast, they have worked alongside schools and colleges, private businesses and voluntary organisations, in care homes and communities with a dedication and professionalism that should make us all proud.

Of course, it is important to acknowledge that despite these efforts, over 1150 people have lost their lives to COVID-19 here in North Yorkshire. A great many others have been seriously ill, lost loved ones or had disrupted livelihoods. We are all forever changed by the events of 2020 and 2021. Each of us will have our own stories to tell.

This Annual Report tells one part of that story. Yet, despite the challenges ahead, it finds cause for optimism. It highlights lessons to be learned, not just for any future pandemic, but also public health as a whole, that we can all benefit from.

In accepting this report, I would like to acknowledge our outgoing Director of Public Health, Dr Lincoln Sargeant who left us in December 2020 for a new role and life in Devon. The work done under Lincoln's leadership not only led to better health outcomes for the people of North Yorkshire, but it raised the profile of public health across the whole county. There is no doubt that we were better placed than other areas to respond to the pandemic.

I would like to welcome Louise as our new Director of Public Health. I have had the pleasure of working alongside Louise since 2017 in her previous role as Assistant Director Health Integration and I know first-hand her deep passion for public health. On behalf of the Executive, I congratulate Louise on her appointment and look forward to working with her and the rest of the Public Health Team in the year ahead.

Since August 2021, Councillor Andrew Lee has taken up the portfolio for public health and is the new Executive Member for Public Health, Prevention and Supported Housing, including Sustainability and Transformation Plans.



Cllr Andrew Lee

Cllr Lee is looking forward to considering the recommendations in this report and taking action to deliver on the public health priorities to ensure we improve and protect the health of the people of North Yorkshire.

Farewell to Dr Lincoln Sargeant

Farewell to Dr Lincoln Sargeant

After almost eight years as the Director of Public Health in North Yorkshire, Dr Lincoln Sargeant has moved to the southwest to take up the same role at Torbay Council in Devon.

Lincoln and his team were responsible for leading the county's public health services following the transfer of responsibilities from NHS to local government in April 2013. Lincoln established and led a team of public health specialists. This built on North Yorkshire's reputation as a leader in public health initiatives. The team worked closely with communities and organisations to better understand the overall health of the population of North Yorkshire, and monitor progress on improving health and reducing inequalities.

During his tenure, the team has developed and implemented Health and Wellbeing strategies based on the assessed needs of the population and proven interventions to improve health. Lincoln provided specialist public health advice to the County Council and was heavily involved in creating, funding and supporting critical prevention programmes.

His standout achievements include:

- Establishing the gold standard Horizons adult specialist drug and alcohol service across North Yorkshire.
- Nationally mandated public health services, such as sexual health, substance misuse and NHS Health Checks.
- Investing into the **Stronger Communities** and **Living Well** teams to support communities to play a greater role in the delivery of services and to improve the health, wellbeing and independence of adults.
- Embedding public health intelligence to inform planning and commissioning.
- The 2015 annual report, **The Health of Children: Growing up Healthy in North Yorkshire**, which laid the foundation for the Start Well theme as a new area of work and helped to inform [Young and Yorkshire 2](#), the multi-agency North Yorkshire Children and Young People's Plan.

Of course, Lincoln and his team also provided significant public health leadership and expertise, before and during the COVID-19 pandemic. Making sure that North Yorkshire was as ready as possible for the challenges ahead. Many of the success stories in this report are testament to Lincoln's years of experience in public health and epidemiology and the actions of his entire team.

Dr Sargeant will also be remembered for his creative and nationally recognised annual reports. Here he is pictured launching his 2018 **Back to the Future** report with County Councillor Caroline Dickinson and Council Leader Carl Les.



North Yorkshire County Council would like to thank Dr Lincoln Sargeant for his significant contribution to public health in North Yorkshire and wish him well with his new adventure on the south coast.

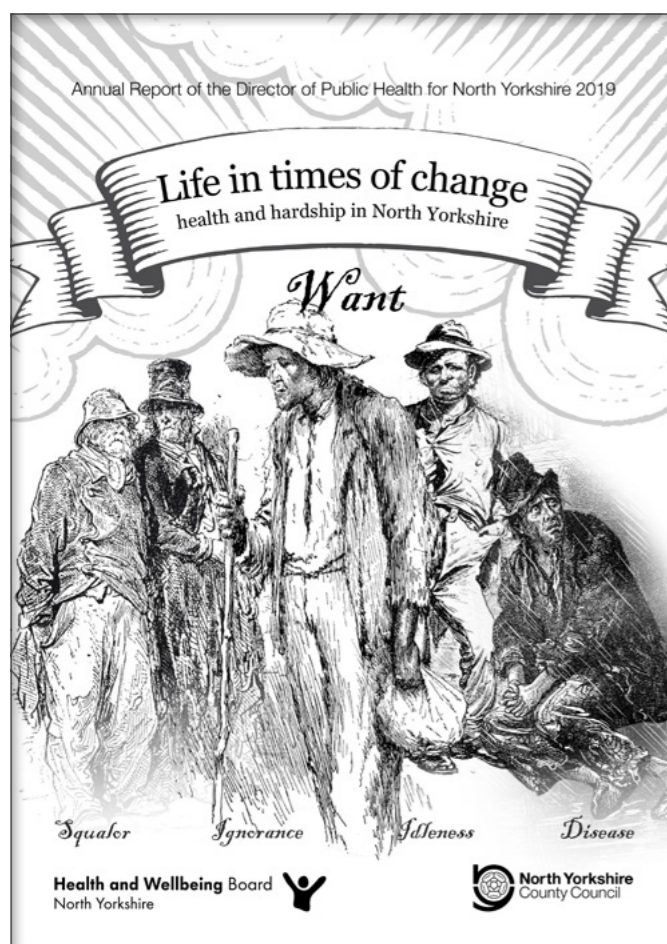
"It has been to date my dream job and I am grateful for the opportunity to have served the people of this county in the role. It was my great privilege to visit all parts of the county and be inspired by the people and groups who came together to improve the health and wellbeing of their communities ensuring that everyone was included and benefited from these collective efforts. I take cherished memories of these experiences and thank the countless people who make a difference through their commitment to public health in its widest sense."

Dr Lincoln Sargeant

Progress on past recommendations and priorities

Progress on past recommendations and priorities

The 2019 Director of Public Health Annual Report was called **Life in Times of Change**, and focussed on the issue of poverty and its relationship with health outcomes. The report made seven recommendations to address a number of issues across North Yorkshire. Here we look at work that has progressed across the seven areas.



Recommendation 1. Support deprived areas

“Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.”

The Marmot Review, 2010³

There are 11 neighbourhoods in North Yorkshire that are amongst the most deprived 10% areas in England. Nine are in the Scarborough Borough. In response, we worked as part of a multi-agency approach in the Eastfield Ward of Scarborough to understand population needs, barriers and challenges. Working with a regeneration partnership called the Eastfield PACT, a call for action was developed.

Actions included:

- **Building relationships in the community** to identify regeneration priorities and secure funding. Six themes emerged with input from the local community: Place; People; Aspiration; Employment; Community Hubs and Community Grants. A £1.4m support package is being distributed in line with these themes via six PACT groups, made up of a mix of local residents and partner organisations.
- **Improving under-five’s immunisations vaccination uptake** through co-designed leaflets, door to door stops to explain vaccination, and identification of parents with children under five.
- **School Zone and Food Poverty work** – ‘Come Dine with Me’ and ‘Cooking on a Budget’ sessions, plus initiatives promoting healthy schools, healthy retailer awards, grow-your-own, and promotion of walking and cycling routes.
- **Teenage Pregnancy** – after identifying a reduction in the use of long-acting reversible contraception, and no Healthy Child Programme in schools, the team arranged a sexual health event in Scarborough for practitioners and established the Scarborough Teenage Pregnancy Task Group; a partnership approach with a clear evidence based action plan for delivery.



The team continue to provide leadership alongside Eastfield partners to narrow the inequalities gap between the least and more deprived areas through a whole system approach to create opportunities for all.

3 Fair society, healthy lives (The Marmot Review): Strategic Review of Health Inequalities in England post-2010

Progress on past recommendations and priorities

Recommendation 2. Tackle rural poverty

Over 26,500 (10%) of households in North Yorkshire live in fuel poverty. Fuel poverty is more likely to occur in rural areas because housing tends to be older and more difficult to make energy efficient. Many homes have solid walls so are more difficult to insulate and a large proportion of homes are not on mains gas networks, meaning higher costs for heating.

In partnership with Ryedale District Council, Hambleton District Council, Scarborough Borough Council and YES! Energy Solution, we established the North Yorkshire Warm Homes Fund. This £2.5m aims to reduce fuel poverty by helping over 100 vulnerable residents reap the benefits of gas powered central heating.

Case Study

Mr G from Pickering received a fully funded gas connection and central heating install from the North Yorkshire Warm Homes Fund.

Mr G and his wife were relying on nothing but a small fire in their living room for their heating. *“We had nothing, we only had a fire in the living room and we don’t get much sunlight in here either. We used the heat in the kitchen from cooking and the tumble dryer being on.”*

However, since receiving an energy efficient heating system, the house is now warmer and cosier.

“The boiler’s been brilliant this winter, it’s made a huge difference. The wife’s over the moon with it! The best thing is that when she’s been at work all day, she’s now coming home to a warm house, whereas with the fire if I wasn’t in to put it on the house was freezing... it’s nice to have quick hot water as well, that makes a real difference!”

Mr G told us *“I couldn’t believe we could have it done for free and neither did my wife, she thought I was joking when I first told her, but when we filled it in and it came back we were over the moon.”*

Recommendation 3. Reduce childhood inequalities

Grow and Learn – a strategy for reducing inequalities in school readiness.

In 2018, we launched **North Yorkshire Talks**, a strategy to support children’s speech, language and communications development. It aims to improve outcomes for children from conception to school age to improve ‘School Readiness’.

This strategy highlighted significant variation in performance across schools in Ryedale district, with the lowest performing school achieving 55.6% of children at ‘good level development’ compared to 80.5% at the highest performing school.

In response, we established **Grow and Learn**, a 12-month School Readiness Pilot to enable a better understanding of the risk factors around delayed speech and language and to test the impact of interventions.

This project is running in the Ryedale district and the eastern part of Whitby. This has created local neighbourhood based partnerships to develop a range of locally led interventions across the 0-5 Years pathway.

The focus is on evidence-based approaches linked to developing sounds and early speech, with a consistency of approach in the home, settings and the community. The approach includes a universal offer for all families, and more intensive support where particular vulnerabilities have been identified.

The aim was to work with 100 families during the pilot. To date 121 children have been supported by the multi-agency intervention pathway, involving the Healthy Child Team, Children and Families Services, Early Years Providers and Schools. Key features include:

- WellComm, a shared assessment tool
- Evidence based interventions including, *Babbling Babies, Small Talk, Building Blocks for Language* and *Early Talk Boost*.
- Predictive risk modelling and assessment from 6 months old.
- Regular assessment of Speech, Language and Communication Needs every 6 months from birth (up to every 3 months once child starts Early Years provision).

WellComm can help easily identify children needing support. It is simple to use and requires no speech and language expertise. The traffic light scoring makes results easy to interpret. At the first assessment 56% of children were assessed as ‘red’, 34% as ‘amber’ and only 10% as ‘green’ (indicating they were reaching age related expectations). Following a cycle of intervention and re-assessments, current data indicates that only 27% are now ‘red’, 19% ‘amber’ and 54% are now ‘green’ – reaching age related expectation with regards to speech, language and communication.

Progress on past recommendations and priorities

Recommendation 4. Work with military families and veterans

North Yorkshire has a long and proud history with the Armed Forces Community, with a large number of ex-Service personnel and their families. This is most significant in Richmondshire, home to Catterick Garrison and about 7,000 military personnel plus families. As one of the largest army bases in the UK, MOD employees account for 40% of local employment in Richmondshire, and 3.5% across North Yorkshire. Most personnel are resident on approx. 2-4 year rotation, with others on a temporary basis e.g. those being trained at the Infantry Training Centres.

We established a weekly Richmondshire Outbreak Management meeting in response to the COVID-19 pandemic with partners, including excellent representation and contribution from Catterick Garrison. This was used to share data, intelligence, and track progress on a wide range of actions to prevent, reduce and manage the spread of COVID-19 within Richmondshire. The Military Environmental Health Team lead outbreak management for all cases, clusters and outbreaks within the military base. The number of cases and those in self-isolation were reported to NYCC on a weekly basis. This includes running a successful contact tracing team.

We worked with the military to establish robust systems and processes to ensure the environment was as COVID-19-secure as possible, with regular spot checks to continually improve and develop best practice. The Garrison also works collaboratively with Richmondshire District Council's environmental health team to share good practice, guidance and on-site visits.

Our Stronger Communities team, working with a local community organisation provided support to all residents, connecting with local community leaders including the Nepalese community.

Recommendation 5. Create safe environments for high-risk groups

REACH (Reducing Exclusion for Adults with Complex Housing needs,) is a three-year partnership project between Scarborough Borough Council Health and Adult Services, Tees Esk and Wear Valley (TEWV) and Beyond Housing based on a Housing First approach.

REACH will provide dedicated units and intensive community support to people who are currently homeless or likely to be made homeless due to a range of social and long term health needs. This includes mental health/substance misuse, physical health needs or because of criminal activity or anti-social behaviour.

The REACH team will have access to eight dedicated Beyond Housing accommodation units across the Scarborough Borough. The team will provide intensive holistic support to people within the accommodation and through outreach to people at high risk of homelessness. The team have officers seconded from Beyond Housing within the Community Impact Team at Scarborough Borough Council including a rough sleeping coordinator, and housing support workers, as well as a specialist mental health nurse, dual diagnosis worker and consultant psychologist from TEWV.

If people are able to sustain their tenancy they will not need to move on from the accommodation and will be able to move over to a Beyond Housing general needs tenancy when they are ready to move on to more independent living. Beyond Housing will replace the REACH property with another from their stock.

This three-year model will inform a phase two approach which will see dedicated, high quality short term/medium term accommodation intended to meet the high support needs for single homeless people across Scarborough.

Progress on past recommendations and priorities

Recommendation 6. Develop priorities to mitigate changes to the benefit system

North Yorkshire County Council's Income Maximisation Team is part of Health and Adult Services. They support people to better understand the benefits system and address any barriers that might stop people making the claims they are entitled to. Since 2015, the Team has supported people to access over £39m in additional and previously unclaimed or unpaid welfare benefits. This has supported over 17,000 citizens of North Yorkshire.

In 2019-20 the team supported over 3,600 people to claim £9 million in additional and previously unpaid benefits. This clearly shows the continued demand for help.

People reported lack of face to face interaction from the Department of Work and Pensions as a main barrier, with people instructed to 'go online'. The pandemic has highlighted that not everyone has the ability or technology to do so.

During the pandemic, people on Universal Credit received an additional £20 per week. This did not apply to people receiving disability benefits. In the same period the Team has supported more working age adults, including people who have never before had to rely upon any state support.

We have also seen an increase in the need for support for those with poor mental health. Research by The Heart Foundation found *“regardless of income, the likelihood of poor mental health was higher if families had experienced a deterioration of their finances during lockdown or expected one in the next 3 months. In the poorest 20% of families almost three-quarters (72%) reporting a worse financial position had poor mental health, compared to half (48%) in the richest 20%”*⁴

Case Study

After picking up a flyer from Craven District Council, an 80 year old woman asked for her benefits to be checked.

Our officer identified a missing premium on Pension Credit and challenged the DWP. This resulted in a weekly amount of £36.00 added onto her income. This was backdated to 2003 and the woman received a lump sum payment of over £27,000.

Recommendation 7. Improve community engagement

Listening to, and working with, the people of North Yorkshire is a critical part of our approach to supporting health and wellbeing across the county. During 2020/21, colleagues worked together to create a new Engagement Framework for Health and Adult Services. This sets out our approach to find new ways to listen to, work and make decisions, together with communities.

Work is underway to implement the Framework. This includes training on 'coproduction' (working together) and growing community forums and networks so that North Yorkshire residents have opportunities and are supported to get involved. Examples of where this is already working well include North Yorkshire Disability Forum and North Yorkshire Learning Disability Partnership Board, where our ways of working support people to develop into community leaders and shape priorities. Recently we have also seen people with lived experience of mental health services working together with NYCC colleagues and partners to contribute their experience and views to the development and new ways to participate in shaping mental health services.

Although progress has been impacted by the need to respond to the COVID-19 pandemic, we have still made significant steps towards our ambitions for coproduction and we anticipate that this will continue to grow over the next 12 months.

Case Study

With visiting limited to care settings when community cases were at their peak, some residents and family members were concerned about the balance between physical and mental health for people living in care. Inspired by advocacy on this issue by the Chair of the Harrogate District Disability Forum, a young man with cerebral palsy living in care, we formed the Keeping in Touch Working Group, to explore and co-design recommendations about visits with residents, parents, children and partners of people in care and service providers. The Group made 17 recommendations to Council, all of which were accepted in full or in part and underpinned our response to care home visiting.⁵

⁴ www.health.org.uk/news-and-comment/charts-and-infographics/how-are-changes-to-employment-and-finances-impacting-mental-health-during-lockdown

⁵ See www.northyorks.gov.uk/visiting for more on the Keeping in Touch Working Group's work

Health in North Yorkshire today

Health in North Yorkshire today

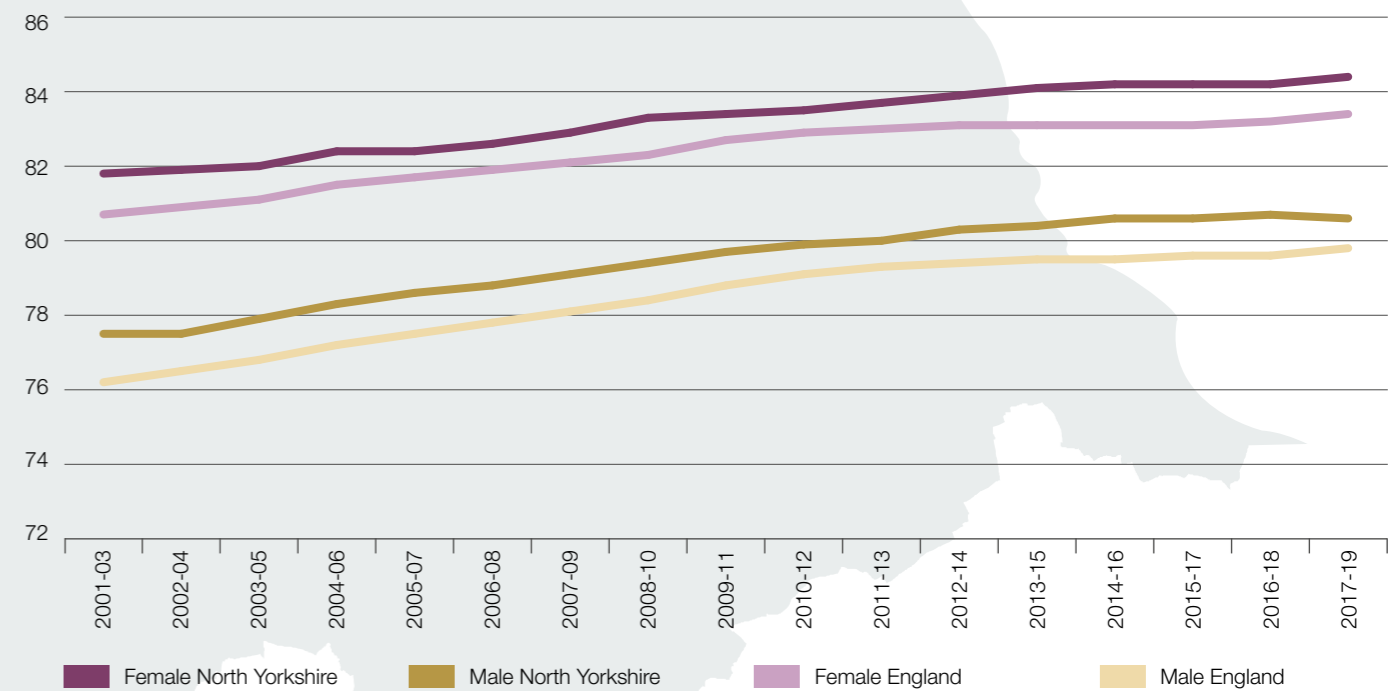
In a year when COVID-19 has dominated our thoughts as well as the headlines, there has been less focus on wider health issues. Nevertheless, it is important to broaden our focus, as there are many challenges in health in North Yorkshire, as well as many success stories.

In general, health in North Yorkshire is good, with most indicators above the England average. Life expectancy at birth is 84.4 years for women and 80.6 years for men, both above the England average. In terms of healthy life expectancy, North Yorkshire residents can, on average, expect to live more years in general good health compared to the wider England population.

However, there is substantial inequality in life expectancy in North Yorkshire. Women and men live 4.8 and 6.9 years longer respectively in the least deprived areas compared with those in the most deprived areas. Some districts have even larger differences in life expectancy between the most and least deprived areas; with inequality highest in Scarborough and Selby districts. Across the county, inequality in life expectancy is larger in men than in women. Addressing this inequality, whilst improving outcomes for all, remains one of the key challenges for improving health in North Yorkshire. This will be particularly important given the impact of COVID on health and life expectancy – there is early evidence of the impact of COVID on lowered average life expectancy by 0.9 – 1.2 years for women and men respectively.⁶

Life expectancy at birth

Source: PHE

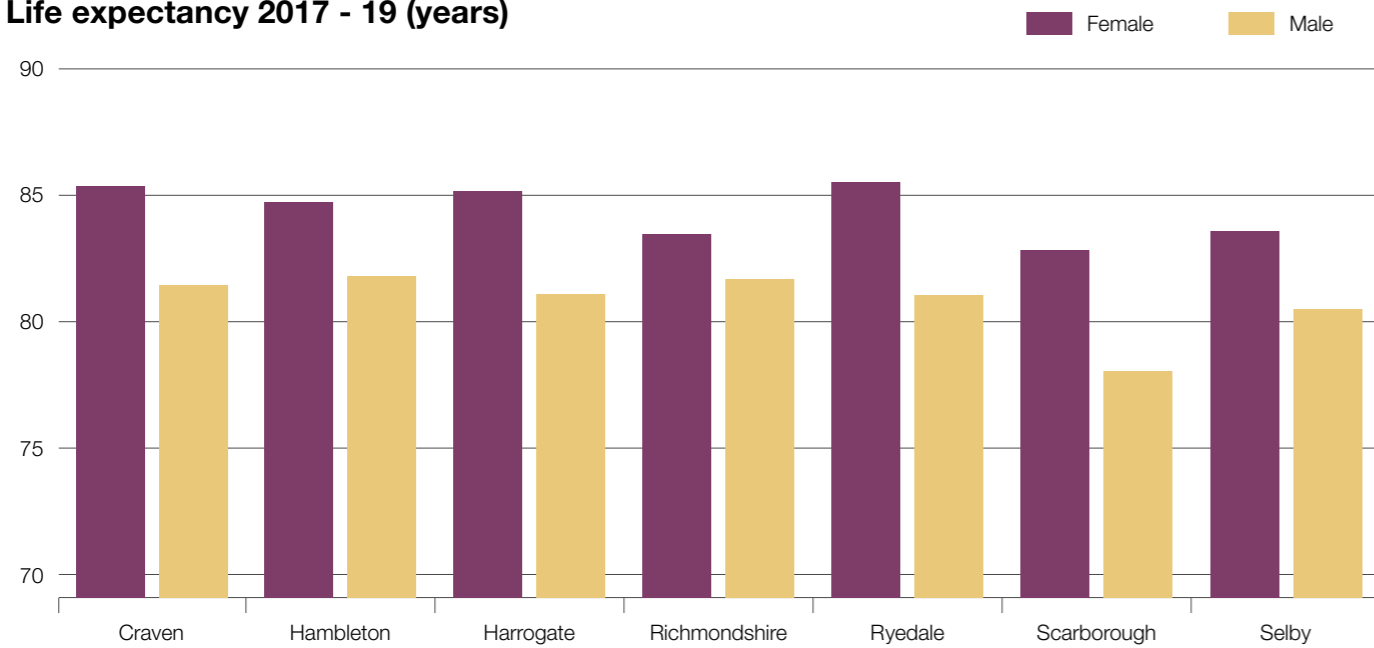


Life expectancy – Figures show the trend in life expectancy in England and North Yorkshire from 2001-03 to 2017-19 (top), the most recent life expectancy by sex and district, and the inequality in life expectancy by sex and district.

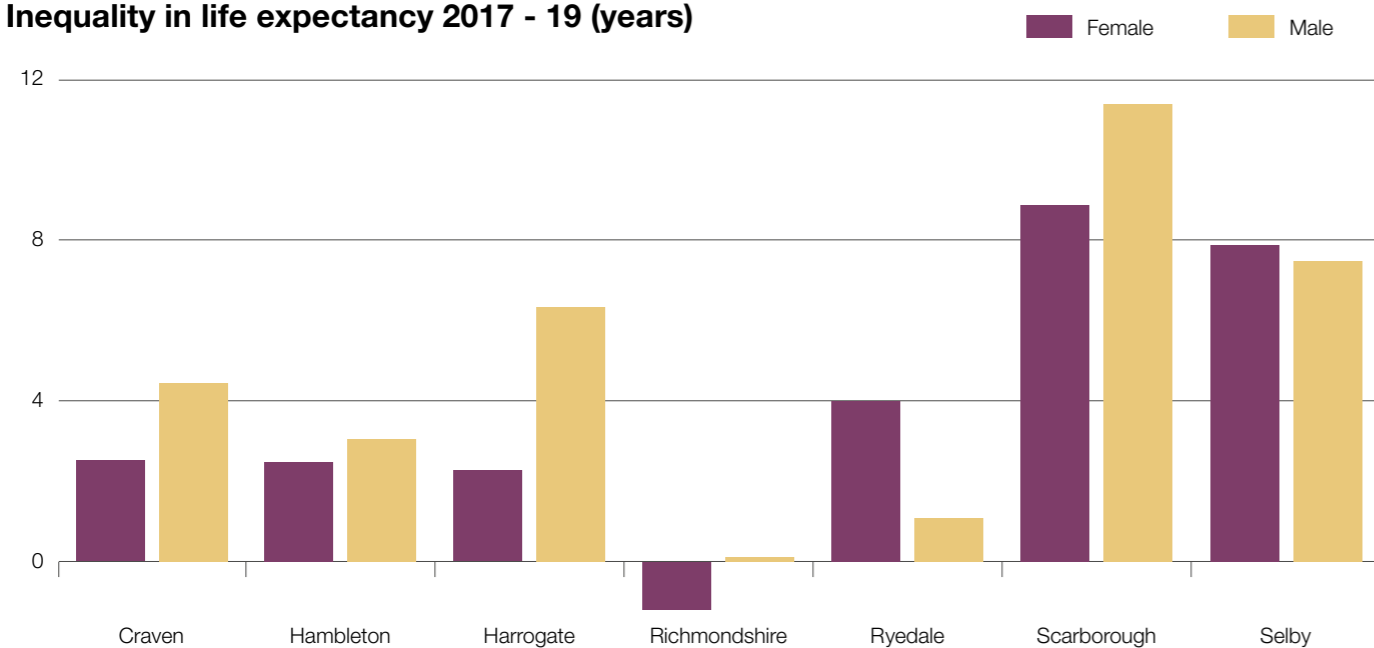
⁶ Estimating the burden of the COVID-19 pandemic on mortality, life expectancy and lifespan inequality in England and Wales: <https://jech.bmj.com/content/jech/early/2021/01/18/jech-2020-215505.full.pdf>

Health in North Yorkshire today

Life expectancy 2017 - 19 (years)



Inequality in life expectancy 2017 - 19 (years)



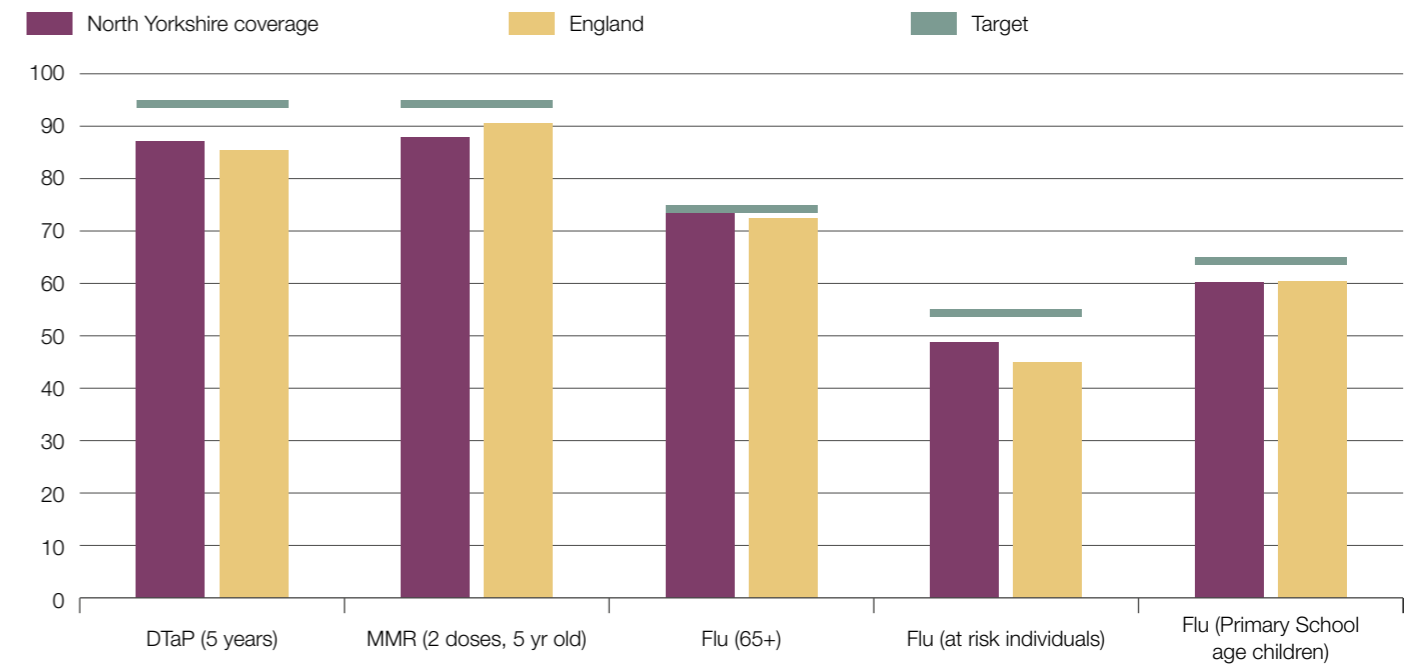
We regularly review published data examining the current and future health and care needs of local populations, to inform and guide the planning and buying of health, well-being and social care services within North Yorkshire, with particular focus on tackling inequalities. These are published as part of our [Joint Strategic Needs assessment](#) (JSNA). Most recently we have undertaken a Joint Strategic Needs Assessment of people with learning disabilities.

This highlights the challenges experienced by this group, including national evidence that on average people with learning disabilities live 15 to 20 years less than the general population. Recent estimates suggest 3.6 times more deaths amongst this group during the first wave of COVID-19. This assessment makes recommendations to improve outcomes including annual health checks and employment rates.

Routine Vaccine Coverage

During the largest global vaccine rollout in history, it is an important time to reflect on the routine vaccinations that have been part of the health protection agenda for many years. Data shows that coverage for a number of vaccine-preventable diseases remains below targets. This includes the second dose of the diphtheria, tetanus, polio and MMR vaccines, flu in primary school children (65% target), at risk individuals (55% target) and 65+ (75% target). Achieving targets is not an easy task. For example, coverage for dose 2 of the MMR vaccine in 5-year-old children is below the 95% threshold for the vast majority of local authorities.

Vaccination coverage – Coverage for routine vaccines. The North Yorkshire Coverage is shown by purple columns, coverage across England is shown by orange columns, and the target values are shown by green bars.



Health in North Yorkshire today

Wider impacts of COVID-19 on health

The impact of COVID-19 on health goes beyond the infections from the virus itself. The disruptions on healthcare due to re-prioritisation of hospital staff has impacted non-emergency care such as people who have planned treatments such as operations. The national lockdowns have also affected health in a variety of ways.

Prior to the pandemic, 52.7% of cancers in North Yorkshire were diagnosed early at stage 1 and 2, significantly below the national average of 55% (2018 figures). There is concern that the pandemic will negatively impact cancer diagnosis and treatment, and it is possible that the proportion of cancers identified at stage 1 and 2 will decrease.

Another area impacted by the pandemic is mental health. Loneliness is known to impact physical health and mental health.⁷ Based on data collected prior to April 2020, only 37.5% of adult carers and 48.7% of adult social care users in North Yorkshire report having as much social contact as they would like. Whilst both these figures are above the national average, it is concerning that over half of respondents do not have as much contact as they would want.

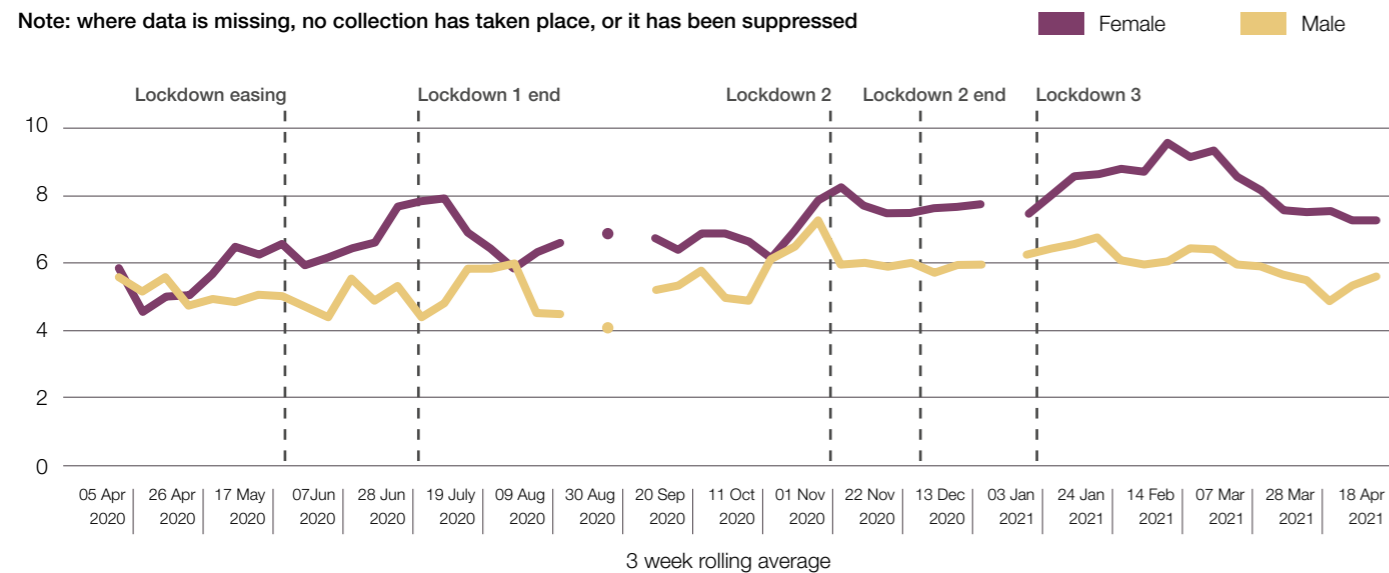
Throughout the pandemic, data collected by the Office for National Statistics has shown that the number of people who are 'often lonely' has fluctuated over the past 15 months, increasing over winter and starting to decrease as lockdown restrictions were eased over spring. It is currently unclear what impact the additional burden of loneliness will have on population health.

People reporting on their own mental health and wellbeing has, on average, worsened during the pandemic. The charity Young Minds has found that COVID-19 is having a negative impact on many young people's mental health. With most young people having had disruptions to school attendances and some not having access to resources and materials with which to learn. There will likely be a subsequent detrimental effect on both academic attainment and wellbeing.

North Yorkshire has seen some evidence of an increase in contacts from mental health services into Multi-Agency Screening Teams (MAST), and of increased referrals from families who pre-pandemic were just managing to cope financially. The Coronavirus Mental Health in the Pandemics study⁸ reported there have also been rising concerns about people experiencing higher levels of psychological or physical abuse while social distancing at home during the COVID-19 pandemic, alongside increases in self-harming or suicidal ideation.

By contrast, a survey by Wake Up North Yorkshire¹⁰ showed that 31.8% of respondents said there was no change in their drinking during lockdown, 21.2% said they were drinking less but 47% were drinking more. People also told us they consumed alcohol for more negative reasons in lockdown, most notably for 'stress and anxiety'. 16% of respondents at midpoint indicated that they drank alcohol because of boredom.

Trend in percentage of respondents who are often lonely in England, by sex



Source: PHE analysis of Opinions and Lifestyle Survey data from Office for National Statistics, 2021

One interesting area to reflect is the change in drinking habits during the first lockdown. National research revealed that more than one in five (21%) adults who drink alcohol are drinking more often since lockdown began in March 2020.⁹ However, one in three (35%) of those who drink have reduced how often they drink or stopped drinking altogether – lockdown is changing the way that the UK drinks at both ends of the scale. In addition, more than one in three (38%) drinkers or past drinkers said that they are taking active steps to manage their drinking.

7 Loneliness and Social Isolation Linked to Serious Health Conditions. Centre for Disease Control: www.cdc.gov/aging/publications/features/lonely-older-adults

8 www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic

9 <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>

10 <https://wakeupnorthyorks.co.uk>

An unprecedented year

RECORD BREAKING EXCEPTIONAL UNCHARTED WATERS Extraordinary
 Unparalleled Once-a-century Unprecedented UNMATCHED

An unprecedented year: introduction

A common feature of the reporting of the COVID-19 pandemic has been the use of superlatives. With coronavirus front page news since the start of 2020 we have become used to the idea of the extraordinary being the new ordinary.

In preparing this report, we felt it was important to remind ourselves of this journey. We wanted to look at how things, which once were unthinkable have become part of our everyday reality.

From the first early reports of Wuhan Municipal Health Commission, China, reporting a cluster of cases of pneumonia in December 2019, epidemiologists and public health experts around the world watched with interest and growing concern. Ministers were briefed; news agencies drew parallels with responses to other recent viruses including SARS, and Ebola. Here in the UK, footage of people in masks on the empty streets in Wuhan as the world's first COVID-19 lockdown was enforced were still low profile compared to the daily updates about Brexit.

It still felt a far cry from daily life in rural North Yorkshire.

Yet within a month, on 31 January 2020, the first case of COVID-19 in England was reported. This first case was detected right on our doorstep, in York. Our friends and colleagues at the City of York Council and Vale of York CCG were presented with their first experience of the unprecedented challenges we would all soon face.

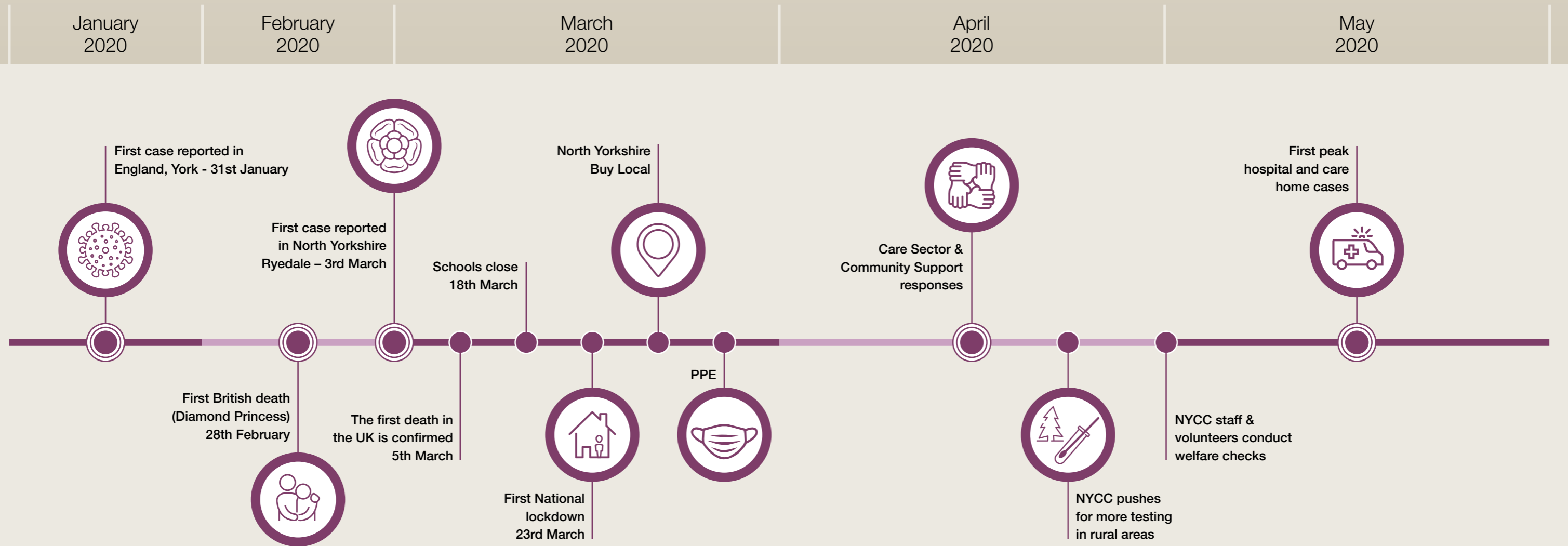
This foreshadowed the story to come for North Yorkshire. As a rural county, we are naturally set up for social distancing. Although the biggest county in England, around 40% of the county is covered by National Parks. The largest towns are Harrogate (population 73,576) and Scarborough (61,749). However, we sit in close proximity to some of the most densely populated areas in the North of England. With many people working and living across county boundaries, our experience of the pandemic would be closely tied to the responses and actions of our near neighbours.

Throughout February 2020, the public increasingly turned to public health experts for guidance. What is a coronavirus? How is the virus spreading? Should we still shake hands? Is it safe to attend large social and sporting events? There was much uncertainty as countries around the world looked for evidence to answer these questions. Meanwhile, the UK recorded its first COVID-19 death on 5 March, the first of over 127,000 lives that would be lost in the months ahead.

By the time of the Prime Minister's televised announcement of the first lockdown on 23 March 2020, everyday life had already changed for most of us. Extended hand washing and social distancing of 2 metres had become part of our routine. Many schools had already closed. Across society, new labels were applied: 'key workers', 'furloughed', 'home-workers', and 'shielding'. We were asked to think of our families, friends and loved ones in terms of 'bubbles' as restrictions on our freedoms challenged our concepts of social connection and isolation. We were all asked to rethink our definition of 'essential'; limiting all contact down to a bare minimum.

These measures, though necessary, did not affect everyone proportionately. Those lucky enough to have large homes and gardens experienced a different lockdown to people with no outside space. Families balanced home working with young children and home schooling. As many embraced life online, others struggled because of affordability, lack of access to technology or because they had no one who could help them get online. Care home residents and their families faced very particular challenges, with visiting and trips out significantly limited.

An unprecedented year

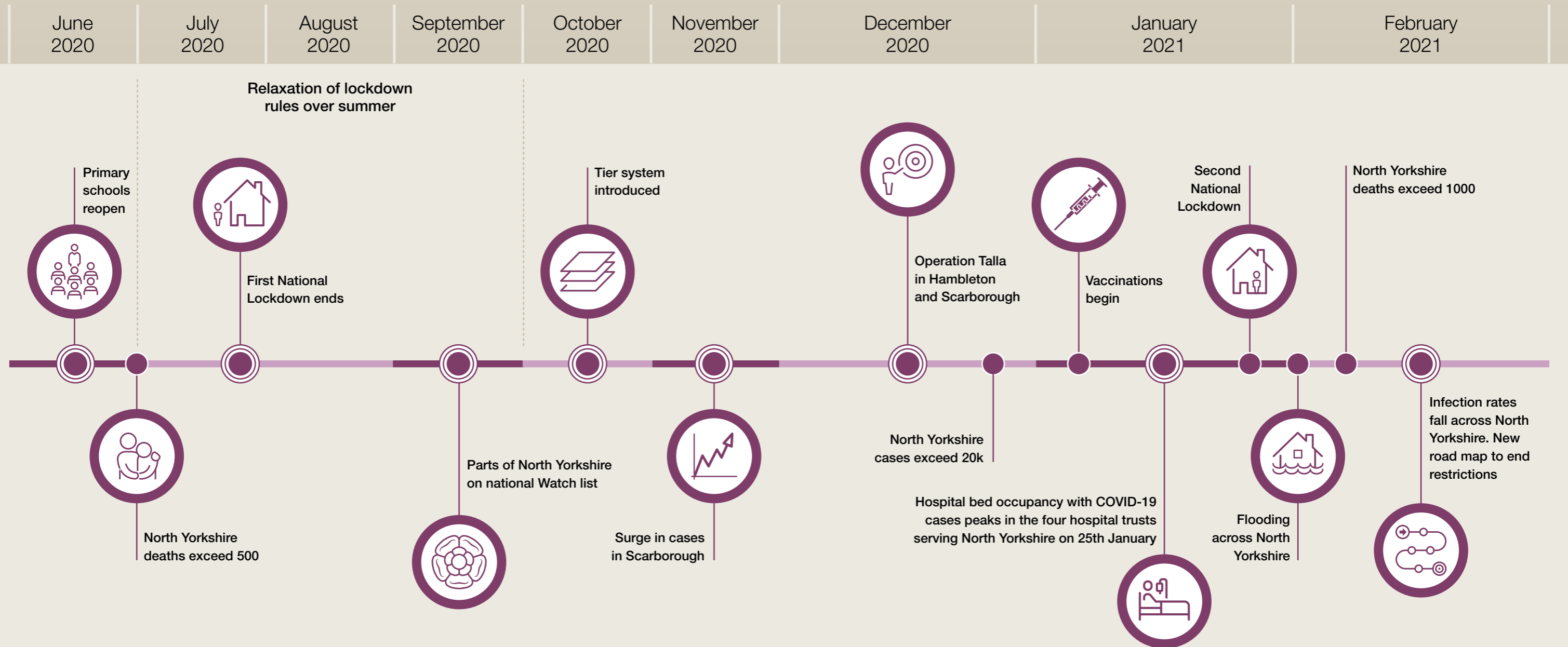


We would also learn that the virus was disproportionate in its impact on different communities. Data shows that for males with disabilities the rate of death involving COVID-19 was 240.8 deaths per 100,000 and 169.9 for disabled females. The equivalent rates for non-disabled males and females were 84.2 and 44.4 deaths.¹¹ In England and Wales, males of Black African ethnic background had the highest rate of death involving COVID-19, 2.7 times higher than white males. Females of Black Caribbean ethnic background had the highest rate, 2.0 times higher than females of White ethnic background. All ethnic minority groups other than Chinese had a higher rate than the White ethnic population for both males and females.¹²

Over the past year we have become all too familiar with these crushing statistics. We are all now more fluent in the technical terms and language of a pandemic. We have public health opinions and expectations of our leaders, our services and of each other.

¹¹ ONS Coronavirus (COVID-19) related deaths by disability status, England and Wales 2 March to 14 July 2020 (link)
¹² ONS Coronavirus (COVID-19) related deaths by disability status, England and Wales 2 March to 28 July 2020 (link)

An unprecedented year



There is still much to learn about COVID-19 and its long-term impact – some of which is explored in this report – but already we know that it has taught us how to live with the unprecedented.

North Yorkshire's COVID-19 response

As the Local Authority, North Yorkshire County Council has statutory responsibilities to improve and protect the health and wellbeing of the people of North Yorkshire.

Within the County Council, public health is part of the directorate led by Richard Webb, Corporate Director of Health and Adult Services. As part of this directorate the Public Health Team has specific duties around health protection and outbreak management. In this section we will look at how the Team responded to a range of issues.

However, the true story of North Yorkshire's response to the COVID-19 pandemic is one of partnership.

The Public Health Team was one of many who worked tirelessly to limit the spread of the virus and keep people safe. It was only through working with our colleagues in the NHS, emergency services, local government, education, adult social care, local business and many others that we were able to identify, monitor and resolve issues as they happened.

Throughout the pandemic, North Yorkshire County Council Chief Executive, Richard Flinton, has written a weekly update with the latest news on the response to COVID-19. A constant theme of these updates has been #TeamNorthYorkshire, and the strength of our local communities, organisations, and volunteers to support each other through the most challenging of times.

In telling the story of the past 18 months, we recognise and pay tribute to the contributions to the whole ecosystem of partners rooted in the LRF and everyone in North Yorkshire for playing their part.

In this section:

1. Outbreak management readiness
2. National guidance, local implementation
3. COVID Outbreak Control Plan
4. Public information and communication
5. Personal Protective Equipment (PPE)
6. Testing
7. Settings response to COVID-19
8. Partnerships
9. Data Management
10. The COVID-19 vaccination programme



North Yorkshire's COVID-19 response

1. Outbreak Management readiness

Health protection is a key function of the public health role, and outbreak management has always formed a significant part of this. Public Health England and local authorities have worked with partners for many years to prevent, detect and manage outbreaks of disease. At the start of the pandemic, there were already plans in place setting out how the system responds to outbreaks:

- **Communicable Disease Outbreak Plan – North Yorkshire and York Operational Guidance:** Sets out the roles and responsibilities of key agencies and the agreed procedures during local and national outbreak investigations.
- **North Yorkshire County Council Pandemic Influenza Plan:** a framework to support NYCC to respond to an influenza pandemic in a coordinated, timely and effective manner.
- **North Yorkshire County Council and City of York Council Mass Treatment and Vaccination Plan:** Outlines the approach, roles and responsibilities of organisations, how the activation of a plan will be coordinated and steps needed to deliver mass treatment or vaccination.
- **Yorkshire and Humber LRFs and LHRPs Pandemic Influenza Framework:** strategic framework for a co-ordinated multi-agency response to minimise the impact of an influenza pandemic.
- **The North Yorkshire Local Resilience Forum (NYLRF) Response to Major and Critical Incidents (RMCI) Plan:** Sets out the protocol for information sharing and escalation process.

We were able to draw from and build on these existing approaches to ensure a fast, cohesive and workable approach to manage the response to the pandemic.

Led by the Director of Public Health, 'Control and Command' meetings were established. Providing a structure for regular meetings with clear membership responsibilities and purpose, targeted to different issues and challenges. This included; daily strategic meetings ('Gold Command'), tactical meetings ('Silver') and weekly meetings for each locality ('Bronze' or operational) with Outbreak Management, incident management and safety advisory meetings as required.

In addition to internal response meetings, regular strategic and tactical meetings were held with the LRF, regional teams and local NHS and social care partners.

Embracing technology

An unexpected positive from the first national lockdown that contributed to the success of this structure was the rapid, wide embrace of online meeting technology.

Although North Yorkshire County Council had already taken steps to introduce online meetings to reduce our carbon footprint, the lockdown and subsequent push for non-frontline colleagues to work from home lent itself well to the need for more frequent, shorter meetings with participants from across the county.

All partners in the LRF embraced technology to play their role. Within months colleagues were familiar with a range of digital communication platforms, with many community organisations and groups also welcoming the accessibility of online meetings. There is no doubt this allowed us to respond quickly and efficiently to quick changing situations.

2. National guidance, local implementation

UK Government ministers are accountable for setting the overall framework for the COVID-19 response, national communications strategy, enabling and supporting the local response, including through provision of funding, and for oversight and intervention where necessary.

The Secretary of State for Health and Social Care

Takes day-to-day policy and operational decisions on COVID-19 response, as appropriate.

4 UK Chief Medical Officers (CMOs)

Provide public health advice to the whole system and government throughout the UK.

Department for Education (DfE)

Lead on the children's social care and education response.

The COVID-19 Regional Partnership Teams (RPTs)

Work closely with national teams to ensure policy and operational coherence across the NHS Test and Trace and Community Testing programmes, NHS England and Improvement Regional teams, Department of Health and Social Care and other key government departments.

Scientific Advisory Group for Emergencies (SAGE)

Responsible for ensuring that a single source of co-ordinated scientific advice is provided to decision makers in Government.

Local Authorities (including Public Health teams)

Responsible for undertaking ongoing surveillance, community testing, local contact tracing, supporting self-isolation and working closely with PHE HPTs to control outbreaks.

The NHS

Works in partnership with Local Resilience Forums on pandemic preparedness and response delivery in healthcare systems in England and Wales.

The Department for Health & Social Care (DHSC)

The lead UK government department with responsibility for responding to the risk posed by COVID-19.

Public Health England (PHE)

Provides specialist technical expertise on health protection issues and support both planning and delivery arrangements of a multi-agency response.

North Yorkshire's COVID-19 response

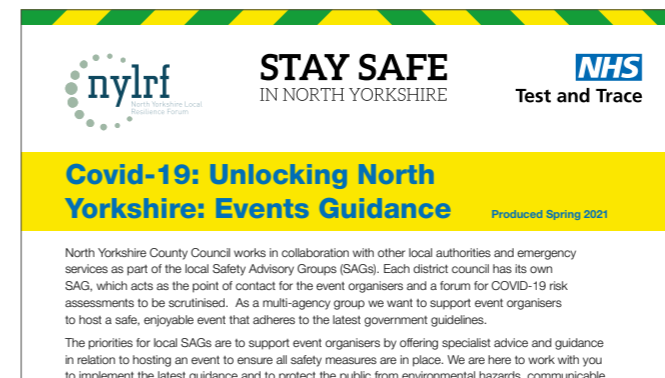
Local authorities have a key role in investigating and managing outbreaks of communicable disease. Responsibilities, duties and powers available to them during the handling of an outbreak are set out in the Public Health (Control of Disease) Act 1984; Health Protection (Notification) Regulations 2010; Health Protection (Local Authority Powers) Regulations 2010; and the Health Protection (Part 2A Orders) 2010 amongst others. In March 2020, the UK Government passed the Coronavirus Act (2020) which set out the legislative framework for responding to COVID-19.

Local Implementation

Local Resilience Forums and Local Health Resilience Partnerships have the primary responsibility for planning and responding locally to any major emergency, including pandemics.

As the government guidance to respond to the COVID-19 outbreak increased and was regularly updated throughout the first few months of the pandemic, we introduced a log to record all new guidance, updates to existing guidance, and other news about the pandemic. This included guidance that required action, e.g. notifying providers/education, settings/businesses, or including as part of our press conferences or on social media, and where it was just for information. These daily updates enabled a timely response to any new or changed guidance, with actions implemented as a result of new or updated government guidance recorded on the log and reviewed by the leadership team weekly. This provided further assurances that all necessary measures relating to outbreak management had been considered and implemented.

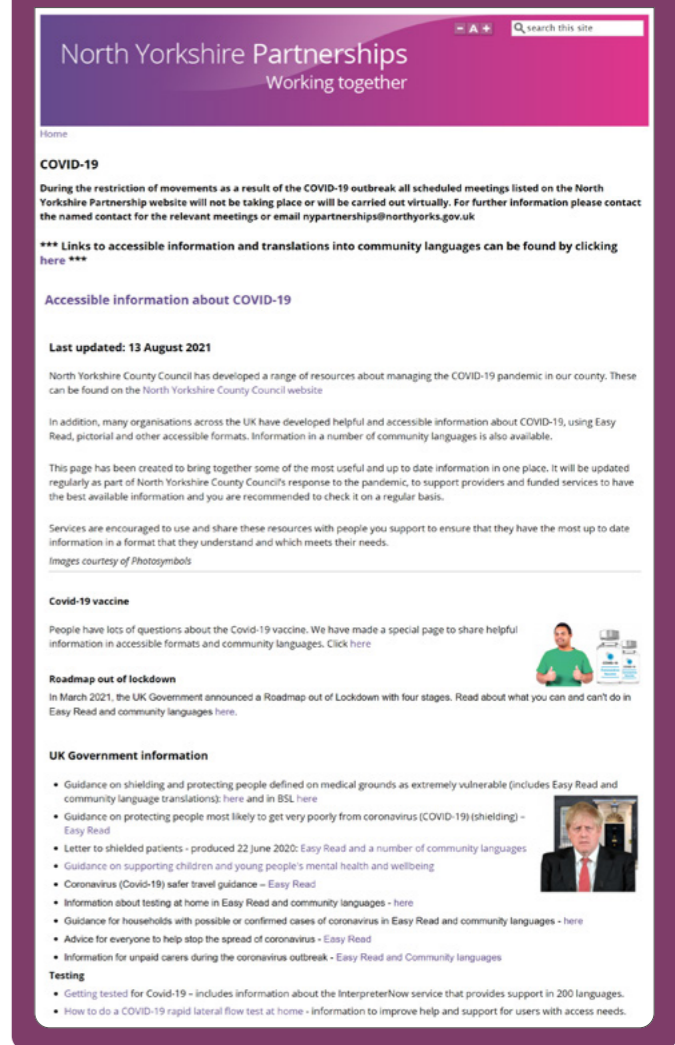
The Public Health team led the interpretation and implementation of the national guidance locally, working collaboratively with partners and providing system leadership along with influencing community action to protect the public and services.



Accessibility

A new webpage was established on the North Yorkshire Partnerships website to curate useful COVID-19 information in accessible formats and community languages.

This included a range of information in Easy Read, large print, British Sign Language and other formats. A separate page specifically about the vaccine was also created. Both have been kept updated throughout the year right to the present (<https://nypartnerships.org.uk/covidinfo>).

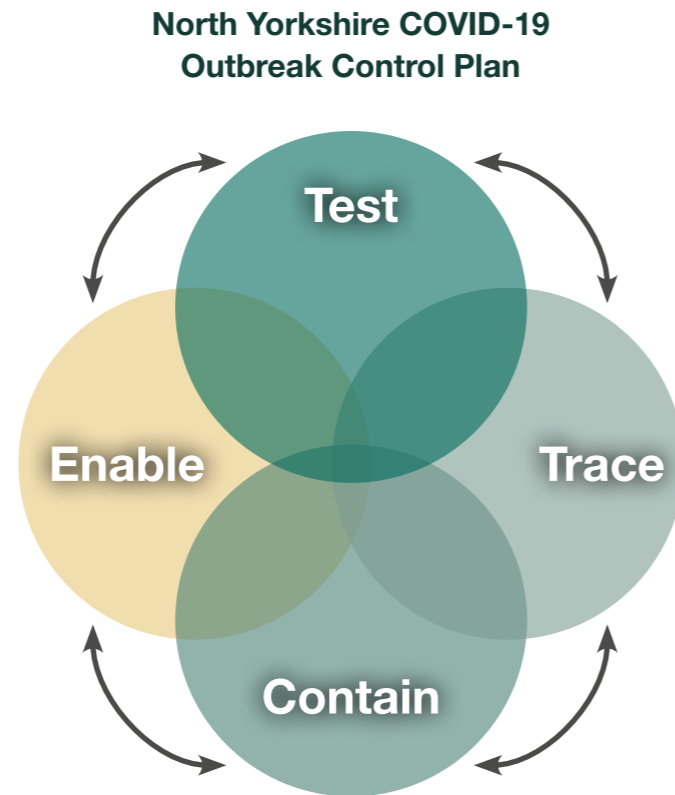


North Yorkshire's COVID-19 response

3. COVID-19 Outbreak Control Plan

Published on June 26th 2020, **North Yorkshire COVID-19 Outbreak Control Plan** outlines North Yorkshire County Council's approach to managing the pandemic in North Yorkshire. The plan is available in full with appendices at www.northyorks.gov.uk/our-outbreak-plan.

Led by the Director of Public Health, the Outbreak Control Plan emphasises public health experts working with the NHS, Public Health England, the community and voluntary sector and other local government colleagues to support individuals, communities, businesses, education and care homes settings to understand how to prevent outbreaks via good hygiene and social distancing measures. It also set out how the county will respond when outbreaks occur and the measures necessary to shut them down.



The Plan identified seven themes which have continued to underpin local outbreak management:

Care homes and schools

Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).

High risk places, locations and communities

Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).

Local testing capacity

Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up etc).

Contact tracing in complex settings

Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).

Data integration

Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning, including data security, NHS data linkages).

Vulnerable people

Supporting vulnerable local people to get help to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc.) and ensuring services meet the needs of diverse communities.

Local Boards

Establishing governance structures led by existing COVID-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Since the original plan was produced, additional developments such as vaccinations, new COVID-19 variants of concern (VOC), enhanced contact tracing and new enforcement measures were added to reporting and planning.

As COVID-19 cases increased, there was a review of the original operational model that had successfully supported the first stages of the pandemic. The creation of the new Outbreak Management Hub and locality area model (aligned to the seven district council boundaries,) built further resilience to the NYCC response team. By appointing a Head of Outbreak Management, deploying employees across NYCC this created new opportunities to grow and strengthen the North Yorkshire response. The implementation of the Hub provided a centralised co-ordinated function to support the DPH and ensure the timely and effective management of COVID-19 cases in North Yorkshire. Throughout the response the Hub identified key actions to progress and liaise with partners through the outbreak management response structure and support the seven locality Multi agency groups that the Health Improvement Managers chair.

A report on progress against the Outbreak Control Plan was developed in April 2021 and can be found here: www.northyorks.gov.uk/our-outbreak-plan

North Yorkshire's COVID-19 response

4. Public information and communication

Public Health communications is a fundamental part of our work. It is relevant to every aspect of health and well-being, including disease prevention, health promotion and quality of life. Public Health communications aim is to encourage behaviours that lead to longer and healthier lives.

In the case of COVID-19, there were additional pressures due to the evolving situation nationally and locally. Challenges included:

- starting from a low base of knowledge for the public at large around virus infection control;
- communication of emerging findings about the nature and transmission of the virus;
- complementing and augmenting other public information on the virus;
- countering and clarifying emerging misinformation about the virus;
- tailoring messages to respond to localised outbreaks in different parts of the county;
- developing information for different settings and environments; and
- availability of information in clear easy to understand formats and community languages.

NYCC COVID-19 Communications

The North Yorkshire strategic approach to COVID-19 communications has been led by the Local Resilience Forum, who developed weekly communication priorities in agreement with partners. The approach was implemented by the NYCC Corporate Communications Unit in close partnership with the Director of Public Health, Public Health Consultants and the wider Public Health team.

This has included production of a range of communications including press and media interviews, online videos, press articles, social media content and provision of a Public Health update in the Chief Executive's weekly NYCC Partners Bulletin.

Targeted Communications work

COVID-19 and Public Health

Communications groups – a weekly meeting of colleagues from across NYCC to identify communications needs related to the themes in the Outbreak Management Plan.

Outbreak Management Theme Resources

– a page was developed for the main NYCC COVID-19 website content containing details of prevention and outbreak actions and measures for different setting types in the Outbreak Control Plan. This included design of action cards and posters: www.northyorks.gov.uk/covid-19-prevention-and-outbreak-support-settings.

'Theme 6 - Vulnerable Groups' – our Outbreak Management Plan included a communication and engagement plan for marginalised communities who were likely to need extra support. Specific groups of people were identified based on their unique needs, including Gypsies, Roma, Travellers and Show People; the military; Black and minority ethnic communities; refugees; migrants; people who are homeless or in temporary accommodation, people with chaotic lifestyles and people experiencing domestic abuse.

It was clear from the outset that the involvement of 'trusted contacts and local voices' would be vital for messages to reach the identified audiences in an effective way. Contacts were identified through scoping work with the community sector, local authority housing departments and through NYCC Health and Adult Services.

Resources were developed in various formats, including Easy Read, audio and different languages. These were shared through the contacts for promotion within their networks. This was coordinated by a single contact in the Public Health Team, which helped build relationships and trust. Resources were updated to reflect new messaging and feedback from communities.

Each Public Health topic lead developed a COVID-19 Communications Plan, which included a strategic aim and priorities. The plan was based on the short and long-term impacts of COVID-19, key messages, campaigns and resources; and identified key audiences and channels for dissemination. A range of communication activity has been completed for each plan.

Other Public Health communications

The Public Health Team also sought to provide updates on regular public health services throughout the pandemic. This was done through:

- creation of Public Health services page www.northyorks.gov.uk/public-health-services-during-coronavirus-covid-19
- weekly meetings with the Local Medical Committee and Community Pharmacy North Yorkshire who also helped share a regular public health service briefing.



North Yorkshire's COVID-19 response

5. Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) and its use in adult social care as well as other areas of the council and the county was a major priority throughout the pandemic.

As documented in the media at the time, there were significant national supply issues relating to PPE, with priority given to NHS services and hospitals. PPE is also essential in care settings where many people receive support that requires PPE to manage infection control.

The Public Health Team worked closely with North Yorkshire County Council colleagues and the Independent Care Group to give advice around procurement to ensure the availability of the right PPE for specific tasks and environments.

We provided advice on emergency distribution where needed and supported providers who needed extra support on a one to one basis. We also had a Public Health representative on the Local Resilience Forum panel supervising the distribution of emergency PPE to care homes and other settings and people who receive care at home through direct payments, prior to setting up of national PPE portal.



What is PPE?

Personal Protective Equipment (PPE) is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets and hard hats, gloves, masks, aprons, eye protection, high-visibility clothing, safety footwear and safety harnesses.

In line with national advice we developed local guidance for colleagues to outline what PPE is and how to use it in the context of COVID. This included a simple flowchart that colleagues in adult and children's social care, primary care, transport and education could use to better understand what PPE is required and when to use it. The flowchart was kept under review and was updated regularly to align with national guidance.

An online training package on PPE was developed, which covered the local guidance and outline practical steps about the safe donning (putting on) and doffing (taking off) and disposal of PPE. This was made available for free to NYCC and independent care providers and featured on the Local Government Association website as an example of good practice.

Members of our team conducted numerous webinars for care providers which were very well attended. An online panel discussion about PPE was recorded and uploaded to a dedicated page on the NYCC website with the guidance and the flowchart: www.northyorks.gov.uk/personal-protective-equipment-ppe

Left: an Easy Read poster about PPE using photo symbols designed by KeepSafe.org.uk

6. Testing

In April 2020, the UK Government shared its COVID-19 Testing Strategy based on 'Five Pillars'. The first pillar was focussed on testing by the NHS in medical settings, for example where people had been admitted to hospital, or testing for NHS staff.

Pillar 2 focussed on establishing a robust community testing programme. This was a challenging task against an ever-changing landscape. The methods of testing have evolved to what is now full public access to Polymerase chain reaction (PCR) testing and lateral flow device (LFD) testing.

COVID-19 Testing 5 pillars

1. NHS swab testing
2. Commercial swab testing
3. Antibody testing
4. Surveillance testing
5. Diagnostics National Effort

Our work to support testing has been multi-disciplinary, with partners across the County Council, district and borough councils, the emergency services, armed forces and private landowners.

Despite these partnerships, it has been an ongoing challenge to ensure that North Yorkshire residents can access testing resources secured from Central Government. The geographical size and rurality of North Yorkshire meant that our county did not fit neatly into the common national testing streams. We have had a mixed model of testing including accessing regional testing sites; fixed local testing sites; mobile testing units moving around the county and Director of Public Health held tests to be deployed as required in bespoke circumstances.

We have worked in collaboration with the Department of Health and Social Care (DHSC) to ensure we could best serve the communities of North Yorkshire and were fortunate to pilot Department of Health and Social Care schemes to boost local testing.

Case Study

Testing

One of our pilot areas identified for Mobile Distribution Unit (MDU) support was the market town of Reeth in Richmondshire.

In partnership with the Reeth Parish Council, an MDU was assigned to attend the Market Day on Fridays for three consecutive weeks to distribute Lateral Flow Device testing. This was met with great success, with surrounding villages within the area (Healaugh, Fremington, Grinton and others) also able to use this scheme. Feedback from the MDU crews, was that on average around 100 kits were being issued on each visit.

Information and Advice

Any successes in testing have relied on ensuring the correct level of information was shared and targeted appropriately. Communications have played an important part in our role to make testing accessible and available across North Yorkshire.

During the early stages of testing, a handbook was created including the detailed processes for care homes, high-risk settings, schools and individual testing. It provided information about the different types of testing methods, locations of sites and communication methods including translation of instructions into various other languages. We also led a number of online information sessions about testing to support the development and release of the handbook.

North Yorkshire's COVID-19 response

Types of test

Polymerase chain reaction (PCR) testing

The first and most widely recognised COVID-19 test was the Polymerase Chain Reaction (PCR) test. This nose and throat swab test is used to directly screen for the presence of viral RNA (ribonucleic acid). This is detectable in the body before antibodies form or symptoms of the disease are present and means the tests can tell whether someone has the virus very early on in their illness.

At the start of the pandemic, the Public Health team requested and received a supply of PCR swabs to support care homes and at risk individuals going into care settings. For settings requiring up to 20 tests, swabs were sent and the testing process explained over the phone. For settings with 20-50 employees a member of the testing team would support in person. For 50+ employees a Mobile Testing Unit would be arranged to attend the workplace.

Over time we were able to utilise excess swabs to assist in managing outbreaks in business and workplace outbreaks. This helped greatly when testing was still new and not widely available.

Lateral Flow Testing (LFD)

Lateral Flow Testing is a relatively new testing offer developed to identify people who are asymptomatic (show no COVID-19 symptoms,) but are positive and infectious. The tests are self-administrated and can provide results within 30 minutes.

In December 2020, when the transmission rates in the Borough of Scarborough were especially high, NYCC ordered LFD kits in case they were needed for community testing. As rates reduced, these were not required. However, these were later used by North Yorkshire Fire & Rescue (NYFRS) for a workplace testing pilot.

Between February – June 2021, NYFRS and North Yorkshire Police were supported to use LFDs as part of critical worker workplace testing. This was extended to include all seven district council areas of North Yorkshire and NYCC critical work force. This enabled rapid indication of a positive test for critical workers.

North Yorkshire County Council NHS Test and Trace

Be part of Team North Yorkshire

Test and trace

If you have Coronavirus symptoms:

- Book a test immediately and self-isolate at home
- www.nhs.uk/coronavirus or call 119
- Do not leave your home for any reason other than to get a test
- If you need medical advice call 111

STAY SAFE IN NORTH YORKSHIRE

If you have symptoms including high temperature, a new cough or loss or change to sense of smell or taste, book a test and self-isolate at home www.northyorks.gov.uk/TestandTrace

Targeted Testing

Workplace testing – In July 2020, a pilot was run with a business in Selby to trial workplace testing in response to an outbreak. 1,300 employees were tested over four days using PCR swabs. No positive cases were identified. This was a good trial and contributed to the development of workplace testing procedures nationally. With the cooperation of the business, this site was set up as an MTU testing location supporting the communities of Selby and wider area.

Throughout the rest of the year, a structured support process was put in place to identify and respond to the need for targeted testing as part of outbreaks in workplaces and other high risk settings. A regular panel meeting reviewed requests and supported directions from Outbreak Control Team meetings to deploy testing to businesses, including both PCR and LFD testing.

Surge testing

Surge testing was originally introduced to tackle the spread of new variant cases in areas where unlinked community transmission had been identified. NYCC developed a surge testing plan early in 2021 in case any part of the county needed to undertake this work. The plan outlines the process for standing up resources, including identification of a community building where residents can collect and return tests, suitable sites for MTUs to be deployed to, staffing and volunteer resources, and targeted communications. The plan was supported by training sessions for team leaders and surge testing exercises.

To date there has been no requirement to undertake surge testing across any part of North Yorkshire. However, the plan is regularly reviewed and refreshed so that the county is prepared should it need to be implemented at any point in the future.

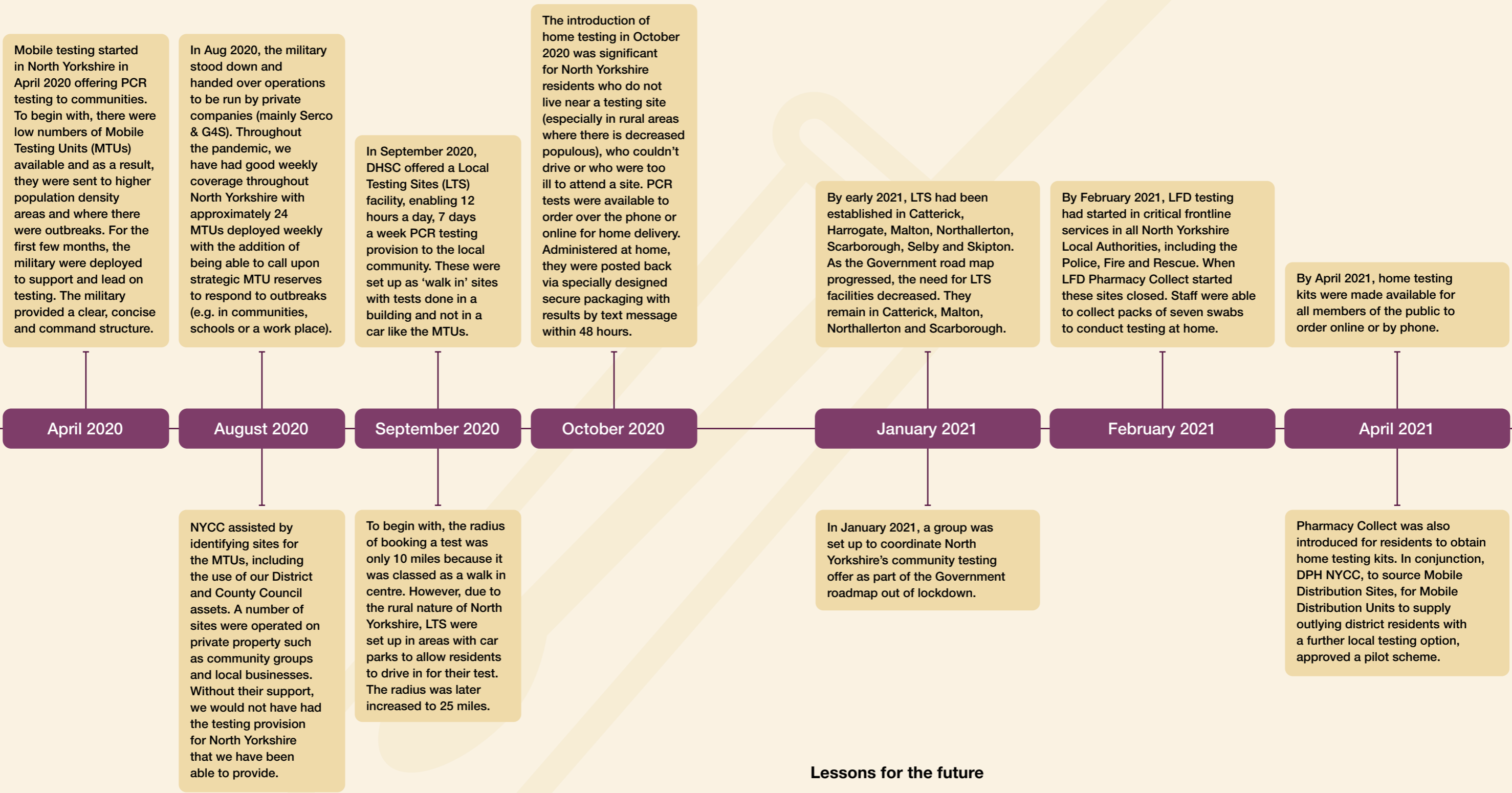
Test and Trace

A national contact tracing approach was introduced in May 2020, operating at a national and regional level through NHS Test & Trace and Public Health England. The focus was to encourage people who test positive to share information promptly and accurately about any recent contact with others, or places visited, to help alert other people who may need to self-isolate.

In November 2020, North Yorkshire County Council added an additional local component, where any cases who are not able to be completed by the national contact tracing team in 24 hours are handed over to the local authority to follow up. This Local Tracing Partnership is run through the Customer Resource Centre, with initial support from the Fire & Rescue service. Data is monitored and used to identify and track outbreaks, including in care settings and at-risk communities.

North Yorkshire's COVID-19 response

Testing Timeline in North Yorkshire



Lessons for the future

Testing has presented us with many challenges both locally and nationally and many lessons have been learnt. There has been a cultural shift in behaviours to encourage people to get tested and to self-isolate, reducing the chances that they will infect others. As we learn to live with COVID-19, testing will continue to play a crucial part of our daily lives along with vaccinations.

North Yorkshire's COVID-19 response

7. Settings response to COVID-19

The challenges and risks involved in managing COVID-19 were different across settings. The Public Health Team worked alongside specialist teams from different background settings to tailor responses for specific environments. In this section we will look at how a range of approaches were used to support the safety and wellbeing of different community groups and settings.

7.1 Care settings

There has been particularly close attention paid to care settings (including care homes, domiciliary care providers, day services, extra care housing) and Personal Assistants for people who use Direct Payments given the increased vulnerability of residents and people who use these services to COVID-19.

This was reflected by the quick formation of dedicated teams to communicate with and provide critical support to care providers, both those run by North Yorkshire County Council and independent care providers. Care Home Support Teams made daily phone calls to services to respond to queries and concerns, update on any changes to policy and guidelines and monitor any live COVID-19 situations. The team stepped up to 7-day working, with providers also contacted on weekends.

Daily multi-agency meetings were chaired by Public Health and Adult Social Care colleagues to respond to any issues identified in care settings. This included arranging practical support such as delivery of PPE, infection prevention and control visits, Quality Improvement Team support, arranging for testing prior to the national roll out or the deployment of additional staff to support a team when numbers were falling to unsafe levels due to infection rates in the home.

The group also considered and supported providers with the interpretation of national guidance about care home visiting, hospital discharges and community admissions into care homes by offering situation specific advice and guidance. The daily slides produced by these groups means we were able to monitor the number of infections and the impact at every location.

Throughout the pandemic, care homes often provided a snapshot of broader issues in this chapter such as the procurement and appropriate use of PPE, COVID-19-testing and vaccinations.

There has been positive feedback on the support offered:

“Thank you for your ongoing support during these times which is much appreciated. Completing [the tool] enabled us to review what may have contributed to our outbreak and our practice and what we have in place, including any updates after our discussions. The IPC workbooks have been distributed to all staff and will also form part of the supervision themes discussed on a monthly basis with all staff.”

Manager of a care home, Richmondshire

“I found that the support visit was a useful tool in order to address some issues which did need our attention. Obviously the pandemic is a new experience for all of us, and as a small independent care home, we often feel we need this type of input as it can feel quite isolating when you are not part of a large group. We found your recommendations highlighted things to us that we did need to move forward with and improve on, and we do continue to do this. I would like to thank NYCC for their support throughout a most difficult time.”

Manager of a care home, Harrogate

Case Study

COVID-19 Contributory Factors Tool

NYCC and the Vale of York CCG worked together to adapt the Yorkshire Contributory Factors Framework Tool, to improve understanding and learning from care home outbreaks.

There are five elements:

1. Recording a timeline of events, describing what happened and what actions were taken.
2. Capturing the teams (and residents) perspective about what happened.
3. Identifying key themes that could impact on patient safety and whether anything has contributed to the outbreak.
4. Summarising the key contributory factors and areas of good practice.
5. Sharing the report in the setting so the findings can be discussed, learning shared and potential opportunities for improvement can be identified.

Face to face visits take place after an outbreak is over so that the service has had time to recover and reflect on what went well and what could be improved. Staff found it a supportive conversation as it helped to highlight positive practice to build on. Staff have ownership of the issues and make suggestions throughout the process.

More than fifty exploratory tools have been completed to date with services, which have had an outbreak. Key emerging themes identified that contributed to the outbreak include:

- Situational factors such as residents not being tested on return from hospital, car

sharing, not social distancing in breaks, difficulty in isolating residents with dementia who walk with purpose and the layout of the home not allowing social distancing.

- Local working conditions such as staff shortages and lack of IPC audits.
- Organisational factors such as not cohorting residents or staff.
- External factors such as interpreting national guidance and the lack of testing at the start of the pandemic; and
- Communication and culture, e.g. not disseminating information to staff and low staff morale.

Follow up visits highlighted where measures have been implemented, demonstrating that improvements have been made. This includes:

- A care home with 22 cases (staff and residents) received Quality Improvement Team face to face visits during the time of the outbreak. The exploratory tool was completed in November 2020. There were two subsequent cases since, amongst staff members but no further spread.
- A care home with 41 cases (staff and residents) received face to face QIT visits during the outbreak and the exploratory tool was completed. A number of recommendations were made about PPE breaches, donning and doffing and co-horting. There have been no further cases.

North Yorkshire's COVID-19 response

7.2 Education Settings

Education settings include everything from early years, primary schools, secondary schools, special schools, to colleges and university.

The majority of settings closed to most pupils apart from children of key workers around the first national lockdown in late March 2020.

Home schooling and online lessons were put in place for much of the Easter 2020 term, and remained in place until September 2020 when educational settings reopened to all students.

In June 2020, as some educational settings were given the go-ahead to allow more students, the Public Health Team supported them to reopen safely and helped with outbreak management. Working closely with our colleagues in the Children and Young People's Service, we helped over 1,000 North Yorkshire educational settings understand and interpret the national guidance.

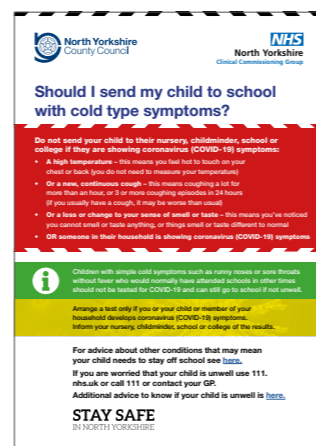
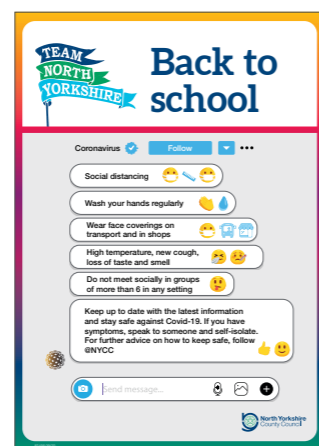
This included developing materials for head teachers to simplify the national guidance and make it relevant to them. We advised on the risk assessment guidance / template that all settings received from NYCC, providing one-to-one support where needed. We also created a notification process for settings to inform us of any suspected and confirmed cases of COVID-19, and supported them with contact tracing and isolation.

September 2020 saw educational settings open to all pupils. We had an established process in place and dedicated team members to advise on infection prevention and control, and management of positive cases. We conducted numerous webinars for head teachers, Early Years managers and school governors, which were very well attended. Webinars were also held on PPE, infection prevention and control, outbreak management and testing.

Our Team provided bespoke advice and support to settings with positive cases and liaised with colleagues from Public Health England where needed in order to manage outbreaks.

We continued to work very closely with schools and other educational settings in January 2021 when they closed to the vast majority of pupils but had to prepare for mass asymptomatic testing. When the return to school was announced in April 2021, we supported settings to adopt COVID-19-secure teaching environments, including infection control measures and the rollout of rapid testing.

Support from the Public Health team is still in place for all educational settings.



7.3 Workplaces

Under the Outbreak Management Plan, workplaces are considered to include all settings, which employ staff. However, given the additional specific risks they face, it does not include workplaces related to leisure and hospitality sector, care settings and schools settings.

The aim of focussing on workplaces was to establish a system to prevent and manage outbreaks in workplace settings through a multi-agencies approach, working closing with the Health and Safety Executive (HSE) and other health protection agencies.

Our objectives were to:

- ensure workplaces have access to accurate, evidence based information related to infection control and managing outbreaks.
- prevent the spread of COVID-19 in workplace settings.
- contain and manage outbreaks in workplace settings.
- promote the health, wellbeing and safety of the North Yorkshire workforce.

		Prevention		Response
		Universal Self-service	Targeted Bespoke support to setting	Outbreak management
		Level 1 support	Level 2 support	Level 3 support
Who	Any workplace	Any workplace identified by nature of their size Those workplaces considered to be at risk Recent concerns raised via HSE or local EHOs	Workplaces who have been identified as having an outbreak or cluster of cases. Outbreak definition: two or more laboratory confirmed cases or clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days	
	Self-service portal/repository inclusive of evidence based guidance relevant to workplace settings including:	Bespoke advice and guidance on interpretation of evidence based guidance within context of setting	PHE Health Protection Team facilitated risk assessment and associated advice and action, in conjunction with the Public Health Team. Support to the organisation on:	
What	<ul style="list-style-type: none"> • Workplace COVID-19 secure guidance • Workplace settings guidance • Symptoms • Test and trace • Local support for isolation • PPE • Infection and prevention control • Cleaning premises 	<ul style="list-style-type: none"> • Communications • Help to understand and implement Infection control measures • Implementing guidelines on social distancing in the workplaces • Influencing policy e.g. absence recording / monitoring 		
	<ul style="list-style-type: none"> • Self service via website • Signposting to relevant information 	<ul style="list-style-type: none"> • Bespoke signposting to relevant documents • Establishing relationships and point of contact with large local businesses • Regular updates and maintenance of contact 	Input from PHE Health Protection Team and Local Authority Public Health Team	
How				

North Yorkshire's COVID-19 response

The workplace plan focuses on both preventing and containing an outbreak with an effective response. A three-tier offer of support was provided as shown in the table above. This same approach was used for High-risk Settings (Section 7.4) and Hospitality, Leisure and Tourism (7.5).

In the timeframe for this report, we managed 31 outbreaks through Outbreak Control Teams in workplace settings. A further 202 workplaces were supported with two or more confirmed cases. This has built excellent relationships with the business sector across North Yorkshire, supporting the COVID-19 response but also the health and wellbeing of the staff employed.



Case Study

Workplace Support

North Yorkshire County Council was notified of a number of COVID-19 cases in the workforce of a large food processing company. The workforce is made up of people from multi-cultural backgrounds who often commute from neighbouring areas.

An outbreak control team meeting was convened rapidly to oversee the management and control of the outbreak. The meeting was chaired by the Director of Public Health and included representatives from Public Health England, the health protection team, the local environmental health team, a consultant in public health, and the NYCC communications team.

We worked closely with the company to identify all cases within the workplace. Contact tracing was conducted thoroughly and promptly by the company, ensuring any close contacts were identified and isolated. The company was vigilant in applying control measures such as social distancing, staggered breaks, physical modifications to the workplace and adaptations to welfare facilities. They created internal COVID marshal roles, which supported the adherence to measures.

The company uses a three shift pattern; with rotating 'red', 'white' and 'blue' shifts. Cases were clustered in the red shift. A decision was made to use targeted testing of the red shift.

Understanding the organisational culture and social context in which people lived and worked was paramount. Principles such as source credibility were applied to communications with messages deployed using a variety of different trusted channels.

External communications were also a key consideration. The company has a good reputation because of the quality of its products and its employment practices, a reputation it was keen to maintain. Consequently a proactive press release was prepared in the event that a response was required. Monitoring social media channels for any misinformation was also important.

Critically, through the combined efforts of the company, partners and the employees themselves the outbreak was successfully contained.

Case Study

Workplaces: Mental health support for NYCC staff during COVID-19

As a lead partner in the response to COVID-19 in North Yorkshire, North Yorkshire County Council staff have been on the frontline in the response to the pandemic from the start. Work patterns have changed, with the introduction of different shifts, an increase in weekend working, and many colleagues taking on new, temporary roles to meet needs at key stages. Whilst some colleagues adjusted to the isolation of working from home (including managing childcare and home schooling for some), those on the frontline have had to constantly adapt to changes, and supporting people in the most challenging of circumstances. Given these challenges, the County Council was quick to recognise the need to support colleagues' mental health and wellbeing.

NYCC has a well-established staff health and wellbeing programme. All directorates are represented on a staff health and wellbeing group which leads and coordinates staff health and wellbeing activity across NYCC, ensuring it is evidence-based and has the needs of employees and their engagement at the core of its work. The Council also has a comprehensive Employee Assistance Programme and occupational health service which includes access to 24/7 counselling services for staff (and any member of their household). There is also a range of online tools and self-help guides on lifestyle issues such as mental health, healthy eating and exercise.

A significant amount of work has taken place to promote health and wellbeing during COVID-19.

In the immediate response a new service was set up called #AskSAL. Intended to complement the Employee Assistance Programme, this offers an additional line of support to help with any life challenges

or questions that COVID-19 presents, not necessarily work related. #AskSAL was backed up by a suite of resources called 'Looking After You' which includes:

- A training hub to improve mental health and wellbeing.
- Tips to maintain boundaries between work and home during COVID-19.
- Top tips to help maintain mental and physical health.
- Access to Psychological First Aid training
- Access to the Humber, Coast and Vale Resilience Hub and resources.
- Bereavement resources including practical advice and guidance for those dealing with bereavement personally, or supporting others through loss during the COVID-19 pandemic.

The 'Taking Care of YOU Toolkit' was another useful tool used to promote good mental health by raising awareness and understanding of mental health. It includes straightforward strategies and coping mechanisms to help manage the challenges of work and workplace and the impact of these on mental health and well-being.

Staff support groups on a range of topics have been established based on feedback from staff. NYCC staff also have access to a wide range of training and learning activities, provided both internally and through our partners. Examples of training includes support for line managers in managing mental health; basic mental health awareness; psychological first aid and suicide prevention.

North Yorkshire's COVID-19 response

7.4 High Risk Accommodation Settings

The team has provided outbreak management support to a range of 'high risk' communal accommodation settings including residential settings such as children's homes, homeless hostels, domestic abuse refuges and asylum seekers accommodation and people living in Houses in Multiple Occupation (HMOs), for example buildings converted into individual flats or bedsits.

These have the potential to be 'high risk places' for a range of reasons, including the layout and function of the premises, the transitional nature of some residents as well as the specific vulnerabilities of individuals who live or work in them. Residents may have complex needs and/or multiple disadvantages, with a variety of extra factors to consider including language and cultural barriers, lack of registration with routine health services, trauma and poverty.

Support was provided for settings for individuals with a range of support housing needs including people with mental health needs, offenders, people with drug and/or alcohol dependence and supported living for people with physical and learning disabilities.

Initial steps included a mapping exercise to identify the relevant settings, followed by meetings with stakeholders. This included district housing leads and housing options teams, the County Housing Officers Group, the County Homelessness Group and accommodation providers. Meetings were used to identify what support would be needed and to share details of how to notify public health about both suspected and confirmed COVID-19 cases amongst residents and staff.

Other key items of work included:

- Development of a Self-Isolation Checklist which included consideration of basic needs such as food supplies and more individual needs such as supply of medications for smoking cessation, drug and alcohol use and mental health support.
- Development of a regional approach on HMOs.
- A bespoke Infection Prevention Control workshop for NYCC children's residential services.
- Development of a multi-agency testing and self-isolation support joint working protocol for the homeless and rough sleeping cohorts in Harrogate and Scarborough, these localities were chosen due to the size of cohort in the area. The protocol was launched via two webinars and included advice on how to facilitate COVID-19 testing in suspect case.
- Webinars for supported living providers about support available and notification processes.

Case Study

Working with the Gypsy, Roma, Traveller community

A North Yorkshire residential site for Gypsies and Travellers is available for those who are in need of appropriate housing.

During the pandemic, the site had two COVID-19 incidents. The first was in October 2020. Concerns included government guidance for self-isolating not being followed; issues with carrying out COVID-19 tests, two pregnant women on site and an older person with long term conditions with COVID-19 symptoms.

A second incident in January 2021 saw six residents on site developed symptoms (although later tested negative) but again people did not self-isolate. Not all close contacts could be identified, and there were potential links to a workplace outbreak (although it was later found there was no link).

Residents did not always show the results of the test or would declare a negative result in fear of adverse comments on those living on the site and a fear that other residents would make them leave. The team always checked against Public Health data to ensure any negative test results were accurate.

To deal with these incidents the Public Health Team formed a joint incident management team. This included District Council colleagues, North Yorkshire Police, Public Health England, NYCC colleagues, North Yorkshire Clinical Commissioning Group and North Yorkshire Ambulance Service.

The focus was to respond to the cases at the site by testing symptomatic residents, and identifying and preventing the spread of infection. This required support to keep residents on site including not leaving for work or shopping and not moving off site.

Learning and Good practice

- The district council built a good relationship with the residents through site visits. Building on existing relationships allowed colleagues to assist with testing, and share national messages on how to protect themselves and others from COVID-19. Public Health are now able to gather more local intelligence as residents are openly sharing, unlike the first visit in October 2020.
- Rapid testing – the joint incident management group worked with local testing teams and had tests delivered to the site within 24 hours. They assisted residents with taking the test, along with identifying close contacts. This involved tailored personal literacy support.
- Community messaging tailored for the Traveller community – actions included QR codes, messaging for visitors, videos about testing, FAQs, an information banner and distribution of community support leaflets with information on available support and advice. Social distancing marking was also put in place at sanitation facilities at the site entry to encourage resident and visitors' behaviours. Colleagues also spent time onsite to reinforce local guidance and support with residents understanding.
- A catalogue of local support for people self-isolating including vouchers, food parcels, covering of electric costs, washing machines, extra waste service collections and pest control treatments.

The skills, local knowledge and expertise of the joint incident management team were critical to these successes. The ability to provide a 'whole systems' response meant the team proactively responded to the cases of COVID-19, identified risk, mitigated the spread and ensured the site was COVID-19 compliant.

North Yorkshire's COVID-19 response

7.5 Hospitality, Leisure and Tourism

North Yorkshire is a popular tourist destination with two national parks, scenic coastline, historical buildings and gardens and many other internationally recognised tourist venues. Preventing and controlling outbreaks of COVID-19 within hospitality, leisure, and tourism establishments across North Yorkshire was a main priority given the complexity of these settings and risk of transmission between staff, visitors/guests.

With people discouraged from travelling long distances at different stages of the pandemic, approaches were needed to ensure the health and wellbeing of local residents using hospitality, leisure and tourism services, and to ensure services were 'tourist ready' during the summer of 2020 as restrictions lifted. In particular there was great concern that certain spots would become overrun with tourists. Reduced access to public facilities such as toilets and rubbish collection also added to concern about the best ways to balance much needed boosts to the local economy and ensuring that people could enjoy North Yorkshire safely.

Our objectives were to:

- ensure those who own, manage or operate hospitality and leisure settings had access to accurate, evidence based information about infection control and management of outbreaks.
- prevent the spread of COVID-19 in hospitality, leisure and tourism settings in North Yorkshire.
- contain and manage outbreaks in hospitality, leisure and tourism settings in North Yorkshire.
- promote the health, wellbeing and safety of those working in hospitality and tourism, as well as North Yorkshire residents and those visiting the county.

The team used national data, local knowledge and experience to offer expertise to the sector. We worked with multi agencies to respond to any reported COVID-19 outbreaks and ensure adherence to the latest government guidance. Examples of interventions included:

- Encouraged sign up to the 'We're Good To Go' industry standard from [VisitBritain.org](https://www.visitbritain.org) – credited to those that can demonstrate adherence to Government and public health guidance. Over 1800 North Yorkshire businesses signed up throughout 2020.
- Supported cafes, bars and restaurants to adapt services to offer take-out food services and/or outdoor dining.
- Development of local action cards aligned to national guidance.
- Reviews of events to ensure COVID-19-secure measures are in place by the Safety Advisory Group, Police and Public Health team.
- Management of outbreak incidents and further investigation when required.
- Environmental Health and trading standards site visits and enforcement activity when needed e.g. Police enforcement for sites with cases of people working whilst COVID-19-positive.
- Support and advice when required via email, telephone – including information on support available such as funding for the leisure sector, and self-isolation grants for employees.

Case Study

District Environmental Health team key to migrating the spread in HLT.

The Environmental Health team were engaged in the following activities relating to COVID-19 lockdown restrictions.

Compliance and Enforcement:

Compliance checks were undertaken by officers to ensure that premises required by relevant regulations to be closed were closed and that they remained closed until they were legally allowed to re-open.

Compliance checks on businesses that were trading were undertaken to ensure that they were legally able to do so and that they were trading in a manner prescribed by COVID -19 regulations and COVID-19 secure guidance.

Responding to any complaints received by the Council alleging breaches of regulations or highlighting areas of concerns relating to COVID-19 restrictions and control measures.

Act upon intelligence brought forward by the COVID Marshall who escalated observed concerns in relationship to COVID control measures for formal action to be taken.

Initiate proportional enforcement sanctions against businesses breaking COVID-19 regulations

through the service of formal notices (including fixed penalty notices) and/or prosecution.

Business Support:

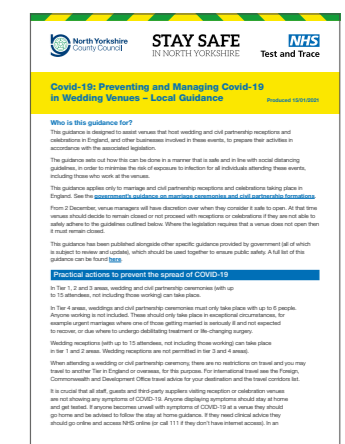
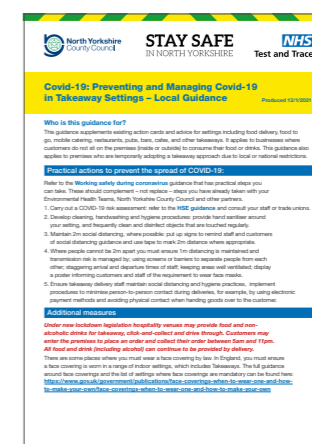
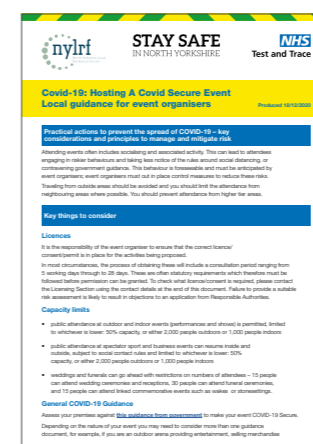
Undertaking measures to aid business awareness and understanding of COVID-19 regulations and guidance including the regular provision of newsletters to businesses detailing latest COVID-19 requirements and the signposting of up-to-date guidance on the council's website.

Carrying out site visits to discuss, advise and assess COVID-19 control measures on a premises specific basis.

Offer practical support to aid and encourage compliance with COVID-19 regulations including the drafting and provision of "Back to Business Packs"

Responding to any queries and requests for information relating to COVID-19 compliance made by business operators and their staff.

Working with event organisers to ensure their events were COVID-19 secure by incorporating appropriate control measures into their Event Management Plans.



North Yorkshire's COVID-19 response

7.6 Support for Communities during COVID-19

Stronger Communities is North Yorkshire County Council's programme to support communities to play a greater role in the delivery of services in the county.

Part-funded through the Public Health Grant, the Stronger Communities Team supports communities to help themselves and create local solutions and actions for service provision so they have greater collective control of their own wellbeing.

In March 2020, with a national lockdown imminent and people classified as clinically extremely vulnerable or over the age of 70 advised to shield, a 'safety net' of community based support and assistance was urgently needed for people unable to access help from family, friends or neighbours. Working with key trusted voluntary sector partners across the county and building upon pre-existing working relationships, the Stronger Communities Team mobilised the community support infrastructure in just four days.

23 Community Support Organisations (CSOs) became the single point of contact in their locality, working with local networks, to organise a variety of volunteer-led support services, including:

- collection and delivery of food shopping and prescriptions.
- caring for pets.
- offering regular social contact by telephone, and
- acting as a local agent for the COVID-19 Self Isolation Grant.

The CSOs also provided support to local networks and action groups that came together to assist in their communities, providing information, advice and guidance to ensure that all activity was delivered as safely as possible for both volunteers and beneficiaries.

In conjunction with Team North Yorkshire Volunteers and NHS Responder Volunteers, Stronger Communities also provided additional weekend and holiday resilience.

Stronger Communities also distributed a range of grants to enable communities and charities to respond to local needs during lockdowns and periods of heightened restrictions. This included support services to help people to self-isolate, have access to food and supplies, and stay connected to other people through technology.

To ensure that the CSOs and volunteers were supported and had suitable escalation routes for more complex support requests, Stronger Communities established a county wide service – Universal Plus – which is accessed via the Council's Customer Service centre. This provides a telephone helpline for access to social support and help with things like shopping, collecting prescriptions and dog walking, extended to support those who were self-isolating and/or shielding. Coordinated efforts were greatly valued in supporting some of our most complex incidents including houses of multiple occupancy, traveller parks and ships. In addition, Stronger Communities have met increasing requests around transport for vaccinations.

Going forward work is needed to continue support vulnerable and isolated people in our communities and respond to the impacts of new variants and test and tracing activities.

In July 2020, the County Council was awarded £532,000 from the Department for Environment, Food & Rural Affairs' Local Authority Emergency Assistance Fund for Food and Essential Supplies. After consultation with the seven district councils, this was used in two ways. The first was to enable Citizens Advice North Yorkshire to expand their Money and Benefits Advice Service across the county. The second was to fund a number of local organisations to provide food to individuals and families experiencing financial hardship.

Approximately 3,500 North Yorkshire Together Activity Packs have been distributed through Stronger Communities, CSOs, and partners to families and adults across the county over the three phases of the project in 2020/21. The packs contained a range of equipment to encourage people to remain active and increase mobility, and a range of resources aimed at increasing wellbeing.

23
organisations

1,132 COVID-19 Self Isolation Grants totalling **£108,775**

24,724
shopping deliveries made

31,876
meals delivered

4,402
transport requests fulfilled

22,083 phone check-ins made

approximately **82,000** contacts

over **95,000** volunteer hours

32,559
befriending calls

17,214
prescriptions delivered

North Yorkshire's COVID-19 response

Stronger Communities: beyond COVID-19

In parallel to COVID-19 community response work, stronger communities worked with the with district and borough community teams to strengthen local community assets and infrastructure. This included continuing to encourage relationships and collaboration between voluntary and community sector organisations as well as stabilising, and building capacity within them if required.

The Income Maximisation team worked alongside any arrangements occurring within local places and supported individuals who were facing financial hardship. The community support was an essential part to the pandemic response, it truly was a whole system approach.

Stronger Communities also worked with colleagues in the NYCC Children and Young People's Service and voluntary sector partners to support the delivery of the Holiday Activities and Food Programme, funded through a Department for Education grant.

A programme to deliver nourishing food, nutritional advice and a range of enriching activities was developed for the main school holidays in 2021. Funding is directed at children in receipt of free school meals, but the intention is to make the summer offer universal with other children able to pay to participate.

Working with colleagues from the Technology and Change Team, Stronger Communities has also supported the development of Reboot North Yorkshire. This is bringing together a wide range of partners and community organisations across the county, including businesses, libraries, schools, local charities and volunteers – to help provide people across North Yorkshire with IT equipment and access to the internet so they can stay connected. This will address some of the inequalities around access to technology identified during the pandemic.



8. Partnerships

With the pandemic affecting all areas of society, it was clear that any successful response would require cross sector partnerships and multi-agency working. The strength of partnership working across North Yorkshire has enabled us to control, prevent and mitigate the spread of COVID-19, it has allowed us to manage outbreaks, support our communities and give the people of North Yorkshire assurance that North Yorkshire is safe to live, work and visit.

Case Study

Building on existing relationships with numerous businesses to play a crucial role

Through the direction of the DPH the district EHOs were engaged to assist in the management of outbreaks in the high risk settings in the hospitality, leisure and tourism settings/locations – premises such as hotels, B&Bs, holiday villages, camping and caravanning; pubs and restaurants; leisure facilities. High risk and / or complex cases related to local outbreaks in settings such as workplaces e.g. factories involved in the preparation of food, large manufacturing businesses and large office settings.

The EH Team proactively worked and is still proactively working with local businesses by advising what compliance with the latest COVID guidance and regulations should look like and in particular what a COVID-secure premises/workplace should look like. This work including sending out timely newsletters to sector specific businesses such as the licensed premises and close contact services (hairdressers, beauty salons and tattoo studios) in helping them understand new requirements.

RDC also developed and distributed over 600 "Back to Business" Packs to businesses to help them comply with legal requirements of a COVID – secure business/workplace.

The Environmental Health Team has also been made available to undertake site visits to advise

business proprietors and to answer general enquiries from businesses that were unsure as to what was required of them to become COVID – secure.

Since September 2020 the Environmental Health team has been actively involved in managing COVID-19 clusters/incidents/outbreaks in the hospitality sector (pubs, restaurants, hotels and other licenced premises) close contact services (hair salons, nail bars, beauty treatments etc.) and some workplace settings (large manufacturing settings, food retailers, butchers etc) working in close liaison with NYCC's Public Health Team and PHE. This includes attending daily NYCC silver outbreak meetings where local intelligence is shared regarding new cases that have been brought to our attention by emails received from concerned members of the public, employees and employers who were unsure what to do when premises were affected by positive covid cases or staff/customers suffering from COVID-19 type symptoms. Monitoring of social media posts relevant to the area also highlight premises of concern. This allowed immediate action to be taken rather than waiting for the national system to inform us of these premises and it also highlighted premises which may not have ever reached the national system. The COVID-19 response work detailed has had a significant contribution to the COVID-19 infection rates.

North Yorkshire's COVID-19 response

The North Yorkshire Local Resilience forum (NYLRF)

The NYLRF is a partnership of local agencies working together to manage emergencies. It is a multi-agency approach and its response allows all members to report and share information across all issues in North Yorkshire and the City of York. It is well established and has managed a variety of incidents in the past including the 2001 Foot and Mouth outbreak.

During the pandemic, NYLRF responsibilities have included: supporting decision making, influencing wider partners, testing, communications, local PPE Sourcing, and communications between NYCC and district and borough councils.

All partners showed great flexibility in responding to the pandemic over the months. This contributed to excellent working relationship and confidence in the effectiveness of the arrangements.

NHS Partnerships

Although work has been done over the years to better integrate with our NHS colleagues, the pandemic has resulted in an unprecedented level of partnership and collaboration including with:

- Local Clinical Commissioning Groups.
- Primary Care Networks.
- Acute care providers (including Scarborough and James Cook hospitals).
- Public Health England

Adult Social Care Settings

Similarly, there has been unparalleled coordination, cooperation and support with and within the adult social care sector. This has seen the establishment of daily and weekly contact with services, and collaboration across NYCC and independent care providers through work with the Independent Care Group. This has opened up public health conversations to new audiences and is now informing North Yorkshire County Council's five year plan for Health and Adult Services.

North Yorkshire Local Resilience Forum



Local Authorities – NYCC, City of York Council, Craven, Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough and Selby councils

Emergency services – North Yorkshire Police, North Yorkshire Fire & Rescue, Yorkshire Ambulance, Transport Police

Utilities and Others – E.g. National PowerGrid, Yorkshire Water, Ministry of Defence, Local Enterprise Partnership.

Health agencies – NHS England, Public Health England, Clinical Commissioning Groups, NHS Foundation Trusts

National agencies – E.g. Environment Agency, Highways England, Marine Coastguard

Case Study

Domestic Abuse

During the last 18 months a domestic abuse tactical group has met fortnightly (initially weekly) to have oversight of need and demand. With a specific focus on protecting identified victims and ensuring the resources we have are being effectively used. The impact of Covid has seen increases in recorded crimes (at times) and significant demand on locally commissioned domestic abuse services, this demand continues.

Women's Aid identifies that "whilst the Covid-19 pandemic did not cause domestic abuse, it has caused a perfect storm of challenges for survivors and the services supporting them." In February 2021, the Domestic Abuse Commissioner, Nicole Jacobs, told the Home Affairs Committee that the 'tail' of the pandemic's impact on domestic abuse would extend "well beyond" the easing of lockdown, and that survivors depend on services. This is certainly reflected locally, we have seen that;

Domestic abuse is often a hidden crime, so to get local context it is essential that we consider other 'data' (calls to helplines, use of services for victims and perpetrators, access to safe accommodation).

Covid related lockdowns have restricted victims' availability for support e.g. not able to leave their homes for support or to escape.

During 'lockdowns' all local services remained open (with adaptations), including safe accommodation provision.

Domestic abuse affects us all. Professionals and victims are not separate entities. Advice and support is required for our workforces. In North Yorkshire County Council we have developed, with support from Unison, a Domestic Abuse Charter.

Call to action - need to ensure that we continually build on our partnership and commissioning arrangements. Adhering to the new duties within the Domestic Abuse Act 2021, ensuring an effective local response, right support at the right time.

Events Partnerships

North Yorkshire County Council worked in collaboration with other local authorities and emergency services as part of the local Safety Advisory Groups (SAGs) and the Sporting Safety Advisory Groups. Each district council has its own SAG, which acts as the point of contact for event organisers and a forum for scrutiny of COVID-19 risk assessments.

The priority for local SAGs was to support event organisers through specialist advice and guidance about hosting an event to ensure all safety measures are in place. We worked with organisers to implement the latest guidance and to protect the public from environmental hazards, communicable disease and other health and safety risks using 14 Key Principles for events.

North Yorkshire's COVID-19 response

Case Study

Operation Talla

With community infection rates increasing rapidly in the run up to Christmas, the Scarborough Locality Group made preparations to activate an action plan to try to mitigate the rising infection rates. The plan included actions for:

- LRF partners to deploy officers and volunteers to key locations in the District, centred on Castle Park, Whitby; and Castle Ward and Falsgrave Road in Scarborough to carry out a door knock operation for engagement and education with residents and leaflet dropping.
- Deployed officers to deliver a set of key messages including:
 - Rising post lockdown infection rates in Scarborough District Area
 - Steps to try to break the infection chains
 - An “Assume you are infectious” approach to protect yourself and your family and reduce the impact on the NHS.

- Information leaflets for residents to include information on:
 - Tier 2 “Do’s and Don’ts”
 - Isolation and Testing requirements and rules
 - Access to testing through the Mobile Testing Units
 - Contact Tracing information
 - Information about Isolation Payments.
- Media coverage of the door knocking operation.

On 22nd December, 2020 a two day operation commenced under the call sign “Operation Talla”. This involved the deployment of over 50 LRF officers and volunteers to distribute over 10,000 COVID information leaflets to the residents in the three key locations.

Case Study

Partnerships Case Study: Craven Food Network

Craven's population is spread over a large rural area and whilst relatively affluent, has pockets of disadvantage and poverty. Food insecurity (resulting from unemployment and financial insecurity exacerbated by the pandemic) and the impact on physical and mental wellbeing, were being highlighted as growing needs by many organisations embedded in communities across Craven.

Skipton Foodbank experienced an increased demand for emergency food, financial advice and support to address basic health needs. Local organisations reported that many residents were unaware of this and other emergency food provision, or were not wishing to use them. Local responses began to emerge, starting with pop up pantry in Bentham and Ingleton organised by an Anglican Minister with support from local volunteers. A member of the Methodist church who saw families in Hellfield community struggling sought to set up another pantry in this community.

Skipton Foodbank was instrumental in supporting other local organisations to understand the concept of food insecurity and the more strategic approaches that exist around the country to

tackle this issue. This led to the development of the Craven Food Network. Initially the Network was a group of organisations connected by their involvement in responding to emergency food need, and the financial and emotional impacts of food insecurity. Organisations included Citizens Advice, Pioneer Projects, Age UK Yorkshire & Darlington, Age UK North Craven, Grassington Hub, SELFA and Skipton Foodbank.

The group worked together on funding applications to address health inequalities. This enabled a Development Worker to be recruited to formalise the Network, research good practice and shape future objectives. In parallel, our Stronger Communities team was tasked with distributing DEFRA funding to address emergency food needs. Age UK North Craven received funding to support the pop up pantries through provision of shelving, equipment and fridges. The pantries and community fridges have been valuable in addressing pandemic related food insecurity and will continue as a less stigmatising resource within rural communities. The Food Network continues to collaborate to co-ordinate effort and maximise benefit across the Craven district.



A special thank you to all our partners that have responded, adapted and meet the demands of the pandemic WELL DONE #TEAMNORTHYORKSHIRE

North Yorkshire's COVID-19 response

9. Data Management

The most effective public health interventions are driven by research and evidence. Key to this is the need for accurate, up to date and dynamic data. The pace and evolving nature of the COVID-19 pandemic presented us with new data challenges, but ultimately reinforced the critical value that data plays in our work.

As part of the Outbreak Control Plan, a small team was formed, made up of representatives from the North Yorkshire County Council Public Health, Technology and Change and Strategy and Performance teams. This new team established the data requirements to help support all elements of the Council's outbreak management response.

They looked at what information the Public Health team captured relating to outbreaks in the high-risk settings and communities, and how that information was used to respond appropriately to reports of outbreaks, clusters, single confirmed cases and suspected cases at these settings. They also looked at the processes behind each of these responses, as well as how the Public Health team dealt with queries and concerns from each setting type.

The team identified the need for a robust case management system, which allowed the Public Health team to log, triage and efficiently manage incidents, whilst giving a clear understanding of the situation in North Yorkshire at any given time.

An Outbreak Control Management System (OCM) was customised to ensure it met all of the Public Health team's requirements. Changes were made to allow the team to log incidents by region, setting, incident type and risk level. The system launched in September 2020, and to date, has managed over a thousand incidents in North Yorkshire.

The most recent upgrade focused on changes to the system to facilitate reports of classroom bubbles closing down at educational settings.

Despite its newness, the processes for opening, updating and closing down incidents within OCM, quickly became part of the Public Health team's working practices. Feedback was incredibly positive, with agreement that it has improved efficiency, data quality and reporting.

The team also rely on the 'Locality Silver Report' to inform them of the overall picture in North Yorkshire. Developed by the Council's Data and Intelligence team, this provides a one-stop shop for viewing all cases and open incidents within North Yorkshire, broken down by setting, risk level, and locality.

The Locality Silver Report is the centrepiece of the outbreak management process. It is accessed by organisations in all localities meaning there is a common, consistent view of intelligence and approach applied across North Yorkshire. This allows the Public Health team to understand risk much more effectively.

The Data and Intelligence team also developed a Schools COVID-19 report. This product feeds from information entered into the OCM, and allows the Education leadership team to understand the situation in educational settings. It includes data on schools with active incidents, staff and pupils with confirmed cases, and any pupils and staff isolating by educational setting types, and locality.

Other reports and 'data dashboards' developed to inform the Public Health team and partners' response to the pandemic include:

Common exposures – postcodes reported during contact tracing as being somewhere visited by multiple people in the 7 days before showing symptoms.

School helpline – uses Public Health England's schools helpline data to allow the team to monitor the welfare of children at home, as well as the COVID-19 safety of education settings.

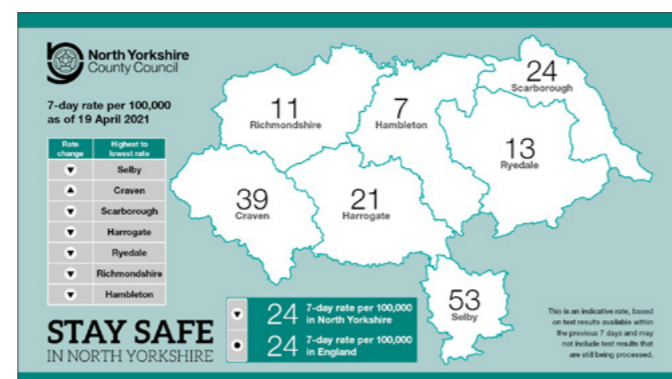
Monitoring cases in smaller areas and vaccine progress – a summary of trends in infection rates in smaller areas to highlight areas that are worsening or improving at a different rate to the overall North Yorkshire or district picture. Vaccine progress tabs show percentages of different groups that have received the first or second dose of the vaccine, broken down by district or smaller area.

Outbreak clustering – critical in the early stages of outbreak responses, this allowed Public Health consultants to proactively assess risk and quickly develop an insight in activity within a region while providing detail about specific concerns within a locality.

Local Resilience Forum Red, Yellow, Amber, Green (RYAG) rating – this dashboard helped us prepare and anticipate changes in national policy regarding tiers. This helped provide a benchmark against a national picture.

Rates 60 or over – provides a view of COVID-19 rates by age group, which allows the Public Health team to better target prevention communications and resource specifically at people who need it.

Local contact tracing – underpins the daily contact tracing process. It coordinates data from a number of sources and enables calls, emails, SMS and door knocks following a defined process.



North Yorkshire's COVID-19 response

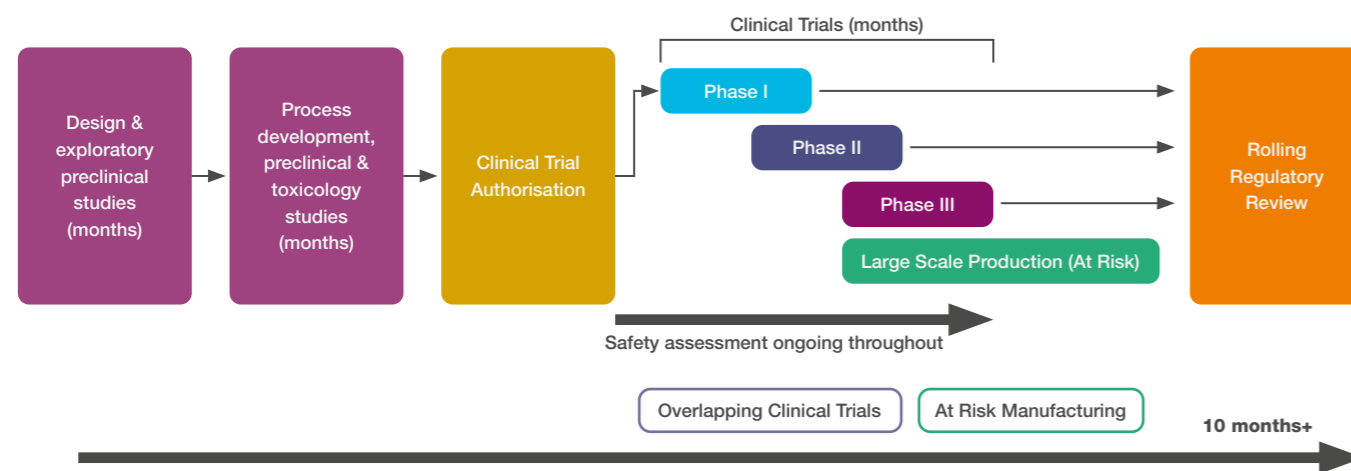
10. The COVID-19 vaccination programme

The introduction of the COVID-19 vaccination programme has been one of the key developments since the implementation of the original outbreak plan.

Development of the vaccine began in early 2020 and through collaborative working was able to progress much quicker than any other vaccination in history. Normally the process can take years. The World Health Organisation launched the COVID-19 Tools (ACT) Accelerator which is a framework for collaboration to end the COVID-19 pandemic as quickly as possible.

COVID-19 accelerated timeline – 10 months plus

Source: www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-COVID-19-vaccines-delivery-plan



Vaccines work by training the immune system to recognise and fight pathogens such as viruses or bacteria. There were many scientific organisations around the world that worked to produce a vaccination as quickly as possible. Different methods were used to create a vaccine. The three that made it into production first and were used within the UK included:

- Oxford AstraZeneca – Viral Vector, modified to carry the spike protein
- Moderna – mRNA, part of virus genetic code
- Pfizer-bioNTech – mRNA

Pfizer-BioNTech and Moderna work differently to usual vaccines using genetic coding to instruct the recipient to build the SARS-CoV-2 spike protein, which is harmless on their own. This triggers an immune response and results in the creation of antibodies.

Oxford AstraZeneca was produced by using a weakened version of a common cold virus from chimpanzees. The genetic coding of the spike protein was then combined with the virus to make the vaccine. This then triggers the immune response and produces antibodies.

The original aim of the vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19, or at risk of transmitting infection to multiple vulnerable persons or other staff in a health or social care environment. The programme is led by the NHS and supported by the local authority and other key partners, particularly around identifying eligible groups and promoting vaccine access and confidence in key groups. This includes people in the nine priority groups initially identified by the Government.

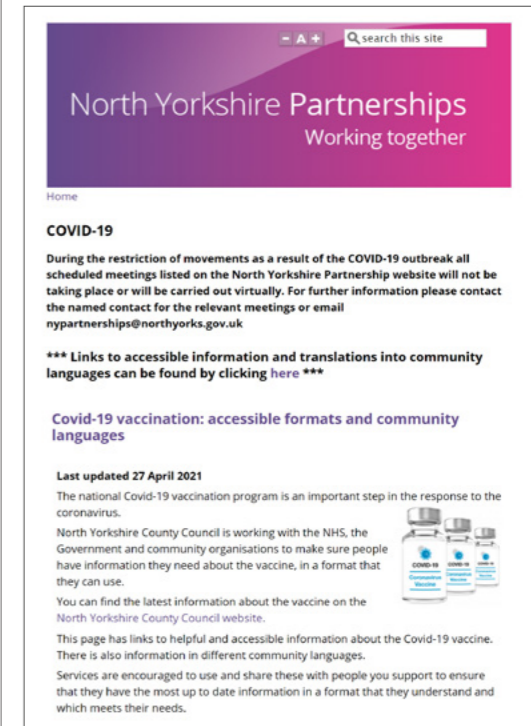
COVID-19 vaccination prioritisation	
1	Care home residents Care home staff
2	80 years of age and over frontline health and social care workers
3	75 years of age and over
4	70 years of age and over Clinically extremely vulnerable people
5	65 years of age and over
6	Under 65 years with underlying health conditions
7	60 years of age and over
8	55 years of age and over
9	50 years of age and over

In North Yorkshire, roll out of the vaccination began in mid-January 2021 with GPs administering the first doses of the Pfizer vaccine to patients over 80. People in the first 3 priority groups were contacted first. The AstraZeneca vaccine, developed in partnership with Oxford University, was introduced at the end of January. This allowed Groups 4-6 to follow quickly after, with progress meaning people over 50 were invited for vaccination by the end of March 2021.

Support in North Yorkshire

Working with our partners across the county, the Public Health team has played a key role in supporting the rollout of the vaccine in North Yorkshire. Together we:

- Proactively supported the vaccination of care workers including a series of webinars to provide information and an opportunity for questions and a Frequently Asked Questions document for workers and managers.
- Established a group to monitor vaccine uptake by district and population groups and to highlight gaps.
- Sharing and promoting NHS messaging through NYCC communication channels.
- A dedicated webpage with information in accessible formats and community languages (see image or visit <https://nypartnerships.org.uk/covidvaccination>).



North Yorkshire's COVID-19 response

Main Challenges

In North Yorkshire there were some challenges for people in rural areas because of transport and storage issues with the Pfizer vaccine. This was initially administered in hospital hubs, with inpatients also vaccinated.

As well documented in the mainstream media, there have also been issues with vaccine hesitancy. This grew with news coverage of cases of rare blood clots associated with the AstraZeneca vaccine which heightened reluctance of people to get vaccinated. Whilst there is a very low risk of blood clots, the disproportionate coverage of the tragic but rare deaths that resulted, highlights the difficulty of making sure solid evidence based public information is communicated widely.

- By March 2021, over 80% of North Yorkshire's social care workforce (12,667 of 15,279 staff) had received their first dose of vaccine.
- At time of writing, 87% of front line NYCC social care staff have received their first dose of vaccine. Just over 3% declined the offer of a vaccine. These figures are a testament to our staff group who will continue to protect the most vulnerable in our communities.
- Formation of North Yorkshire vaccine assurance group, chaired by DPH and in partnership with the Chief Nurses of North Yorkshire CCG and Vale of York CCG along with other CCG colleagues and City of York Public Health team.
- Work is ongoing to minimise inequalities of the vaccine rollout (equality impact assessment, learning disabilities, homeless population, migrants etc.) The assurance group is maintaining oversight for all of this work.

At time of writing, the rollout of the vaccination appears to be progressing well. National and local awareness campaigns are promoting the importance of the vaccine and the public appears to have largely embraced this message with a majority of eligible adults already vaccinated or planning to. This highlights what is possible through coordinated investment, collaboration and good quality public health messaging.

There is of course much to do before everyone is vaccinated, including children and younger people. At time of writing, current planned activities with NHS colleagues include:

- Drop in clinics at homelessness hostels by local GP and homelessness health visitor.
- Collaborative working with CCG and local employers to support onsite vaccinations.
- Clinics targeted at population groups reluctant to have the vaccination using translators and trusted voices from the local community.
- Clinics for people with learning disabilities.
- Walk-in clinics for young people once the vaccine is being rolled out to their age group.
- Targeted communication to encourage take up and bust myths.

Case Study

Supporting care staff to access vaccine

North Yorkshire County Council's Health and Adult Services directorate comprises the Public Health Team and the responsibilities for Adult Social Care. This allowed the team to work quickly to address specific risks in care settings. With the rollout of the vaccine, particular focus was placed on ensuring that care staff could get vaccinated as soon as possible to ensure their safety and the safety and continued support of people using care services. This included:

- Daily multi-agency meetings chaired by Assistant Director Care and Support to understand the current vaccination picture, local issues (in terms of demand/supply/logistics) and answering the questions from the public, providers, other local and national employers about vaccine deployment and availability.
- Working with each hospital hub (Friarage, James Cook, HDFT, Airedale and Scarborough) to help shape their booking processes to meet the needs of each locality – balancing supply of vaccine, numbers of staff able to attend etc.
- In the case of the South Tees Hospitals, we managed the entire booking and appointment process on behalf of social care staff, both NYCC employed, providers and individual PAs.
- Supporting providers so match staff numbers to available vaccine.
- Identifying alternative vaccine provision for those unable to travel to the hub sites – for example, liaison with local GPs to deliver one off interventions to settings/groups.
- Working with CCGs – particularly in the Harrogate and Rural district to source alternative provision when the HDFT hospital hub stepped down from provision.
- Setting up arrangements with community pharmacy sites, for example, Homecare Pharmacy group in Knaresborough to allow a weekly availability of appointments for social care staff – which was a significant achievement during the time when vaccine supply was limited.
- Provided weekly meetings/webinars to share information and support myth busting.
- Creation of a specific email account to answer queries from providers, employers, private carers and schools and advising on vaccine eligibility and unique critical response cases outside of current vaccine priority groups.
- Supporting individual cases where circumstances meant they were unable to access a suitable vaccine – one example, a 16 year old PA to access the Pfizer vaccine somewhere in the county when Pfizer stock was low.

Latest reflections and recommendations

Whilst not yet over, the COVID-19 pandemic is already providing opportunities to reflect on our work in the future. Here we consider some of the big lessons for public health going forward.

1. Continue to work to reduce inequalities

Inequalities are at the heart of almost every public health challenge, and COVID-19 has been no exception. Not only have COVID-19 infections disproportionately affected those already experiencing the greatest challenges, but the broader effects of the pandemic have exacerbated existing socioeconomic, health and other inequalities.

2. Build on partnership working

Working in partnership with others has always been a fundamental part of public health. However, during the course of the pandemic the scope of partnership working, whether multi-agency or between different departments in the local authority, has expanded to forge many new and valuable relationships. The focus on working from home where possible during the pandemic has also accelerated the use of new technologies to engage with partners; virtual working has made collaboration much more accessible.

3. Have confidence to embrace change as part of recovery

This year has been a year of constant change. The speed at which national guidance and the requirements of local services has changed has been astonishing; even more so has been the speed at which local systems have changed their ways of working to deliver. Many of these changes would have taken years to occur (if at all) pre-pandemic, and whilst we need to acknowledge that constant change is exhausting (and after 16 months of working in an emergency, rest and recuperation is needed), we should also capitalise on this drive to make change happen as part of work towards COVID-19 recovery and beyond.

4. Focus on place-based working centred around communities

Much of what has worked this year has centred on engagement at a local level. The development of Community Support Organisations and the ongoing engagement with voluntary and community sector partners has been key to supporting local people shielding and in isolation. Similarly, locality groups have helped to identify and address local challenges, building on existing multi-agency collaboration.

5. Capitalise on the higher profile of public health

Public health is rarely centre of attention, and yet that is where we have been now since early 2020. Public health terminology has become commonplace in everyday language, local public health teams have a much higher profile than pre-pandemic, and the wider value has been seen of an evidence-based, public health approach. However, public health is much broader than just COVID-19. There are many more things we have to offer, and the relationships made and visibility gained through the pandemic can help us further improve the health and wellbeing of the North Yorkshire population.

Protecting and Improving the health and wellbeing of North Yorkshire's population

Public Health North Yorkshire exists to protect and improve the population's health and wellbeing and reduce inequalities. We do this through system-wide leadership, joint working, embedding evidence based practice, influencing and shaping policies and commissioning services.

The main focus this year was protecting and adapting services to meet the emerging needs. The Public Health Team has worked in partnership with service providers throughout the pandemic to support response; address challenges; develop relationships and communicate delivery arrangements. Legacy service developments and planned service developments have been achieved. Throughout the pandemic, the Public Health Team have held regular SITREP (situation response) meetings with all services. Unless there was national mandate to suspend services and/ or contracts had expired, all services have continued to operate throughout the pandemic.

YorSexualHealth (YSH)

YSH is commissioned by North Yorkshire County Council and City of York Council to deliver an integrated sexual health service across North Yorkshire and York.

Despite the pandemic, YSH have continued to provide a high quality service. Priorities remain the delivery of a central booking line, online and postal provision of sexually transmitted infection testing and treatment, free condoms and contraception. There has been a gradual expansion of their service according to Government restrictions.

In October 2020, North Yorkshire introduced HIV Pre Exposure Prophylaxis (PrEP) into routine commissioning with York Teaching Hospital NHS Foundation Trust as part of a national mandated roll out. HIV PrEP forms part of HIV prevention alongside health promotion, condom use, regular testing and swift initiation of HIV treatment where required. Active risk reduction provides a major opportunity to control HIV transmission. The sexually transmitted infection (STI) testing which forms part of PrEP also provides opportunities to test, treat and support control of all STIs.



Free and confidential services
across North Yorkshire and York

Case Study

Delivering contraception in conjunction with maternity services during the pandemic

A project was introduced to improve access to contraception for postnatal women in York and North Yorkshire with an aim to prevent future unplanned pregnancies, reduce terminations of pregnancy and encourage better spacing of pregnancies. The project covered three areas:

1. Progesterone only pill (POP) issued via Patient Group Direction (PGD) by the acute trust midwifery team in York and Scarborough sites to postnatal women of all ages at discharge. POP issued by a redeployed sexual health nurse in the community midwifery team in Scarborough and Selby.
2. Women of all ages supported to access long-acting reversible contraceptives and all contraception options by the sexual health outreach team in the acute trust setting, home or services.

YorSexualHealth worked with the midwifery team, including the ward sisters, the PGD sign off, deputy head of midwifery and community midwife leads. Together the team delivered bespoke hourly POP training sessions, all within a few weeks of the start of the pandemic.

The team also delivered condoms and chlamydia testing kits to the midwifery services and agreed ongoing provision. The service is ongoing, with a year use to the Progesterone only pill issued via Patient Group Direction. The redeployed nurse is now back working in sexual health but is still issuing POP via post to discharged community postnatal women in Scarborough and Selby.

To date the project has led to 84% of the women contacted being provided with contraception in the postnatal period. The team is measuring the number of women issued with the POP via the acute midwifery team, the number of women issued with POP in the community and the number of referrals to the outreach team during the pandemic to unpack further lessons for the future.

Protecting and Improving the health and wellbeing of North Yorkshire's population

North Yorkshire Adult Weight Management Service

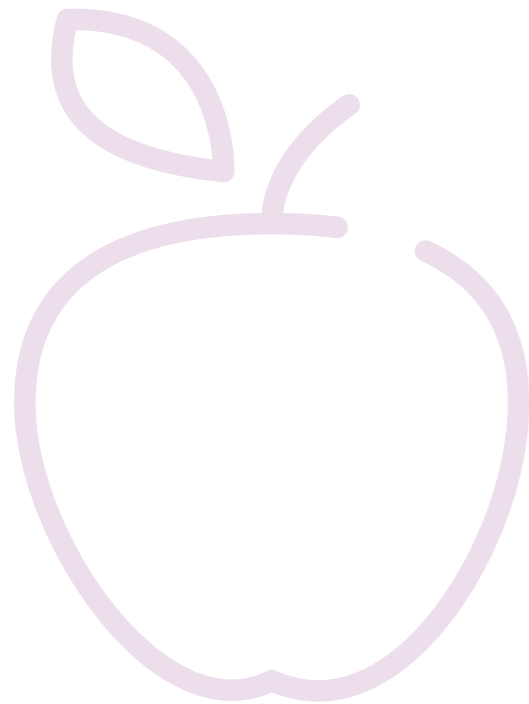
The Adult Weight Management Service is a 24-week programme designed to improve physical and mental health by helping people over 18 to eat well and get moving. Clients are supported to achieve a 5% weight loss at 12 weeks and sustain 5% weight loss at 24 weeks. The service offers weekly weigh-ins, structured nutritional advice and a free facilitated physical activity offer.

The Adult Weight Management Service has continued to evolve and respond during the pandemic. The Service provides the highest flexibility, in accordance to individual circumstances, needs and within national guidance and tiered restrictions. The Service offered in each locality is a hybrid of online, telephone, and some face to face support (dependent on current restrictions).

North Yorkshire County Council have been allocated one-off Government funding via Public Health England, to further expand the service offer. We will use this funding for additional one-to one provision for those who require further support to the universal group activity. The funding will also be used for pilot bespoke/outreach programmes for specific target groups to understand better specific needs of our local residents who may not have historically accessed the service.

Our providers will be working hard to understand particular needs of people with learning disabilities, long term conditions, people living with challenges associate with mental health, ethnic minority communities, men, and younger adults. The learning from this work will ensure we make the necessary service improvements within the universal offer.

The North Yorkshire County Council webpage has been refreshed and updated www.northyorks.gov.uk/stepup and a video has been compiled to tell the stories of people who have benefited from the service <https://youtu.be/TX2yIE-yEJs>



Healthy Weight, Healthy Lives

The Healthy Weight, Healthy Lives strategy has been developed by North Yorkshire County Council to help deliver the aims and ambitions of the North Yorkshire health and wellbeing board – that ‘People in all communities in North Yorkshire have equal opportunities to live long healthy lives’. The fourth annual report of the Healthy Weight, Healthy Lives Strategy can be accessed via www.nypartnerships.org.uk/healthyweight. The report sets out whole-of-system approaches to healthy weight across North Yorkshire, supporting the local population with the COVID-19 recovery in relation to food and physical activity.



Case Study

Move It Lose It – Selby

During weekly welfare calls, one person participating in the ‘Move It, Lose It’ programme explained the impact COVID-19 has had on their ability to work within the construction industry which unfortunately means they are now out of work and do not qualify for the government furlough scheme. Whilst they are currently financially stable they are concerned about the longer term effects on their mental health and the financial impact. Through weekly calls they have talked through new job advertisements and explored alternative work proposals.

Although they do not feel confident about returning to the construction industry due to age limitations and lack of demand, they are feeling optimistic about a potentially crucial career change. They continue to participate remotely, submitting weekly weights via self-reporting measures. They are achieving steady weight loss and taking on new physical activity challenges set by our Wellbeing Manager each week. An excellent result through challenging circumstances!

Protecting and Improving the health and wellbeing of North Yorkshire's population



NHS Health Check Programme (NHSHC)

The NHSHC Programme provides the only universal mechanism for identifying and managing people aged 40 – 74 with the top seven risk factors driving non-communicable disease including diabetes, heart disease and strokes. 68 GP practices are currently signed up to deliver the NHSHC Programme in North Yorkshire.

In light of the current exceptional circumstances, the NHSHC Programme delivered in GP practices ceased in April 2020. During this initial period, we offered financial support to practices. In July 2020 following further guidance from PHE, the Programme resumed across North Yorkshire.

The physical clinical test aspect of the service remains as face to face, however alternative delivery methods for follow up have moved to a virtual appointment.

Impact of the NHSHC Service

- For every 6 to 10 NHS Health Checks nationally done, 1 person is identified as being at high risk of Cardio Vascular Disease. In North Yorkshire we are identifying 1 in 4 in the most deprived areas.
- 44.5% (3,453 people) of the eligible population have received early detection and treatment of CVD, which can help residents live longer, healthier lives.
- Over a five year period, North Yorkshire is the best in Yorkshire and Humber and not just addressing the worried well other areas are using us at good practice.

Despite the low performance date this year, North Yorkshire is still performing better than England and Yorkshire and Humber for the 5-year period.

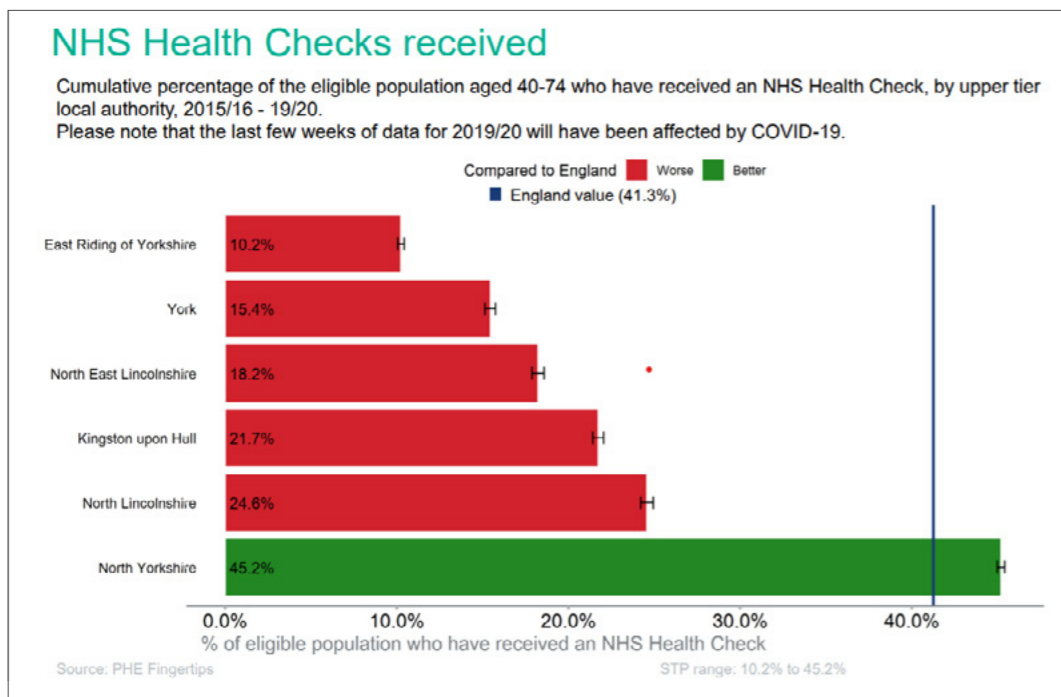
Living Well Smokefree Community Stop Smoking Service

Living Well Smokefree is a personalised, one-to-one support over six to 12 weeks to help people stop smoking. Smoking is a cause of increased risk for coronavirus, due to greater risk of acute respiratory infections, infections lasting longer and cases being more serious than for non-smokers.

Stop Smoking support has continued to be delivered throughout the COVID-19 pandemic. All service users are offered a 12-week remote offer. This has been positively received and has increased engagement, with the number of missed appointments reducing significantly.

Due to pressure within primary care, numbers of individuals accessing the service through the Approved Provider List (GP/Pharmacy provision) has dropped significantly. However this has resulted in higher numbers accessing the Specialist Living Well Smokefree service.

Across 2021/21, 967 individuals had Smoking Assessment Quit Days with 656 reaching 4 weeks. This equates to a 68% quit rate, well above the national average of 51%.



Protecting and Improving the health and wellbeing of North Yorkshire's population

North Yorkshire Horizons

North Yorkshire Horizons is a drug and alcohol recovery service provided, on behalf of North Yorkshire County Council. They continued to provide a face-to-face service in all five local hubs throughout the COVID-19 pandemic although psychosocial and recovery support have been delivered online and over the telephone. This was supported by a business continuity plan developed with the Local Medical Committee, Community Pharmacy North Yorkshire and Children and Families Services.

As of 31 March 2021, 2647 individuals had engaged with the service, up from 2356 in 2020. The overall number of people, and new people, accessing the service predominantly for support with opiates has declined over the last 3 years. However, there have been fewer discharges from the service amongst this cohort during the pandemic than in the same period during previous years. Engagement in support services is a protective factor, which has been critical during the pandemic, particularly for people with complex needs and multiple disadvantage.



The overall number of people, and number of new people, accessing the service predominantly for support with alcohol and substances other than opiates increased during 2020/21 – particularly for alcohol. North Yorkshire continues to be an outlier compared to England and other regions for engagement for support with alcohol dependence.

Sadly there has been an increase in deaths by people engaged with North Yorkshire Horizons during the pandemic, which is consistent with the national picture. Public Health England is conducting a review currently, and we continue to work closely with North Yorkshire Police, Health and Adult Services and Children and Families Services to monitor and respond as appropriate as part of our Confidential Enquiry Protocol led by Public Health.

Living Well Service during COVID-19

Living Well acted as a bridge between community and voluntary services and the council's adult social care response. Working across the new social care pathways, Living Well Coordinators provided information to enable individuals to access the most appropriate support from the community and Universal + offer. They worked closely with other teams to help prevent people's needs escalating, supporting individuals and families to find solutions to remain well at home following discharge from hospital.

They connected people with a wide range of support, both low level and more complex, including:

- Housing and accommodation issues; referral to Warm and Well; tenancy issues and hoarding.
- Digital support – enabling people to access and use technology for family contact or online support.
- Finances e.g. opening a bank account, NY Local Assistance Fund or grant applications.
- Emotional support, accessing community groups and bereavement support.
- Accessing community resources, social opportunities, finding cleaners, shopping and collecting prescriptions.
- Support to carers.
- Low-level welfare checks and information gathering.

Although referrals to the service decreased from March 2020 due to the pandemic, demand quickly returned to pre COVID-19 levels by Spring 2021. Initial analysis indicates that during the pandemic that Living Well support was more concentrated in areas of highest deprivation during the pandemic.

Case Study

Mrs A

Following the recent death of her husband in a care home, Mrs A was grieving and felt very lonely. She was very anxious about the COVID-19 lockdown situation and was particularly worried about managing her shopping safely. She was referred to Living Well from her local carers centre.

“Due to COVID-19 I was unable to be with my husband when he died and have no friends or family to support me. I have become anxious about going out and can't relax. I live in my own home and have a car but I do not like driving in winter. I am currently getting my shopping at a local Post Office to avoid going near the supermarkets.”

The Living Well Coordinator met Mrs A and worked with her to find out what matters to her and what would help move her forward. As a result, she was connected to the local Community Support Organisation for help with shopping and digital access and to Warm and Well for advice about keeping warm. She was linked with community transport to help her to access the COVID-19 vaccination and provided with advice and information about the Living Well SmokeFree service as her smoking had increased since her husband's death.

“I have moved forward because of you, you will never know how much you have helped me; you have seen me through it. I thank you from the bottom of my heart for all your patience and support you have given me I would certainly recommend Living Well to anyone going through what I have had to go through this year, if they had someone who had your patience.”

Protecting and Improving the health and wellbeing of North Yorkshire's population

0-19 Health Visiting and School Nursing Services

The Healthy Child programme promotes and protects the health and wellbeing of all children and young people from 0-19 years. It seeks to empower and enable them to make informed decisions about health, and to support them in transitioning safely and happily into adult life.

At the start of the pandemic, community delivery for the 0-5 years all child health clinics, drop-ins and breastfeeding groups ceased. All mandated contacts were delivered virtually, drop in clinics were set up virtually and proactive breastfeeding telephone calls were introduced. Safeguarding contacts continued face to face following a COVID risk assessment and an increase in contact via telephone was introduced. Following the introduction of PPE and COVID risk assessments all mandated contacts and follow ups progressed to a blended approach, face to face or virtual, throughout the pandemic using a skill mix team approach. All community contacts, drop-ins, and groups ceased for those aged 5-19 years. A duty phone rota was put in place and a WhatsApp service used to maintain contact with families. The National Child Measurement Programme restarted in April 2021.

At time of writing, all safeguarding contacts are face-to-face, as are visits to families on the Vulnerability Pathways. Review Health Assessments are being undertaken on a face-to-face basis with an opportunity for a virtual contact where clinically indicated and if this is preferred by the young person. Welfare calls are undertaken as required or at a minimum every 3 months, and the service continues to take part virtually in multi-agency and safeguarding processes.

All other contacts are being assessed and stratified for vulnerability or clinical need. There also continues to be a duty phone service and digital signposting is taking place through text, email and using social media.



Warm and Well

Warm and Well provides support via the telephone and internet to help North Yorkshire residents who are living in or at risk of a cold home, fuel poverty or struggling to afford their energy bills. Referrals can be made either by professionals or by individual householders.

Despite initial concerns about not being able to offer home visits, a system was put in place to allow incoming calls. The website was updated and the service was widely publicised through community support hubs. Staff developed confidence over time about delivering in depth advice and support remotely and the service continued to operate and provide support to households.

There have been concerns around impact of COVID-19 on household income and fuel poverty. Specifically these related to reductions in income, increased use of utilities from spending more time at home, and energy bill shocks as meter readers have not visited properties. There was also concern for North Yorkshire residents who have been shielding and as such unable to access home improvement schemes such as new heating systems. These concerns will be considered as part of planning for winter 2021-22.



Healthy Schools Award Programme

The Healthy Schools award scheme was launched by North Yorkshire County Council in October 2019 and is available to any educational setting across the country to take part. It is an online scheme that supports schools to work towards improving the health and wellbeing of pupils and staff through teaching and learning initiatives across four key themes:

- PSHE (including statutory sex and relationships and health education requirements).
- Emotional health and wellbeing.
- Active lifestyles.
- Food in schools.

The scheme provides all schools and settings with the opportunity to really focus on the health and wellbeing of their pupils and staff and gain a recognised award.

The programme was greatly affected by COVID-19 and school closures in 2020 and 2021. Nevertheless, schools have continued to be supported by the HSA team and to work on (and submit) their healthy schools award applications. Training and events have moved online and this has worked well. A celebration event is planned for June 2021. Since the scheme started in Sep 2019, 200 (54% of North Yorkshire schools) have registered with the Healthy Schools Award.

Future plans include a new scheme for Early Years settings (nurseries, childminders) and a new set of 'extension' targets (once schools achieve gold status) around Environment/Climate change; Diversity and Equality; Anti-bullying; Physical Activity; Unintentional Injuries and / or Road Safety, and Community Engagement.

Protecting and Improving the health and wellbeing of North Yorkshire's population

Research Partnerships

National Institution of Health Research Partnership bid for Adult Social care

In August 2020, the Public Health team led a research funding application to address knowledge gaps and priorities for research in Adult Social Care. This multi-agency bid involved the University of York, Sheffield University, and Hull, Doncaster and City of York Local Authorities to apply for research funding from the National Institute for Health Research.

The bid was successful and as a partnership we will receive just over £1 million of which NYCC will receive around £50,000. The research will commence in June 2021 with the aim to answer the following question: Can a regional capacity-building network facilitate greater understanding, production and use of research in adult social care?

New Masters in applied Public Health course developed with Teesside University

October 2020 was the start of the first international internship programme with Teesside University for students studying the Masters applied Public Health course. This Public Health Internship module aims to develop students' employability attributes by providing an experiential learning opportunity to further develop and apply their public health knowledge and / or research skills within a workplace.

The Public Health team have five students allocated who supported work on E-cigarettes, physical activity in older people, cardiovascular disease, healthy weight and mental health. All students completed the internships and achieved the Masters in Public Health, which is a fantastic achievement not only for the students but the Public Health team who at the time were dealing with the global pandemic.

These research partnerships will make a difference in terms of promoting evidence-based practice across NYCC and with partners, to ensure we get best value for money and achieve key outcomes.

Work with NHS partners: Population Health Management

Population Health Management is an emerging technique for local health and care partnerships to use data to design new models of proactive care and deliver improvements in health and wellbeing, which make best use of the collective resources.

In North Yorkshire, our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and affecting our wellbeing. We are also living longer with more multiple long-term conditions like asthma, diabetes and heart disease. The health inequality gap is also increasing. The Population Health Management approach is helping us to understand our current, and predict our future, health and care needs. We can take action in tailoring better care and support with individuals, design more joined up and sustainable health and care services, and make better use of public resources.

In response, the Public Health team have worked with the Selby and Scarborough Primary Care Networks to deliver a Public Health Management approach.



Participant's feedback from the Selby town PHM pilot

Partners have embraced this way of working and can see the benefits of working collectively to improve outputs for patients. We were able to build a good team of stakeholders from the start, both from within the PCN and external organisations who were, and still are, invested in moving forward together to improve outcomes for patients in the Scarborough area and Selby.

Scarborough Core (SCORE) PCN (1/3) **NHS**

SCORE's Cohort

- **PCN population size:** approx. 52,000
- **Key PCN attributes:** High deprivation, older population, 3 in-town Practices with 1 out-of-town in high deprivation area.
- **Cohort size:** 168 met the criteria with a cohort of 20 selected
- **Cohort description:** Our cohort was people with depression, who are obese and have had at least one emergency admission in the last 12 months. This cohort was chosen because we know that people with depression are less likely to engage with self help support and address aspects of lifestyle that contribute to poor outcomes of health and higher incidences of CVD and diabetes. Our population is 3.0 on deprivation scale with an average age of 58 years and multiple chronic conditions with 52% having hypertension.

<p>Intervention</p> <ul style="list-style-type: none"> • Description of intervention/service: Working within a framework the care coordinators would seek to engage patients in taking part in a structured interview to understand the wider determinants of health that are impacting on their health and develop individualised plans to improve aspects of health and wellbeing. • Rationale for intervention: To understand what services they do engage with and any barriers to engagement or compliance in order to co-design services that meet the needs of these people. • Wider determinants considered: The patients were selected from our adult population irrespective of age, sex or race with an average age of 58 years and mostly single males. • Activities undertaken for the cohort: We are working with NYCC Public Health team and university research students to develop a structured telephone interview approach to gather information which will be used to co-design support services. • Resources required: Engaged with PHE and Coventry University interview walkabouts with PCN case coordinators and social prescribers involved in the programme to take forward referrals with multiagency approach. 	<p>Partnerships</p> <ul style="list-style-type: none"> • North Yorkshire County Council • Scarborough Borough Council • NYCCG • Coventry University • Care coordinators • Social prescribers • GPs • Pharmacists <p><small>If available, quote about integrated working - Name, Role</small></p>
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Above: Population Health Management in action for Scarborough CORE (SCORE) Primary Care Network

North Yorkshire Public Health Priorities for 2021-2025

The vision for public health across North Yorkshire is:

“Everyone in North Yorkshire has an equal opportunity to have the best possible start to a long, healthy and independent life, where all residents fulfil their ambitions and aspirations and the gap in life expectancy across the county will be reduced.”

Public health works to deliver this vision through three areas of practice:

1. **Health Protection** involves the protection of individuals, groups and communities through expert advice and collaboration to prevent and mitigate the impact of infectious disease, environmental, and other health threats. The Director of Public Health has a duty to prepare for and lead the local authority's response to incidents that present a threat to the public's health.
Protecting the health of North Yorkshire residents and communities through the prevention of infectious disease and illness has been a key focus through the COVID-19 pandemic. We will continue to focus on prevention of both transmissible diseases and other environmental hazards that pose a risk to health. We will build on existing multi-agency approaches and public health expertise to respond to, and mitigate the impacts of, any outbreaks or incidents that threaten the health of the public. We will also maintain a robust assurance function through the North Yorkshire Health Protection Assurance Group to ensure that as a system we are prepared to deal with significant threats to health in a timely and effective manner.
2. **Health Improvement** – as a population we are living longer lives, which is a good thing. However we also want to be as independent and healthy as possible as we age. We need to find ways of supporting people and helping people to stay fit and healthy for as long as possible so that as we get older we can look after ourselves and keep independent with the minimum reliance on public services. It is important that people have access to information and advice that helps them understand how best to keep fit and healthy, and independent for as long as possible. Whilst the Council has a key role to play, this is not something that we can achieve alone. There will be opportunities throughout a person's life to help them plan for the future, for example, during transition from childhood to adulthood, or when people with lower-level needs are signposted to prevention services. We will also work with partners to address the wider determinants of health such as ensuring good, sustainable jobs are available, developing a strong economy, a good standard of education, quality housing and thriving communities.
3. **Population Health Care** – this is a core part of public health practice, concerned with maximising the population benefits of healthcare and reducing health inequalities, while meeting the needs of individuals and groups, by prioritising available resources by preventing disease and improving health outcomes through design, access, utilisation and evaluation of effective and efficient health and social care interventions, settings and pathways of care. Our work in this area is done in partnership with a range of organisations including the NHS.



Protecting and Improving the health and wellbeing of North Yorkshire's population



The Public Health Team has identified the following priorities and the team will work in partnership with others and focus all their efforts to deliver the priorities and protect and improve the health of the people of North Yorkshire.

Priorities 2020-2025

1.

Reduce health inequalities, through healthy place shaping and targeted work with vulnerable groups/communities

2.

Ensure measures are in to protect the populations health

3.

Improve the mental health of our population

4.

Ensure babies and children and young people have a good start in life

5.

Ensure the working age population have opportunities to live well

6.

Ensure older people are able to age well

7.

Work with our NHS partners to maximise our joint effectiveness and impact on health outcomes

8.

Develop a centre for public health excellence including in research, training and behavioural science



Afterword

At the time of publication, in summer 2021, we are once again seeing rising transmission rates of COVID-19 across the community. This is despite record vaccination rates and better community understanding of infection prevention.

It is clear that we will need to continue to respond to COVID-19 in our immediate future. However we will also continue to roll out the COVID-19 vaccination programme and together we will find a way to learn to live with the virus.

For some of us this involves grieving, remembering and reconciling with our experiences of the past year.

My hope is that we will build on what we have learnt during this time and the countless examples of kindness and care that people have shown to each other.

We will focus on recovery and of course as part of being healthy and well, jobs and the economy play a huge part, as well education and the homes and communities we live in.

I look forward to reporting back in 2022.

Acknowledgements

I would like to express my personal thanks to the entire North Yorkshire Public Health team for your remarkable work over the past 18 months. Your tireless work, knowledge, experience and professionalism has made a huge contribution to our response to COVID.

On behalf of the Team I would also like to acknowledge our colleagues across North Yorkshire County Council for your unwavering support and efforts in fighting the pandemic. In particular I am grateful for the support, guidance and expertise of our Health and Adult Services colleagues in protecting the people of North Yorkshire.

I must also pay tribute to our community partners, from the NHS and other health services, local, district and borough councils, statutory bodies, our emergency services and North Yorkshire's incredible community and volunteer organisations.

Finally, my thanks to the people of North Yorkshire for the care, compassion and community spirit you have shown to each other throughout the pandemic.

Louise Wallace Director of Public Health

July 2021

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The full report can be found at www.nypartnerships.org.uk/DPHAR

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