



Agenda

Notice of a public meeting of Scrutiny of Health Committee

To: Councillors Lindsay Burr MBE, Liz Colling (Vice-Chair), Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, Peter Lacey, Andrew Lee (Chairman), John Mann, Rich Maw, Heather Moorhouse, Andrew Murday, David Noland, Clive Pearson, Andy Solloway.

District and Borough Councillors Susan Graham, Kevin Hardisty, Nigel Middlemass, Pat Middlemiss, Jennifer Shaw-Wright, Robert Ogden and Jane Mortimer.

Date: Friday, 10th March, 2023

Time: 10.00 am

Venue: Council Chamber, County Hall, Northallerton, DL7 8AD

This meeting is being held as an in-person meeting and in public. The government position is that of learning to live with COVID-19, removing domestic restrictions while encouraging safer behaviours through public health advice. In view of this, hand cleanser and masks will be available for attendees upon request. The committee room will be well ventilated and attendees encouraged to avoid bottlenecks and maintain an element of social distancing.

Please do not attend if on the day you have COVID-19 symptoms or have had a recent positive Lateral Flow Test.

Please contact the named supporting officer for the committee, if you have any queries or concerns about the management of the meeting and the approach to COVID-19 safety.

Further details of the government strategy (Living with COVID-19 Plan) is available here – <https://www.gov.uk/government/news/new-guidance-sets-out-how-to-live-safely-with-covid-19>.

Business

1. Minutes of Committee meeting held on 16 December 2022 (Pages 3 - 8)
2. Apologies for Absence
3. Declarations of Interest

4. Chairman's Announcements

Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

5. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have given notice to Christine Phillipson, Principal Democratic Services and Scrutiny Officer (contact details below) no later than midday on Tuesday 7th March. Each speaker should limit himself/herself to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

A member of the public who has submitted a question of statement will be offered the opportunity to read out their question/statement at the remote meeting, via video conferencing, or have it read out by the Chair or Democratic Services Officer. We are not able to offer telephone conferencing due to limitations with the technology and concerns about confidentiality.

- 6. Director of Public Health's Annual Report - Louise Wallace, Director of Public Health, NYCC (Pages 9 - 84)**
- 7. Update on the Changes to Sexual Health Services in North Yorkshire - Emma Davis, Public Health Manager, Health & Adult Services, NYCC (Pages 85 - 96)**
- 8. Mental Health Enhanced Community Services - Brian Cranna, Care Group director, NY, York & Selby Care Group - To Follow**
- 9. Response to Workforce Pressures Within Health and Social Care - written update from Rachel Bowes, Health & Adult Services. (Pages 97 - 100)**
- 10. Submission on Dentistry Update (Pages 101 - 102)**
- 11. Committee Work Programme (Pages 103 - 108)**
- Report of Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire County Council
- 12. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Thursday, 2 March 2023

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held on Friday, 16th December, 2022 commencing at 10.00am.

Members:-

County Councillor Andrew Lee in the Chair plus County Councillors Liz Colling, Caroline Dickinson, Richard Foster, Sam Gibbs, Paul Haslam, Nathan Hull, George Jabbour (sub) Peter Lacey, Rich Maw, Andrew Murday, David Noland, Clive Pearson, Andy Solloway and Malcolm Taylor (sub)

Co-Opted Members:-

District and Borough Councillors Kevin Hardisty and Tom Watson (sub).

Officers present: Natalie Smith - Head of Service, Health & Adult Services Population Health Planning, NYCC, Michelle Miles - Service Manager, Health and Care, NYCC, Daniel Harry - Democratic Services and Scrutiny Manager, Christine Phillipson - Principal Democratic Services and Scrutiny Officer.

Other Attendees: Francesca Hewitt - Senior Programme Manager, Airedale NHS Foundation Trust (via Teams), Lisa Pope - Deputy Director of Primary Care, Community Services and Integration, Humber & North Yorks Integrated Care Board, Colonel Nicola Macleod - Regional Clinical Director, Defence Primary Healthcare Regional Headquarters (North), Georgina Sayers - Communications and Engagement Manager Humber and North Yorkshire Health and Care Partnership (North Yorkshire), Brian Cranna - Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust, Elizabeth Moody - Director of Nursing and Governance and Deputy Chief Executive (via Teams) .

Copies of all documents considered are in the Minute Book

227 Minutes of Committee meeting held on 4 November 2022

That the minutes of the meeting held on 4 November 2022 be taken as read and be confirmed by the Chairman as a correct record.

Minute no 220 will be followed up at the next Committee meeting on 10th March 2023.

228 Apologies for Absence

Councillors John Mann (with Councillor Malcolm Taylor as substitute) and Heather Moorhouse (with Cllr George Jabbour as substitute)

Scarborough Borough Councillor Jane Mortimer, Harrogate Borough Councillor Nigel Middlemass (with Borough Cllr Tom Watson as substitute), Ryedale District Councillor Susan Graham, Richmondshire District Councillor Pat Middlemiss and Selby District Councillor Jennifer Shaw-Wright.

229 Declarations of Interest

Councillor Peter Lacey declared an interest as a Director of Whole Systems Partnership who provide support for partnership and strategic development in health and care systems.

230 Chairman's Announcements

The Chairman stated that due to officer illness agenda item 10 will not be presented today and will be rescheduled to the 10th March 2023 meeting.

231 Public Questions or Statements

None were received.

232 Update on Catterick Integrated Care Campus - Verbal Update from Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, Humber & North Yorks Integrated Care Board

Considered – Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, Humber and North York's Integrated Care Board and Colonel Nicola Macleod, Regional Clinical Director, Defence Primary Healthcare Regional Headquarters (North) gave an update to Members on the Catterick Integrated Care Campus.

Key points to note were:

- Initial vision in 2015 was to deliver a range of health and social care services to improve the health and wellbeing of the people of Catterick Garrison, Richmondshire and beyond
- The current vision from NHS, MOD and partners is to deliver a purpose-built, state-of-the-art, health and wellbeing campus which provides high-quality, safe and sustainable primary and community care for the population of Catterick and the surrounding area, which is able to meet the current and future needs of the Ministry of Defence personnel and resident population
- The new facility aims to give all residents of Richmondshire access to the right care, at the right time, in the right setting, delivered by the right professionals to enhance their wellbeing and independence, and improve their overall quality of life
- Stakeholder and public engagement events have taken place
- Services being considered include GP services, social prescribing, clinical services, imaging and diagnostic services and a number of community services
- Expected benefits from an integrated care model are improved health and wellbeing, a more motivated workforce and a safe and sustainable health and care system
- The journey will take a number of years to be fully integrated
- The proposal is to start on site in 2023 with completion in early 2025 (both subject to confirmation/approval).

Councillor Colling asked if there had been any feedback from the families and parents of service personnel.

Lisa confirmed that families had expressed a positive reaction and were looking forward to the campus and indeed the initial idea was born from a serving personnel example and lived in experience. The challenges were real being faced by families and partners. This was a unique development and could perhaps be the champion for modelling elsewhere. The benefits would be received by the whole community with access to the right care and service at the right time.

Councillor Maw asked if there would be dentistry provision available.

It was stated that only Ministry of Defence dentistry would be available not NHS as the Integrated Care Board does not secure the provision of dental services. Serious reform is required in order to change this both from the Government and nationally.

Councillor Haslam Commented that it was an exciting concept delivered with precision and detail and asked if plans were in place to ensure there was sufficient provision for transport to ensure the campus is accessible.

Lisa confirmed that they were working with Richmondshire District Council to develop travel plans and that a detailed part of the overall plan was to ensure accessibility.

Resolved – The Chairman thanked Lisa and Nicola for the presentation and wished them well for the project and asked that they return to a future Scrutiny of Health meeting with a further update. The item will be kept on the work programme and suggest a return in 9-12 months.

233 Update on Airedale Hospital - Francesca Hewitt, Senior Programme Manager, Airedale NHS Foundation Trust

Considered – A verbal update via Teams from Francesca Hewitt, Senior Programme Manager, Airedale NHS Foundation on the current situation at Airedale Hospital.

The main points covered:

- Airedale is one of seven hospitals constructed predominantly of RAAC
- There are approx. 20,000 load bearing planks in total of which 5400 are logged as being defective and of these 500 are severely damaged and being supported with structural steel
- RAAC material forms around 83% of the hospital estate
- An in-house monitoring programme inspects all planks annually and defective planks receiving a minimum of two inspections
- Plans are in place to decant all wards over the next three to four years
- Funding is not yet secured for a replacement hospital and there has been no announcement confirming the hospital will receive a place on the government's new hospital programme
- The trusts Chief Executive has written to the Prime minister and other Ministers to ensure they maintain an up-to-date picture on the deteriorating position of the hospital
- The trust continues to seek funding from all avenues.

Councillor Foster stated that this information was not in the public domain and most of the public in the area were not aware of it and more momentum is required in terms of communication.

Councillor Colling asked how NYCC could support and to confirm to Christine Phillipson who the Committee needed to lobby to ensure support for the trust.

Councillor Murday asked if some specialist provision would be needed elsewhere to support the project.

It was confirmed that endoscopy was currently in the new structure and theatres were unaffected. There has been a concern over the increase in costs, but the highest level of structural support was in use and the cost of full replacement was £100m less than building a completely new hospital.

Councillor Solloway agreed that there was little awareness in the public domain on this and the need to publicise the issues to the surrounding community was a priority. The hospital serves more than the immediate Airedale area and support from other Members was absolutely key and to be actively encouraged.

Councillor Haslam asked if there were any further statistics available and what the situation would be if funding was unsuccessful. Advising the Committee of how they can help would be well received.

Councillor Jabbour asked if there was a risk the hospital would need to be replaced sooner than 2030.

Francesca confirmed that the site was reviewed monthly due to the severity of the situation with daily checks completed in house. There was no current need to revise the life span date expected but obviously that is an unknown and the situation could change in the next few years. The risks would be reviewed again in January 2023.

In terms of increased costs, to build a new hospital in 2020 was £500m and is now circa. £680m in 2022. The cost to replace the RAAC in 2020 was £400m.

It was suggested the Committee write to the MP in order to lobby and also recuperate some costs from Government and also perhaps support a press release and /or write to NHS England in support of replacing the hospital.

Resolved – The Chairman thanked Francesca for her presentation and suggested she return to a future Committee meeting with an update. The Committee would support where possible and could Francesca confirm to Christine Phillipson who the Committee needed to lobby to ensure support.

234 TEWV CQC Reports - Follow Up from Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust

Considered – Presentation by Brian Cranna, Care Group Director, Tees, Esk and Wear Valley NHS Foundation Trust and Elizabeth Moody, Director of Nursing and Governance and Deputy Chief Executive, TEWV (via Teams) on the follow up action resulting from the recent West Lane independent reports.

Elizabeth reiterated that the reports were undertaken independently in response to the three young women in the care of TEWV. She stated that:

- We apologise unreservedly for the unacceptable failings in the care of the three young women which the report clearly identifies.
- We accept in full the recommendations made in the report – all the improvements required are being made where applicable to our services.
- We have met with the families.

Elizabeth continued and confirmed that many changes were being made, including a new organisational and governance structure in place since April 2022. TEWV now falls into two new care groups allowing strengthened reporting directly to the Trust's board. Two lived experience directors have been recruited into the leadership team and all changes have been made with the knowledge and oversight of the CQC and NHS England and are reviewed monthly at an external Quality Assurance Board, chaired by NHS England. TEWV's journey to change reiterated their three main goals for the next five years:

1. To co-create a great experience for our patients, carers and families
2. To co-create a great experience for our colleagues
3. To be a great partner.

Elizabeth continued to inform the Committee on the focus TEWV are taking in terms of patient safety including £5m investment to ensure safer wards, new safety summaries and safety plans, observation and engagement plans, daily safety huddles, a modernised incident reporting process and improving incident reporting and reviews from varying perspectives, e.g., patients, families and staff. Restrictive intervention has been significantly reduced and training improved with investment in both education and training.

Other key areas identified were:

- Patient centred care – with focus on putting patients and carers at the centre of their own care and making sure we learn from their experiences
- Autism informed care – with a trust-wide Autism Project providing training to staff across all specialties, including adult inpatient services
- Evidence based practice in CAMHS - Over 2021/22 development in an evidence-

based, person centred approach to care based on the iTHRIVE system framework, looking at every stage of a patient's journey from referral through to treatment and then discharge from care

- A dedicated 24/7 CAMHS crisis teams across the Trust providing better links between children and adult services
- Improvements to the complaints process with a more empathic approach to improve culture and ensure better outcomes for our patients, carers and their families.

Elizabeth concluded that while waiting lists remain an ongoing issue the availability of a 24/7 crisis team was now in place and would help manage any issues that arose.

There were no further questions from Members.

Resolved – The Chairman thanked Elizabeth and Brian for their presentation and for returning to the Committee with further detail on the reports so quickly. It was suggested that Brian return to the March meeting with more insight into mental health issues and then to future Committees in 2023 with regular updates.

235 Autism Strategy Report and Deep Dive - Natalie Smith, Head of Service, Health & Adult Services Population Health Planning, NYCC

Considered – Natalie Smith, Head of Service, Health and Adult Population Planning, NYCC and Michelle Miles, Service Manager, Health and Care, NYCC gave a presentation updating the Committee on the deep dive into Autism identified at the Scrutiny of Health Committee in June.

Natalie summarised the presentation Members had received looking at the work that has already been completed, then opened the floor to Members to ask any questions.

There then followed a discussion with the main questions and comments summarised as follows:

- Symptoms varied enormously making diagnose more difficult
- Integration in younger age groups was paramount
- Autism appears to be more prevalent in younger girls, how would this be identified in schools
- Are there any employees that have Autism employed in any relevant workplaces?
- Is there any data re employment opportunities for people with Autism?
- Is there an action plan as part of the strategy?.

Natalie and Michelle confirmed that as part of the engagement sessions there would be participants with lived experience and young people. In terms of identifying autism in early years in schools, information on this would be sought from colleagues in SEND. The status of autistic employees will be explored, there is however a number of internal pages within NYCC that encourage group participation. There is an action plan within the strategy and the implementation and action plan run alongside one another. In terms of specific employment opportunity data, baseline data will be part of the JSNA, if there are any specific questions that Committee feel are relevant these can be included if supplied. The Care and Independence Committee had previously had this presentation on 8th December, and it was requested that answers to the questions asked there could also be shared with the Scrutiny of Health Committee.

Resolved – The Chairman thanked Natalie and Michelle for their presentation and requested they return to a future Committee meeting with a further update once the draft strategy had been compiled for Members to give any feedback. Furthermore, the Chairman suggested that an annual update on the strategy is brought to the Committee as a regular agenda item.

Answers to the questions raised by Care and Independence Committee be circulated to Scrutiny of Health Members.

The Chairman then asked the Committee whether the independent task and finish style select Committee that was suggested originally for Members to pursue should now be stood down due to the great work undertaken by HAS colleagues. Members agreed that this no longer needed to be pursued as the work completed and the plans for future work covered all the areas of the Committees concerns.

236 Update on the Changes to Sexual Health Services in North Yorkshire - Emma Davis, Public Health Manager, Health & Adult Services, NYCC

Due to Officer illness this item has been rescheduled to the meeting on 10th March 2023.

237 Committee Work Programme

Considered – The Committee’s work programme.

- The objective is to enable the Committee to review the work programme and make suggestions on areas of scrutiny for inclusion for the remainder of the year and prioritise accordingly.

There then followed a discussion which highlighted the following areas as suggestions for inclusion in the workplan:

- Mental health – more specific topics within mental health to focus on, more area specific detail as care can vary depending on location, alcohol and substance abuse, preventative and residential facilities, in patient detox centres
- Dentistry.

Brian Cranna is scheduled to come to the March Committee meeting with further information on mental health issues.

Whilst Dentistry remains a national problem the Chairman informed the Committee that we plan to compile a submission to the Health and Social Care Committee in relation to an inquiry they are launching into the struggle to access NHS dentistry services. As this is something the Committee has previously identified as an issue the Chairman suggested any contributions, specific examples or experience Members have be included in the response. Any such feedback should be forwarded to Christine Phillipson by w/e 6th January as the response had to be submitted by 25th January 2023.

238 Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances

There was no urgent business however Councillor Andy Solloway paid tribute to the late Councillor Jim Clark.

The meeting concluded at 11.55 am.



10 March 2023

Director of Public Health Annual Report 2021-2022

Report of the Director of Public Health

1.0 Purpose of report

1.1 The purpose of this report is to introduce the Director of Public Health Annual Report 2021-2022: Lessons learned from the COVID-19 pandemic.

2.0 Background

2.1 The Director of Public Health has a duty to write a report, whereas the local authority's duty is to publish it (under section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report may be decided locally.

3.0 Content of the Annual Report

3.1 The Director of Public Health Annual Report for 2021-2022 considers the following:

- Health in North Yorkshire today
- Continuing the COVID-19 response
- Impact of COVID-19
- Lessons learned
- Recommendations
- Progress on past recommendations

3.2 The report considers the lessons we, and others, have learnt over the last two years whilst focusing on the impacts of these lessons and how we will continue to improve and protect the health of our population. We reflect on the key timeline events throughout the pandemic from policy changes to infection rates, and how we responded locally.

3.3 Throughout the report, we have included summaries of community conversations and examples of people's creativity. Community engagement was a major element of the research for this report, carried out with a broad range of organisations and community groups, plus consideration of engagement undertaken during the pandemic.

3.4 There are also four ‘Spotlight’ pieces to accompany the main report, going into more detail on:

- People’s ‘three wishes’ for the future (illustration)
- People’s creativity in response to the pandemic
- People’s experiences with Community Support Organisations
- Historical examples of infection prevention

3.5 The report will be published on the North Yorkshire Partnerships website and publicly launched via a press release.

4.0 Recommendation

4.1 That the Scrutiny of Health Committee notes the content of the Director of Public Health Annual Report 2021-2022 and considers its recommendations.

Louise Wallace
Director of Public Health

County Hall
NORTHALLERTON

Report Authors:

Louise Wallace, Director of Public Health

Shanna Carrell, Equalities Manager, Health and Adult Services

North Yorkshire Director of Public Health

Annual Report 2021-22

Lessons learned from the COVID-19 pandemic



Contents

Foreword.....	3	Economy	37
Note from our Executive Member.....	4	Community	39
Authors.....	4	Inclusion Health	42
Community conversations and learning from engagement	5	Community Stories	44
Health in North Yorkshire today.....	6	Environment.....	48
Timeline of COVID-19 May 2021 to August 2021	10	Lessons Learned.....	50
Timeline of COVID-19 September 2021 to December 2021.....	11	Pandemic Preparedness	51
Timeline of COVID-19 January 2022 to April 2022.....	12	Improving Population Health	52
Continuing the COVID-19 Response.....	13	Impact of the Environment on Health	53
COVID-19 Peer Challenge	16	Inequalities.....	55
Impact of COVID-19.....	17	Community Support.....	57
Health Impacts.....	19	Communication	58
Long COVID	23	“Living with COVID-19”	59
Mental Health.....	25	Recommendations	62
Public Health Services	27	Update on Previous Recommendations	64
Social Care	28	Thank You	68
Care Settings.....	29	Glossary	69
Education	33	References	72

Foreword

Louise Wallace, Director of Public Health

Welcome and thank you for taking the time to read my second Director of Public Health Annual Report for North Yorkshire. This report covers the period from April 2021 – March 2022, which once again has been a time dominated by the COVID-19 pandemic.

The pandemic has had a profound impact on the lives of everyone in North Yorkshire. The ways in which we work, interact, travel, socialise, learn, live, bring new life, experience illness, loss, and death, have all been affected. However, there remain parts of our population who experience more than their fair share of the burden of these impacts, with the pandemic only widening pre-existing inequalities across our society.

[Update on the recommendations from the previous report](#)

This year's Director of Public Health annual report continues from the [2019-21 report](#), detailing our journey through the pandemic.

Whilst my previous report looked at the County's acute response to COVID-19, this report takes a more reflective view of the impacts the pandemic has had on individuals and communities across North Yorkshire and the lessons we can learn from these for the future.

“No epidemic is ever just a health issue in isolation, and COVID-19 has emphasised this on the global stage. We need to be looking at it in terms of an economic issue, a livelihood issue, a social issue and a political issue too.” **Juliet Bedford, Anthrologica¹**

“And this is it. When it comes down to a final breath, all we have is each other, remember that! In a political world, money will always count. We should all know now, money is nothing without one's own health, and we also learnt equally how dependent we are on the health of each other, and that continues, and will forever whether you choose to listen to what you've read here.”

Of course the pandemic is still far from over. Whilst we have entered a new phase of 'Living with COVID-19' without the significant level of national support seen previously, it will still take many years for the full scale of the impacts of COVID-19 to be realised. Learning and adapting has therefore been a key part of our response since the beginning of the pandemic – this report gives us an opportunity to share what we have found and how we will continue to develop into the future.

The impacts of COVID-19 shared in this report look not only at health, but also the way in which the pandemic has affected wider society. We have gathered views on education, the economy, communities, social care and many other areas, and I am very grateful to all the people who have shared their personal and professional experiences with us for this report.

You will all have your own lessons learned from the last few years too. The pandemic has brought into clearer focus the things that really matter – people we have missed seeing, things we have missed doing, but also helping us to develop new ways of sharing, caring and living in spite of our changed circumstances.

In order to help shape a future with better health and quality of life for everyone it is crucial that we learn from the challenges and support the benefits highlighted by the pandemic, rather than failing to learn and merely reverting to the way things were done before. We would love you to share your own thoughts and experiences with us as we emerge from the pandemic together at HASConsultation@northyorks.gov.uk



To watch a video message from Louise Wallace click here

Roy Emmerson,
Harrogate District Disability Forum
[International Day of People with Disabilities 2021 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](#)

Note from our Executive Member

Councillor Michael Harrison

Executive Member for Health and Adult Services

Since May 2022 I have been delighted to include Public Health as part of my role as Executive Member for Health and Adult Services (HAS). Public Health is a core function of the HAS Directorate, and has been particularly prominent in the last few years responding to COVID-19 and the wider challenges associated with the pandemic.

The COVID-19 pandemic has been a very difficult time for our North Yorkshire communities. Many people will have lost friends and family members to COVID-19, in addition to the long-term impacts on health, education, the economy and many other parts of our lives.

This report, whilst taking the local authority approach as its starting point, looks beyond at how people from all across North Yorkshire have been affected by COVID-19. There are many examples of how individuals and communities have responded, and I am delighted they have shared their learning with us here.

The lessons highlighted in this report will help us continue to respond to COVID-19 and other threats to health, as we move into a single unitary authority for North Yorkshire. It is important we make the most of the opportunities that local government reorganisation brings to maintain the momentum and partnership working that has been such a crucial aspect of our pandemic response.

Finally, I want to thank everyone who has contributed to 'Team North Yorkshire' during the pandemic. Responding to an event of this significance has required perseverance, courage, and adaptability, allowing us to work together to do our best to protect the health and wellbeing of the people and communities across North Yorkshire.



To watch a video message from Michael Harrison click here

Authors

Louise Wallace – Director of Public Health

Victoria Turner – Public Health Consultant

Sheila Hall – Head of Engagement and Governance, HAS

Jess Marshall – Public Health Manager

Shanna Carrell – Equalities Manager, HAS

Leo Beacroft – Senior Public Health Intelligence Specialist

Judith Yung – Senior Strategy and Performance Officer

Ruth Dyle – COVID-19 Officer

Laura Watson, HAS Engagement Development Officer

Kate Adamson – Graphic Designer

With thanks to all the colleagues, partners and community members who have so kindly contributed to this report.

Community conversations and learning from engagement

To create this year's Annual Report, we wanted to include our communities' voice and experience of the pandemic – we may have 'all been in this together' but our individual experiences are quite different. And yet, by talking together, we find that there are so many similarities. By reflecting on these conversations, we can identify our shared learning and what we collectively want to take forward.

What we did:

- Reviewed engagement that had been undertaken during 2021-22, from a range of internal and external sources including County Council teams, Healthwatch North Yorkshire and community groups.
- Designed a conversation 'script' and liaised with colleagues and partners to carry out and record these conversations during the spring and early summer of 2022, reflecting back on the previous year. As part of this, we also asked people what their three wishes for the future would be, as a message of hope and recovery.
- Asked people to share creative work that they felt expressed their experiences of the pandemic.
- Gathered in a lot of rich qualitative feedback, which we have woven into this report, pulling out key messages and learning.

We hope that these conversations help to bring the lived reality of the pandemic and its impacts on people in our communities and colleagues to life.

Spotlight on

Creativity during COVID-19

During the pandemic, one of the ways that people interpreted their experience was through creativity and art. We have included examples throughout this report, and if you'd like to see more, [click here](#)



Our communities' three wishes for the future – messages of hope and recovery

[Click here](#) to see all of the wishes shared with us in the making of this report



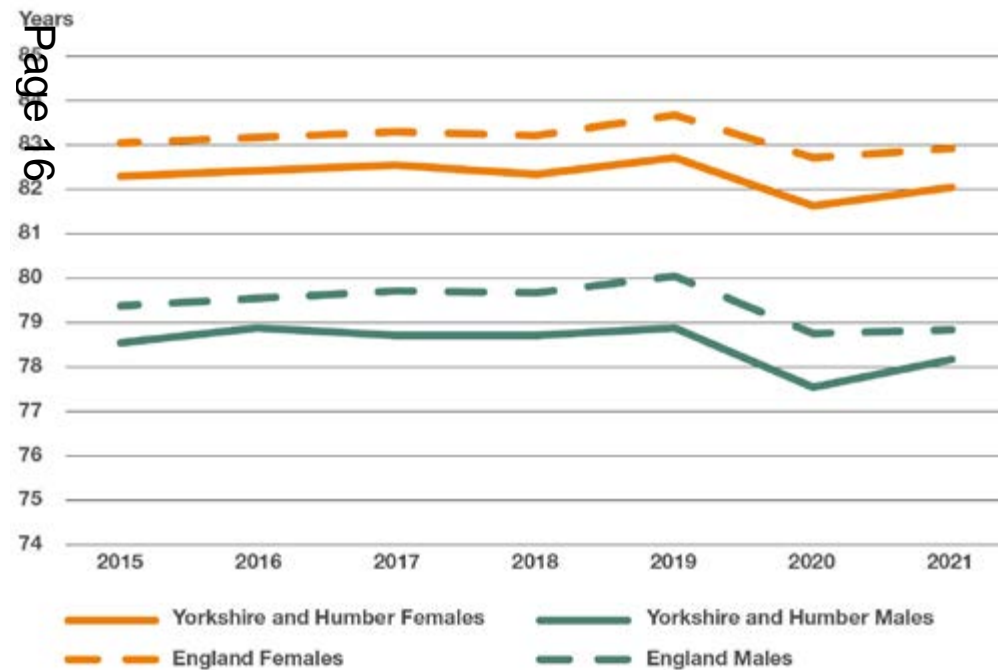
Photos from Photovoice project, Exclusively Inclusive, Craven

Health in North Yorkshire today

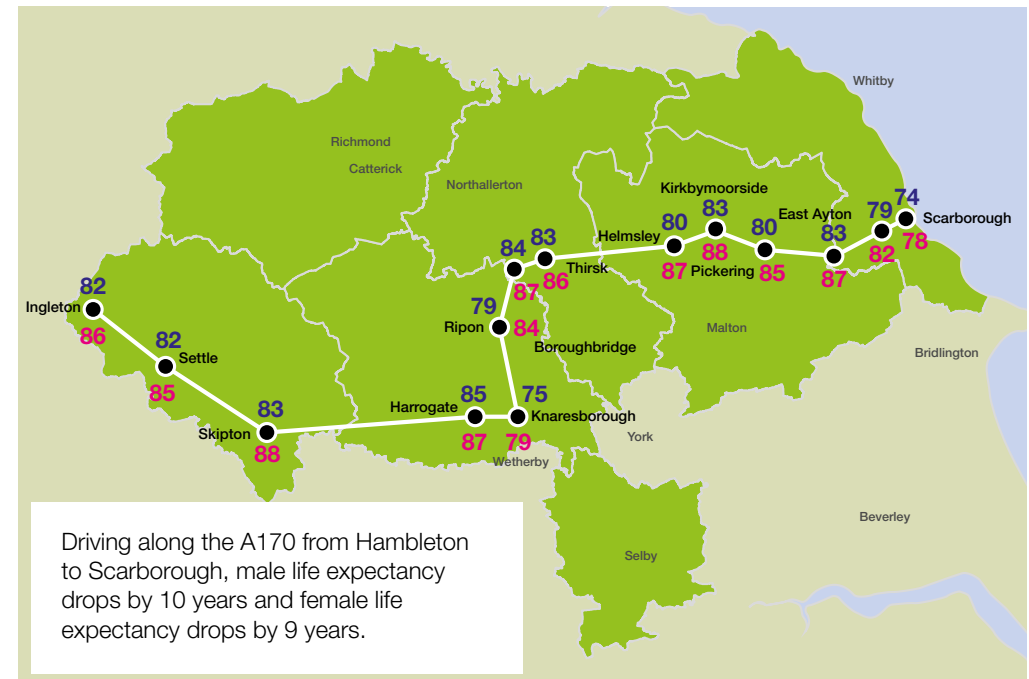
Following a relatively steady period between 2015 and 2019, there was a marked decrease in life expectancy between 2019 and 2020 for both England and Yorkshire & Humber. This has improved slightly for 2021, but the long-term impact of the pandemic on mortality is yet to be fully determined.

Life expectancy at birth in England and Yorkshire and Humber region (January to December 2015-21)

Source: OHID



Large parts of North Yorkshire have better than average life expectancy when compared with England as a whole. However, there are areas where life expectancy is worse, particularly in Scarborough, but also in parts of Selby, Harrogate and Richmondshire. The gap in life expectancy between our most deprived and least deprived wards can be as much as 11 years for men and 10 years for women.



Driving along the A170 from Hambleton to Scarborough, male life expectancy drops by 10 years and female life expectancy drops by 9 years.

Health in North Yorkshire today

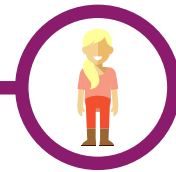
Public Health in North Yorkshire



Life expectancy at birth Male
 North Yorkshire – **80.4**
 England – **79.4**

Life expectancy in North Yorkshire is higher than the England average

Life expectancy at birth Female
 North Yorkshire – **84.3**
 England – **83.1**

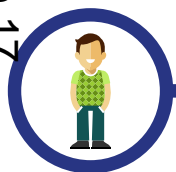


Age 65+ North Yorkshire
 2020 – **155,000**
 2030 – **190,800**

Our population is ageing – 1 in 4 people in North Yorkshire are aged 65 and over

25% are estimated to have a limiting long-term illness

Total population aged 65 and over with a limiting long-term illness whose day-to-day activities are limited a little
 2020 – **38,824**
 2030 – **48,318**



Percentage of adults (aged 18+) classified as overweight or obese:
 North Yorkshire – **61.3%**
 England – **62.8%**

Over three-fifths of adults are overweight or obese – similar to the national average

Proportion of children in Year 6 who are overweight or obese is significantly better than the national average

Year 6 prevalence of overweight (including obesity):
 North Yorkshire – **32.5%**
 England – **35.2%**

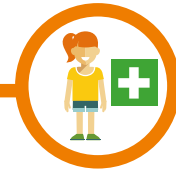


Smoking in pregnancy:
 North Yorkshire – **9.8%**
 England – **9.6%**

The proportion of women who smoke in pregnancy is similar in North Yorkshire compared with England

The rate of hospital admissions due to injuries in children has improved (decreased), but remains worse than the England average

Hospital admissions caused by deliberate or unintentional injuries in children (0-14 years):
 North Yorkshire – **91.0 per 10,000**
 England – **75.7 per 10,000**



Page 17

The pandemic in numbers



Learning disabilities¹

People on the learning disability register were **5.3 times more likely** to be admitted to hospital due to COVID-19 and **8.2 times more likely** to die to COVID-19 than those not on the LD register.



Smoking³

Current smokers **1.8** times more likely to suffer from severe COVID-19. There was an increase in quit attempts by current smokers during the pandemic.



Alcohol⁵

The number of moderate drinkers (up to 14 units per week) decreased in the first lockdown, with an increase in the number of people not drinking and the number of people drinking heavily (greater than 21 units of alcohol per week) also increasing.



Deaths by occupation⁶

Men working in elementary occupations or caring, leisure and other service occupations had the highest rates of death involving COVID-19.



Differential impacts of COVID on ethnic groups⁷

Those at the greatest risk of death nationally from COVID-19 were the Black African group with males having **3.7** times the mortality risk and females **2.6** times the risk than White British.

Page 18



Vaccination²

The proportion of the population aged 12+ who have received a COVID-19 vaccine in North Yorkshire was **89.4%** compared to **93.5%** across England. For the Spring 2022 booster – **84%** of adults aged 75+ in North Yorkshire received a booster, above the **79%** figure nationally.



Obesity⁴

A meta-analysis showed obese patients were **1.7 times more likely** to be admitted to hospital with COVID-19 and 1.25 times more likely to die due to COVID-19.



Deaths and excess deaths

Between the start of the pandemic and 19th August 2022 there have been **1,678** deaths in North Yorkshire mentioning COVID-19 on the death certificate and **1,294** excess deaths (deaths above the five year average).



Infection rates

The highest recorded prevalence of COVID was between 27th March and 2nd April 2022 when **1 in 11** people in North Yorkshire had COVID.



Age⁸

Age is the biggest risk factor for death due to COVID-19, compared to those aged under 40, those aged over 80 were **70 times more likely** to die after COVID-19 infection.

Community Support Organisations had achieved by Day 425 of the pandemic (May 2021):

19,886

Prescriptions delivered



29,718

Shops delivered



32,369

Befriending calls made



137,491

Total volunteering hours



Sources

1 www.bmj.com/content/374/bmj.n1592

2 [Coronavirus.data.gov.uk](https://coronavirus.data.gov.uk)

3 Reddy et al. 2021 WICH tool – OHID.

4 Sawadogo et al. 2022

<https://nutrition.bmj.com/content/early/2022/01/18/bmjnph-2021-000375>

5 WICH tool - OHID

6 www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020

7 <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021>

8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Timeline of COVID-19 January 2021 to April 2021

January 2021

6th Third National Lockdown



6th
Third
National
Lockdown

February 2021

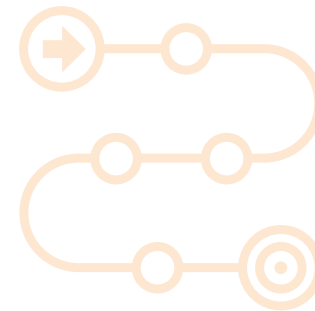
22th National roadmap for lifting lockdown restrictions announced

22th
National
roadmap for
lifting lockdown
restrictions
announced

March 2021

8th Primary and Secondary schools reopen for all students
Recreation in outdoor public spaces allowed for two people
Stay at home order remains in place

29th Step 1 of Roadmap;
Outdoor gatherings of either six people or two households allowed in private gardens
Outdoor sports facilities reopen
'Stay at home' order ends but people encouraged to stay local



29th
Step 1 of
Roadmap

April 2021

9th Free Lateral Flow Device (LFD) testing available to all

12th Step 2 of Roadmap;
Non-essential retail, hairdressers, public buildings and self-contained accommodation reopened.
Outdoor venues and indoor leisure reopen.
Social distancing continues, with no indoor mixing between different households allowed.

13th All adults over 50, the clinically vulnerable, and health and social care workers, have been offered a COVID-19 vaccine

16th Roadmap extended by a minimum of three weeks

12th
Step 2 of
Roadmap

National measures

Page 19

1000

500

0

New COVID-19 cases in North Yorkshire

Education guidance provided to educational settings in North Yorkshire to support interpretation of guidance.
Communications to the public to outline roadmap process and what can be done when.

NYCC measures

Dominant COVID-19 strain

■ Alpha

■ Delta

Timeline of COVID-19 May 2021 to August 2021

May 2021

17th Step 3 of Roadmap;

30 people can now meet outdoors in groups. Rule of 6, or two households indoors.

Indoor entertainment and attractions reopen. Events capacity limits.

People who live in a care home can have 'low risk' visits out of the home without the need to isolate when they get back.

Continue to work from home if you can.

June 2021

14th Step 4 of the Roadmap delayed for four weeks

22nd Delta designated as Variant of Concern (VOC) in England



14th Step 4 of the Roadmap delayed for four weeks

July 2021

5th Prime Minister set out details for Step 4 and 'how life will return close to normal'

19th Step 4 of the Roadmap;

Restriction on number of care home visitors removed

Legal requirement for face coverings removed, but remain recommended in enclosed and crowded spaces including public transport.

Schools no longer required to carry out contact tracing, or keep children in bubbles.

August 2021

16th Double vaccinated individuals and under 18s no longer required to self-isolate if identified as a close contact of someone with COVID-19

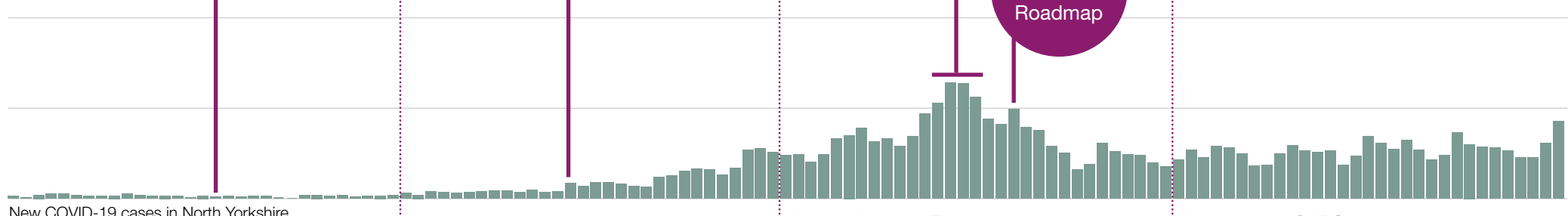
17th Updated education contingency framework



Page 20

National measures

NYCC measures



North Yorkshire Event guidance updated to support event sector and reflect changes in guidance

Worked with CYPS colleagues to develop consistent approach and ways of working for new academic term. Flow charts developed for schools, and guidance developed for settings

Dominant COVID-19 strain

Delta

Timeline of COVID-19 September 2021 to December 2021

September 2021

- Schools return and continue with regular asymptomatic LFD testing**
- 9th** Consultation on mandatory vaccination for frontline health and social care staff launched
- 13th** People aged 12 to 15 in England offered first dose of a COVID-19 vaccine
- 14th** 'Most vulnerable' to be offered a booster vaccine from next week
- 14th** **Plan B Winter Plan released to be used 'if NHS comes under unsustainable pressure'**
- 15th** Shielding ends for Clinically Extremely Vulnerable
- 24th** 16 and 17 year olds able to book vaccine appointments

October 2021

- 13th** The Department for Education (DfE) distributed Carbon Dioxide (CO2) monitors to schools
- 22nd** DfE reminds people to continue LFD testing over half term and to test before returning to school



November 2021

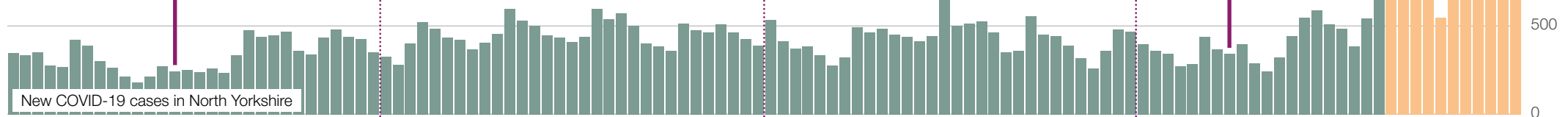
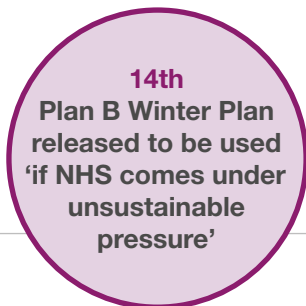
- 4th** Ventilation campaign 'Stop COVID-19 hanging around' launched
- 9th** Health and social care providers in England will be required to ensure workers are fully vaccinated against COVID-19
- 16th** Face coverings introduced in secondary schools to manage local outbreaks
- 17th** Booster vaccine eligible cohort updated to 40 years and over
- 24th** Guidance on when to take an LFD tests updated In England: test if in a high risk situation that day, or before visiting people who are at higher risk of severe illness
- 27th** **Prime Minister announces new temporary and precautionary measures following the emergence of the Omicron Variant in the UK**
- 30th** Face coverings mandatory in all shops and on public transport. All travellers returning to the UK require PCR test

December 2021

- 8th** Move to Plan B announced following increasing Omicron transmission
- 9th** Work from home if you are able
- 10th** Face coverings compulsory in public venues under Plan B
- 14th** Fully vaccinated close contacts to do daily LFD test for 7 days
- 15th** NHS COVID pass mandatory in specific settings e.g. nightclubs
- 23rd** Self isolation advice changes: end self-isolation after 7 days, following 2 negative LFD tests taken 24 hours apart.

Close contacts not legally required to self-isolate strongly advised to LFD test every day for 7 days

Page 21



Educational guidance shared with schools, including template Warn and Inform letters for parents, and IPC measures. Email template responses developed to improve consistency and response times. Direct letters sent to Head Teachers from Director of Public Health.

Schools event guidance developed following enquiries. Guidance issued to outline support for isolation of siblings and infection risks. Updated events guidance issues to event organisers in North Yorkshire due to increasing cases.

Festive guidance issued to partners and events to support economic and public health balance, including the importance of wellbeing and connections.

Removal of PCR and self-isolation information updated in all guidance documents and communicated to public and partners.

Dominant COVID-19 strain
■ Delta ■ Omicron

Timeline of COVID-19 January 2022 to April 2022

January 2022

2nd Face coverings in classrooms and indoor activity rooms for all aged 11+

3rd On-site LFD tests for secondary pupils on return to school reintroduced. Staff and students advised to test twice a week thereafter

11th People who receive positive LFD test for COVID-19 will be required to self-isolate immediately, removal of confirmatory PCR requirement

17th Self-isolation reduced to 5 full days, following 2 negative LFD tests 24 hours apart

27th Plan B Measures lifted

National measures

3000

2500

2000

1500

1000

500

0

Page 22

New COVID-19 cases in North Yorkshire

27th
Plan B
Measures
lifted

February 2022

21st Staff and students in education settings no longer required to test twice weekly. Early years no longer need to report cases to OFSTED

24th No longer ask fully vaccinated close contacts and those aged under 18 to test daily for 7 days, and removed legal requirement for close contacts who are not fully vaccinated to self-isolate

Ended self-isolation support payments and the medicine delivery service

Ended routine contact tracing

Ended legal obligation for individuals to tell their employers when they are required to self-isolate

All guidance updated.
Continued communication and advice on key prevention measures, hand hygiene, cleaning, respiratory hygiene,

March 2022

29th 'Living with COVID-19' guidance published



29th
Living with
COVID-19
guidance
published

1st
Free
testing ends
for general
public

April 2022

1st Free testing ends for general public
Change from COVID-specific education guidance to 'health protection in schools and other childcare facilities' guidance for advice on managing specific infectious diseases, including COVID-19
Significant changes in data reporting

Dominant COVID-19 strain

Omicron

NYCC measures

Continuing the COVID-19 Response

North Yorkshire continued its multi-agency collaborative response to the pandemic throughout 2021-22. The Public Health Team, via the Outbreak Management Hub, played a key role in providing COVID-19 advice and managing local outbreaks across care settings, schools, workplaces and other settings alongside health and wider partners.

The local [Outbreak Management Plan](#) was updated in March 2021 in light of the publication of the government's roadmap for exiting national lockdown on 22 February 2021, the accompanying refresh of the COVID-19 Contain Framework and an increasing focus on Variants of Concern (VOC).

COVID-19 Contain Framework

The [COVID-19 Contain Framework](#), originally published in July 2020, was updated on 18th March 2021. The Framework set out how NHS Test and Trace and the Joint Biosecurity Centre (JBC) would work with local authorities, Public Health England (PHE) or UK Health Security Agency (UKHSA), and the public to contain and manage local COVID-19 outbreaks. Key responsibilities for Directors of Public Health included: undertaking ongoing surveillance; community testing; local enhanced contact tracing; supporting self-isolation; working closely with PHE (UKHSA) Health Protection Teams to control outbreaks.

The updated Outbreak Management Plan includes details of local support for key priority areas:

1. Continuing to respond to incidents and outbreaks across a range of settings and communities, with greater focus on a centralised (but expandable) Hub delivery model;

2. Continuing to develop local test, trace and isolate capabilities, working alongside regional and national teams to develop a sustainable but flexible model;
3. Ensuring we have the resilience to respond to new challenges including enduring transmission, new variants of concern, and potential spikes in prevalence as the government roadmap progresses;
4. Focus on addressing both the direct and indirect worsening of health inequalities from COVID-19, including targeted work around vaccination roll out;
5. Ensuring that appropriate governance, resourcing, communications and data are in place to enable and support all of the above.

The nature of outbreak management changed across the year as guidance was updated for each type of setting. The latest government guidance is available at [Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](#).

There continued to be particular focus on supporting adult social care settings where there was both a high risk of transmission and a cohort of people very susceptible to poor outcomes following COVID-19 infection. This involved a multi-agency approach with partner organisations and NHS teams, bringing in a range of skills and knowledge to respond to the issues affecting the care sector such as:

- Vaccination uptake
- Workforce capacity and related pressures
- Ongoing changes to visiting guidelines
- Funding issues surrounding infection control and rapid testing requirements
- Access to Personal Protective Equipment (PPE)

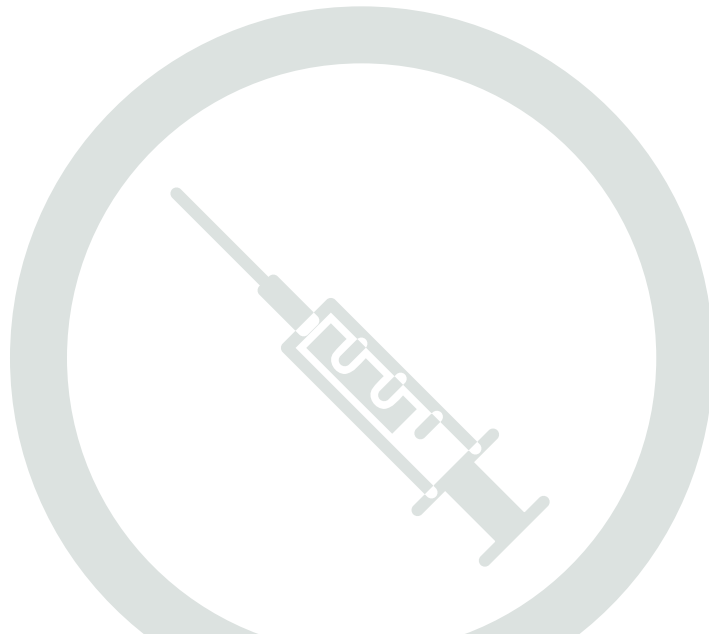
Continuing the COVID-19 response

Vaccination rollout

A huge co-ordinated effort was needed to support the rollout of COVID-19 vaccinations, including the winter boosters in late 2021/ early 2022. Examples of collaborative working between NHS, local authority, social care and community partners include:

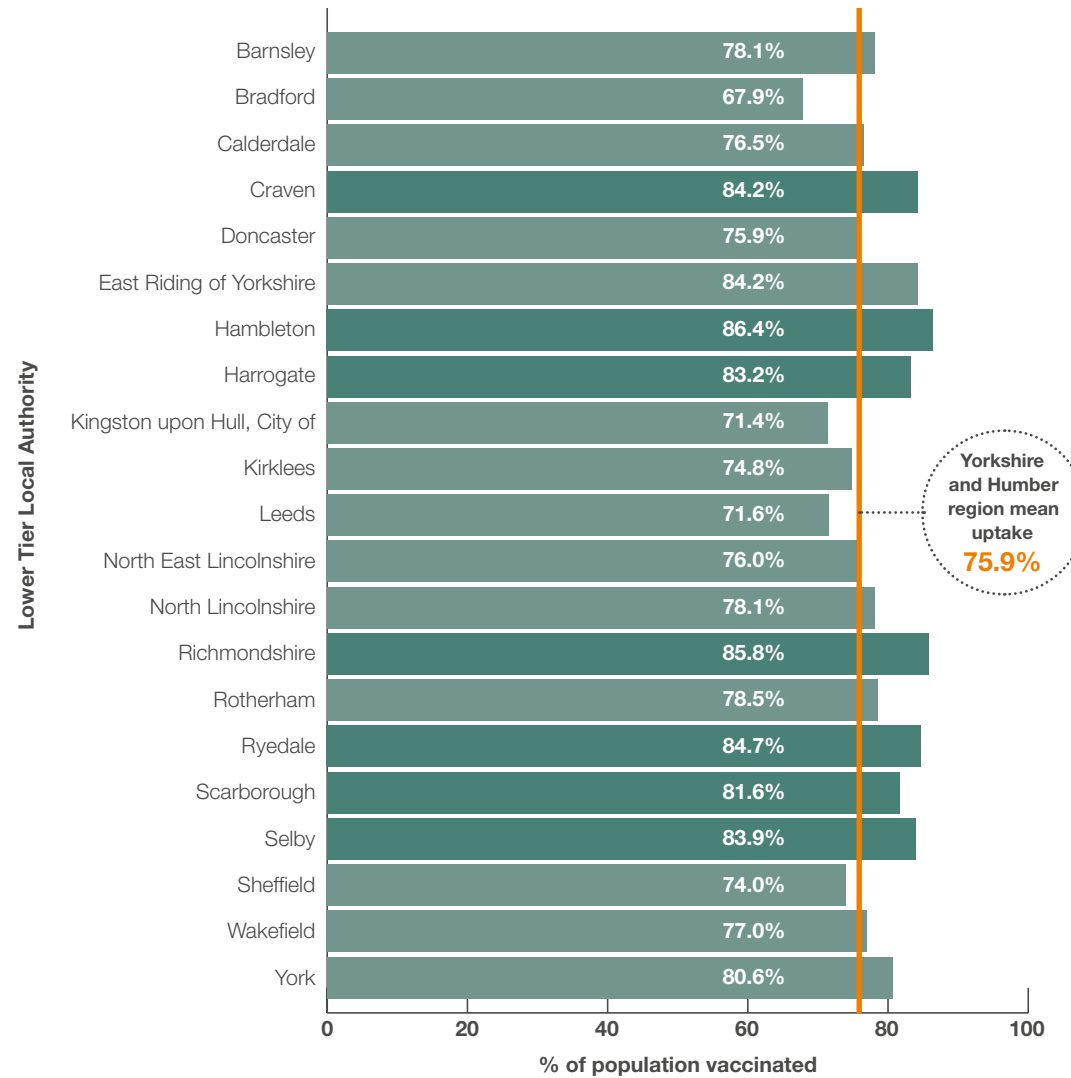
- Partnership working between the council, health services and care homes to ensure vaccination of care home residents and staff;
- Local Resilience Forum (LRF) vaccination sub-group supporting the smooth set up and operation of the vaccination sites across North Yorkshire and York;
- North Yorkshire & York Vaccine Assurance Group to review and ensure equal access and improve uptake in disadvantaged communities, including working with partners to deliver pop up clinics in target areas;
- Using interpreters and translators to engage with non-English speaking communities.

Vaccination uptake in North Yorkshire is higher than the national average and is among the highest in the region.



Page 24

Proportion of the population (ages 5+) who have received a first dose COVID-19 vaccination, by Yorkshire & The Humber local authorities. As of 30th August 2022.



Continuing the COVID-19 response**VACCINATION DAY****Poem by Gladys Hall**

A few days ago I received invitation
 To go into Harrogate for first vaccination
 So son-in-law came to collect me by car
 To go to the Show ground (which isn't too far)
 It was sign-posted well and he waited for me
 While I went to Hall 2, had injection for free.
 It was organised well and, after the jab
 And a quarter-hour wait, it made me feel fab
 To know first vaccination's over and done
 To stop the dread virus and another long run
 Of illness, uncertainty, heartache and fear –
 We look forward in hope to a much improved year.
 Without social distancing and self isolation
 The future looks bright, p'raps a summer vacation?
 But it takes three more weeks to build up immunity
 So must stick to the rules, protect our community,
 Keep pulling together, look after each other
 Whether parent or friend, granny, sister or brother.
 So perhaps it is time for a small celebration
 And rejoice in the day of my first vaccination
 And to those in the village still having to wait
 I hope you'll soon have Astra-Zeneca date.

From [Bishop Monkton Yesterday \(local history group\)](#), ['Images of Isolation' social history project](#)



COVID-19 Peer Challenge

In September 2021 we took part in a Local Government Association (LGA) Peer Challenge, exploring NYCC’s approach to COVID-19. A team of external officers and political leaders explored nine areas of our response, including governance and leadership, partnership working, and approach to care settings.

The team reviewed key documents and information before a virtual visit, during which they gathered information and views from more than 19 meetings speaking to over 120 people, including a range of council staff together with councillors, external partners and stakeholders, and community representatives.

Recommendations included:

- Page 26
- Maintain public health messages to the public and continue to develop communications with internal and external partners
 - Continue to invest in health protection and developing public health across the system
 - Embed the transformative, collaborative and empowered ways of working as part of local government reform
 - Create space for those involved in the response to reflect, recharge and acknowledge their achievements

A copy of the Peer Challenge report is available [here](#).

“North Yorkshire County Council (NYCC) responded rapidly to the pandemic with a coherent whole-organisation response, grounded in effective system-wide collaboration. The Council’s pragmatic solution-focused approach – which prioritised outcomes over organisational boundaries – has enabled delivery at pace and scale.”

“The deepening and re-purposing of existing partnerships across systems to focus on COVID-19 activity has been a key success factor in NYCC’s response.”

“NYCC’s proactive and user-led approach to engaging with care home, care settings and care users is a further notable example of the positive impact of NYCC’s relationship-based approach.”

“Continued investment in health protection will be important to capitalise on these advances and skills, as well as respond effectively to future challenges.”

“Fantastic individual – and collective – leadership and commitment have been a feature of Team North Yorkshire’s response to the pandemic.”

LGA, 2021

“NYCC is rightly proud of – and should celebrate – what it has achieved at such pace in incredibly challenging and turbulent circumstances. As NYCC and its Districts and Boroughs navigate the next stages of the pandemic, they do so whilst simultaneously managing transition to a unitary structure. This is likely to bring issues such as resilience, wellbeing, and capacity into even starker focus than for other authorities. There is nevertheless optimism that closer operational collaboration and achievements during the pandemic can provide a positive foundation to build on for the changes and challenges to come.”

LGA, 2021

Impact of COVID-19

The impacts of COVID-19 go far beyond just the infection from the virus itself. These impacts can be:

- Direct or indirect
- Short term or long term
- Positive or negative
- On individuals or on wider society
- Related to health, or related to wider factors such as education or the economy



Source: Dahlgren and Whitehead, 1991

Different people have different experiences of COVID-19. Factors such as your age, job, or health status can affect how likely you are to come into contact with COVID-19 or develop more serious infection.

The pandemic has been described as a *perfect storm for health inequalities* by the Local Government Association (LGA). These health inequalities are often underpinned by differences in the ‘social determinants of health’; non-medical factors that influence health outcomes.

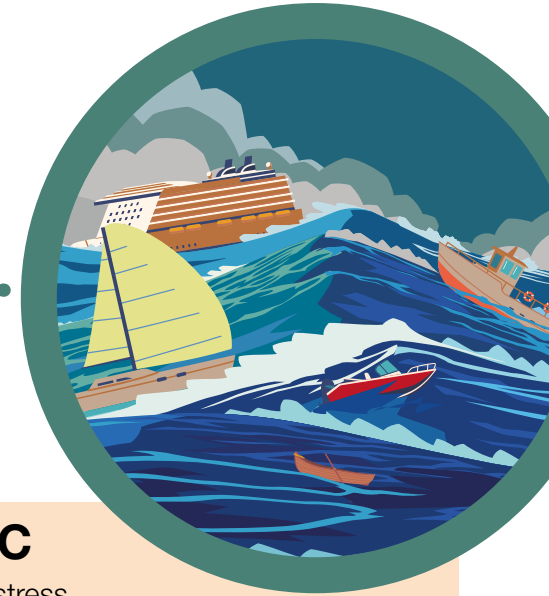
Many groups of people in our population who were already affected by health inequalities before the pandemic have been disproportionately affected by COVID-19, leading to even greater inequality.

“The pandemic has exposed and amplified underlying inequalities in society. Health Inequalities are the result. Tackling the social causes of health inequalities is even more urgent now.”

Michael Marmot, 2020

“We are NOT all in the same boat. We are all in the same storm.”

Damien Barr



Lockdown Rap YC

COVID- 19, another day more stress

When our lives are so bust we actually needed less
It's like a boring weekend, time's never been so long

There is no separation, it's all merging into one
Living at home with someone who is high risk

No hug or contact, touch is something that I miss
It felt like I was walking along the right track

Then a tornado turned me upside down, no turning back
Frustrating, annoying, stressful and tricky

Times never been so hard but we are living history
We are coping by using distraction

Relaxing and gaming gives us satisfaction
Young Carers here giving us that linking connection

With activities and distractions, they have been perfection
We feel like everything is coming back too fast

Why aren't you learning from the recent past?

Rap written by young person working with NYCC Youth Voice Team

Impact of COVID-19

Health Impacts

Direct impacts of COVID-19 infection

Long term

Short term

Long COVID

Increased risk of chronic conditions e.g. cardiovascular disease, diabetes, pulmonary embolism, atrial arrhythmias, venous thromboses

Impact on mental health e.g. Post-traumatic Stress Disorder (PTSD) following Intensive Care Unit (ICU) admission

Variable illness

No symptoms



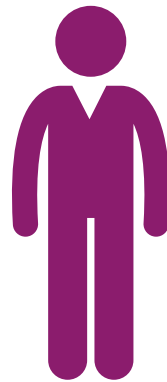
Minimal symptoms



Hospitalisation



Death



Individual

Negative impacts

- Physical and social deconditioning
- Mental health:
 - exacerbate existing conditions
 - increased loneliness and isolation
 - fear/anxiety about pandemic
 - loss/bereavement/grief
- Increased obesity levels (all ages)
- Increased alcohol consumption
- Family violence and abuse, safeguarding
- Disruption to physical activity behaviours
- Access to health and social care:
 - Suspension of secondary care
 - Reduction in planned admissions
 - Disrupted care for long-term conditions
 - Cancer screening and treatment activity reduced
 - Availability of Adult Social Care
 - Routine immunisation access and uptake

Positive impacts

Daily exercise in early lockdowns



Increased motivation among smokers to quit and stay smoke free

- Backlog in planned care, increased waiting lists
- Reduced hospital capacity to manage other patients
- Avoidance of seeking help for other conditions leading to late presentation and more severe illness
- Staff burnout, leaving jobs, redeployment

Improvements in telemedicine and digital health



Discharge to Assess



Social cohesion and Civic Participation



Reduction in social disorder



Population

Staffing shortages in health and care workforce due to infection levels

Long-term impact of staff shortages from repeated COVID-19 infections, long COVID and increased levels of other chronic conditions

Staff burnout and long-term workforce pressures

Increased levels of care needed for secondary health impacts of COVID-19 e.g. strokes, diabetes, long COVID

Impact of COVID-19

Health Impacts

COVID-19 has had a significant impact on the health of the population.

At an individual level experiences of COVID-19 infection have been varied, from those with no or few symptoms through to those who have required intensive care in hospitals or died as a result of COVID-19.

Underlying health conditions account for some differences in excess mortality, especially in people under 65. People living in less deprived areas were also shown to suffer lower rates of excess mortality due to COVID-19². Those areas with greatest improvement in healthy life expectancy over the previous decade experienced lower excess mortality³.

Regardless of the severity of infection, the risk of many other health problems such as diabetes and stroke also increases following COVID-19 infection⁴. COVID-19 infection can also lead to Long COVID, with potentially debilitating symptoms lasting for months or years.

The pandemic has affected our health in other ways too, through issues such as increased alcohol intake,⁵ increased obesity levels and worsening mental health. People of all ages have suffered from physical deconditioning: reduced physical activity, particularly involving strength and balance, is projected to increase the number of falls among people over 65 years, placing an additional burden on health and social care.⁶

The COVID-19 pandemic also indirectly affected health by disrupting access to routine care. Health services were reprioritised to manage COVID-19 related demand, leading to longer waiting lists for non-urgent care. The Health Foundation found that 6 million 'missing patients' did not seek treatment in 2020, which could mean many living with poor health for longer⁷. Health and care staff continue to be particularly affected by COVID-19 infections, Long COVID and burnout, leading to continued workforce pressures.

Effect of COVID-19 infection on health outcomes



A 2020-21 UK study of 428,000 COVID-19 patients found that they experienced an **increased risk of cardiovascular disease in the 4 weeks following COVID-19 infection** (from 14 to 77 cases per 100,000 patient weeks).

The group with COVID-19 had a **6-fold increase in cardiovascular diseases** in the 4 weeks following infection compared to a control group who had not had COVID-19, with particular increases in pulmonary embolism (blood clots in the lungs) atrial arrhythmias (irregular heartbeat) and venous thromboses (blood clots in veins).



There was also a **1.8 fold increase in diabetes diagnoses** in the first 4 weeks following COVID-19 infection compared to controls, with continued evidence of increase for at least 12 weeks before declining. Advice to people recovering from COVID-19 should include measures to reduce these risks, including on diet, weight management and physical activity.

[Cardiometabolic outcomes up to 12 months after COVID-19 infection. A matched cohort study in the UK | PLOS Medicine](#)

There is also increasing evidence that COVID-19 has long-term neurological effects, with studies showing increased risk of epilepsy, dementia and other cognitive impairments following COVID-19 infection.

[Neurological and psychiatric risk trajectories after SARS-CoV-2 infection: an analysis of 2-year retrospective cohort studies including 1 284 437 patients - The Lancet Psychiatry](#)

Impact of COVID-19

The Office for Health Improvement and Disparities (OHID) has produced publically-available data tools to monitor the effects of COVID-19 on health outcomes:

Wider Impacts of COVID-19 on Health (WICH) tool
[Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk/wich)

COVID-19 Health Inequalities Monitoring for England (CHIME) tool
[CHIME - COVID-19 Health Inequalities \(phe.gov.uk\)](https://www.phe.gov.uk/chime)

Alcohol Intake

The number of higher risk drinkers in England has increased during the pandemic, with the heaviest drinkers and those in lower socioeconomic groups increasing their consumption the most. These trends have continued beyond the 2020 and 2021 lockdowns.

Changes in alcohol consumption during the pandemic are expected to have a significant impact on alcohol-related harm in England for many years to come. Targeting alcohol-related harm as part of COVID-19 recovery could help prevent avoidable ill-health and premature deaths, reduce the impact on the healthcare system, and save money.

[The-COVID-Hangover-report-July-2022.pdf \(ias.org.uk\)](https://www.ias.org.uk/the-covid-hangover-report-july-2022.pdf)



Find out more

Click here to find out about the Wake Up North Yorkshire campaign, aimed at helping North Yorkshire people to take control of their alcohol consumption: [Wake Up North Yorkshire | Shrink Your Drink and Wake up to a Better You](#)



Childhood Obesity

Many of the policy responses to COVID-19 imposed major lifestyle changes on individuals including stay at home orders, physical distancing, and closures or restrictions in schools. Children were also affected by changes in access to and types of school meals, physical activity at school, and changes to their socialising including after school or extracurricular activities.

The National Child Measurement Programme (NCMP) report shows an overall national rise in childhood obesity of 4.5% (from 2019/20 to 2020/21), which is the biggest ever seen rise in a one-year period since the NCMP started.



Data shows that levels of childhood obesity (i.e. very overweight) in North Yorkshire have risen by around approximately 4% in just one year.

Boys have a higher obesity prevalence than girls for both age groups. Furthermore, obesity levels are more than twice as high in the most deprived areas as they are in the least deprived areas.

The impact of the pandemic on opportunities to be physically active, changes in school sports or physical activity, and changes in the way families socialise, have all contributed to increased inactivity.

Impact of COVID-19**Healthwatch North Yorkshire (HWNY)
Pulse Report: The Public Experience:
Delays to Treatment (November 2021)**

HWNY Pulse reports are quarterly snapshots of people's experiences of health and care services across North Yorkshire, with a focus on a specific theme each quarter. The focus for the November 2021 report was on delays to treatment and/or care as a result of the COVID-19 pandemic.

HWNY received feedback from local organisations and individuals with 104 valid responses to their surveys. Key issues from the report's conclusions:

- Mental health, GP services, COVID-19 and care have been highlighted as some of the priority issues facing people across North Yorkshire.
- Services are perceived as being worse or the same as before COVID-19. The issues raised appear to be even more severe for those with protected characteristics such as older people, those with learning disabilities or mental health issues.
- Treatment delays: The waiting time for treatment varies, but some people have been waiting for up to or over a year and this has severely impacted their mental health. However, no mental health or emotional support has been received by those waiting for treatment in this sample. The continued delays to treatment have resulted in some people either paying for private care or travelling to receive care.

From the additional comments about health and care services across North Yorkshire, the main themes were in line with feedback frequently being raised:

- Dentistry – including difficulties in registering with a dentist practice or making an appointment to see a dentist.
- Hospital care – including delayed discharge and lack of communication between the patient's relatives and the hospital.

[Healthwatch North Yorkshire Pulse Report November 2021](#) | [Healthwatch North Yorkshire](#)

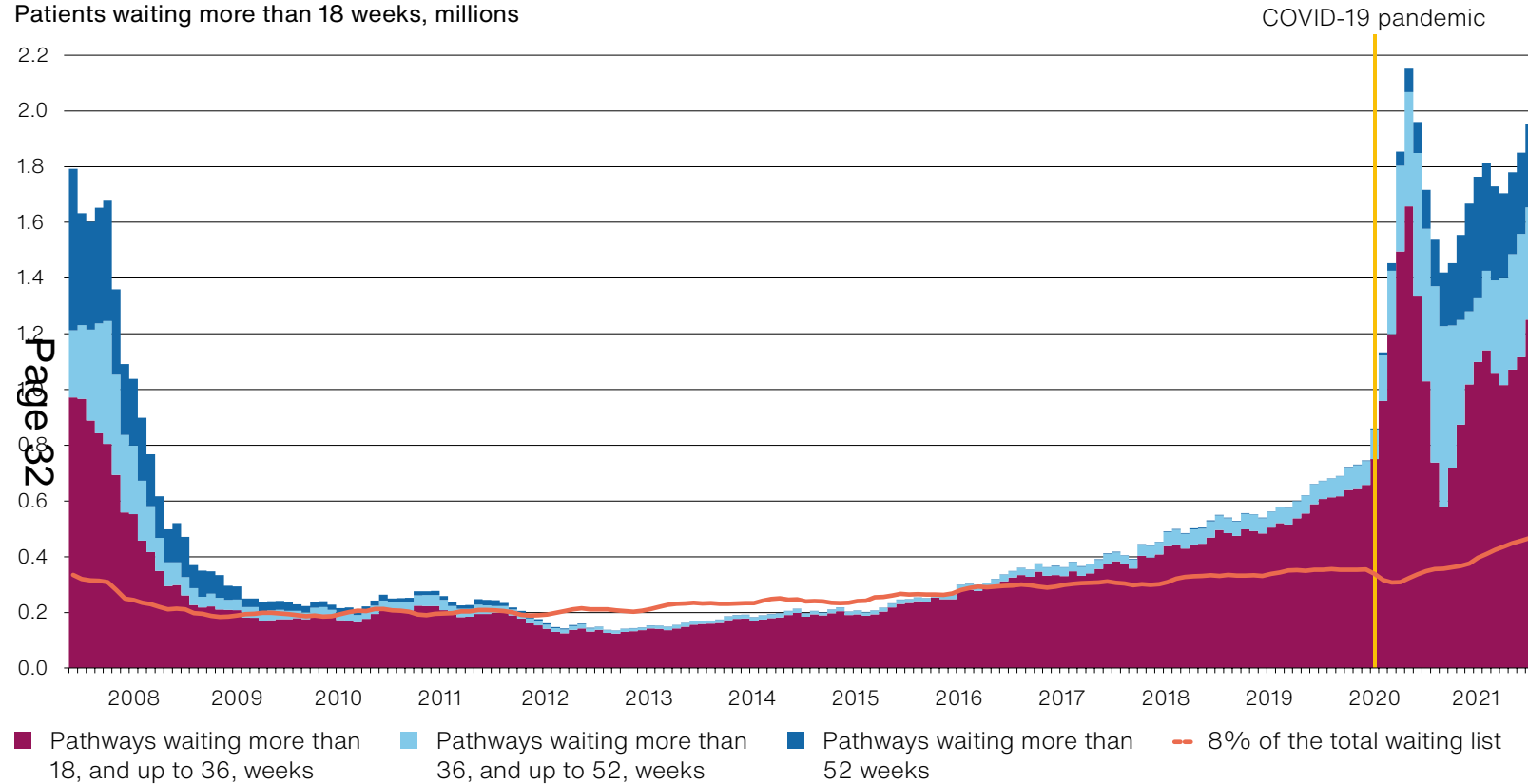


Impact of COVID-19

The number of patients waiting more than 18 weeks, August 2007 to September 2021, monthly totals

The statutory requirement for 92% of patients on the waiting list to start treatment (or to be seen by a specialist and leave the waiting list) within 18 weeks was last met in February 2016

Patients waiting more than 18 weeks, millions



Notes

- 1 The 8% dotted line shows the statutory limit for pathways above 18 weeks.
- 2 The vertical line for the pandemic is placed at March 2020.
- 3 Figures for August 2007 – September 2008 based on monthly NHS statistics as initially published and do not reflect very minor subsequent revisions made to these statistics.

Source National Audit Office analysis of NHS England's published referral-to-treatment waiting times statistics

[Department of Health & Social Care Departmental Overview 2020-21 \(nao.org.uk\)](https://nao.org.uk)

Impact of COVID-19

Long COVID

Long COVID is the common term given to ongoing signs and symptoms that continue or develop after COVID-19 infection. It is generally used to indicate symptoms and clinical signs that remain unresolved for four weeks or longer.*

Anyone can develop Long COVID following a COVID-19 infection, regardless of how significant their initial illness was. However, in the UK self-reported Long COVID is more common in people aged 35 to 49 years, females, people living in more deprived areas, those working in social care, teaching and education or health care, and those with another activity-limiting health condition or disability.

The Office of National Statistics (ONS) estimates that almost 2 million people (3% of the UK population) were experiencing self-reported Long COVID by the end of May 2022. Of these, 72% found that their symptoms had a negative effect on their daily activities, with 21% finding they were limited 'a lot' by their symptoms.

Fatigue was the most common symptom reported, followed by shortness of breath, loss of sense of smell, and difficulty concentrating.

Children and young people can also develop Long COVID. The COVID-19 Schools Infection Survey (June 2022) found that around 1 in 50 primary school pupils and 1 in 20 secondary school pupils had experienced Long COVID following their most recent COVID-19 infection.⁸

Long COVID also poses an economic threat. The Institute for Fiscal Studies (IFS) has estimated that one in ten people who develop Long COVID stop working, with sufferers generally going on sick leave (rather than losing their jobs altogether). With the prevalence and severity of COVID-19 at current levels the overall impact is equivalent to 110,000 workers being off sick.⁹

From a population perspective, people with Long COVID represent a new and significant population who are vulnerable to cardiac, respiratory and other diseases. This is likely to increase the need for specialist prevention and treatment services, and should be taken into account for future planning of health services.¹⁰

More research is needed to understand Long COVID and help develop effective treatments. In the meantime the challenges faced by people living with Long COVID should be acknowledged, with appropriate access to rehabilitation, occupational health, and welfare services provided to meet their support needs.

Find out more

*For more information on definitions of Long COVID, ongoing symptomatic COVID-19 and Post-COVID-19 syndrome see NICE Guidelines 188 – [Guideline COVID-19 rapid guideline: managing the long-term effects of COVID-19 \(nice.org.uk\)](https://www.nice.org.uk/guidance/ng188) p.5



Impact of COVID-19

Living with Long COVID

“It’s been a life changer.”

We discussed individual experiences of living with Long COVID with members of the NYCC Long COVID employee support group. Whilst each experience was unique, there were some common themes:

Symptoms were both varied and fluctuating, but there was a shared experience of severe fatigue.

“...it is very easy to get fatigued. But I think you also need to remember fatigue isn’t necessarily physical, it can be brain fatigue and that knocks your whole system down.”

Besides the physical impact, there was also an impact on mental health – made worse for some by the isolation of working from home.

“It’s that like awful feeling of when is this going to end? When am I going to start to feel normal again or what if I never feel normal again and it’s really [...] the depths of despair worrying about the future because you don’t know what the future holds.”

“I would love it if there was a genuine understanding of just how debilitating and life changing this thing can be”.

Participants wanted to see more awareness and greater understanding of Long COVID and its impacts, including faster diagnosis and support, and the development of person-centred, flexible support in returning to work.

Page 34

Further information and support for Long COVID

People who suspect they may have Long COVID are advised to see their GP, who can undertake an initial assessment and refer on to specialist multidisciplinary Long COVID clinics and other services where needed, including virtual support:



[Your COVID Recovery](#)

[Supporting your recovery after COVID-19](#)

The updated [NHS Plan for improving Long COVID services](#) contains plans for an additional £90 million investment, including more community diagnostic options, Long COVID training for healthcare professionals, and reducing inequalities in access to support.

The World Health Organization has also developed a range of resources for people living with Long COVID and for health professionals to support rehabilitation: [Rehabilitation and COVID-19 \(who.int\)](#).

Find out more

Click here to watch [Long COVID: a parallel pandemic](#)



Impact of COVID-19

Mental Health

People's mental health and wellbeing was impacted in different ways at different times throughout the pandemic. The Happiness Index Score shows that a higher percentage of respondents feel unhappy compared to 2019, with the percentage of respondents with a low happiness at its highest at the first lockdown, before decreasing and peaking again just after the third lockdown (January and February 2021).

Overall, how anxious did you feel yesterday?



[Coronavirus \(COVID-19\) latest insights - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/coronavirus)

A review of 215 studies from 30 countries found high numbers of people reporting symptoms of depression (23%) and anxiety (16%), even with milder infection.¹¹

Elevated rates of post-traumatic stress disorder (PTSD) symptoms were identified in those requiring higher intensity medical treatment in the UK, such as hospital admission (with or without ventilation).¹²

A parliamentary research briefing on the impact of the pandemic on adult mental health¹³ found that some groups of people were at higher risk of adverse mental health outcomes during the pandemic, including:

- young adults
- women
- those with pre-existing mental health conditions
- those from minority ethnic communities
- people experiencing socio-economic disadvantage
- people living alone or with children
- health and care workers and unpaid carers
- clinically vulnerable groups

Often these groups were already at higher risk prior to the pandemic; the pandemic has made these existing inequalities worse.

Referrals for children's mental health services have also increased during the pandemic, including crisis care referrals and eating disorder referrals.¹⁴

Carers in North Yorkshire reported feeling more socially isolated as a result of the pandemic.¹⁵

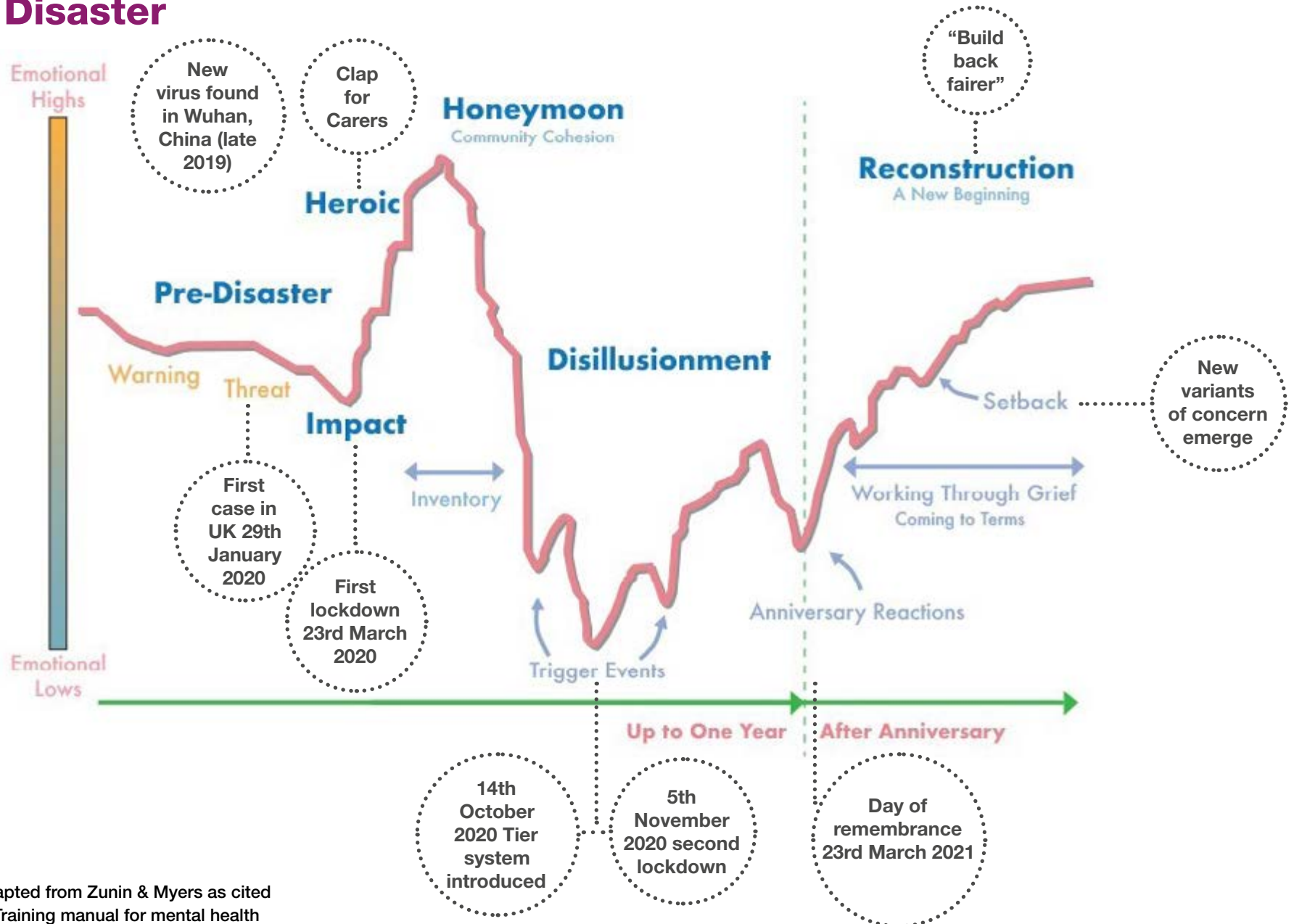
For International Day of People with Disabilities 2021, disabled people from across North Yorkshire shared their messages on the theme of 'Fighting for rights in a post-Covid era'.

Nick and Oliver shared their thoughts and experiences via video, reflecting in particular on the impacts on their mental health and how they coped with that – in Oliver's words, '*how to adapt and overcome*'.

<https://www.nypartnerships.org.uk/idpwd2021>

Impact of COVID-19

Phases of Disaster



Page 36

“Phases of Disaster” Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000. Training manual for mental health and human service workers in major disasters

Impact of COVID-19

Public Health Services

Many services that support health and wellbeing were stopped at the onset of the pandemic whilst the ongoing feasibility and need for the service was assessed. Most quickly realigned themselves to a remote offer, overcoming issues around rurality and connectivity with phone consultations and working with voluntary groups to deliver prescriptions. There were challenges around the referral process, especially whilst primary care was not seeing patients. NHS based services felt that staff redeployment to frontline services initially depleted their own services. However, one positive for NHS services was that some NHS providers had better access to PPE and training than non-NHS partners.

Many reported an increase in mental health issues from their clients, some stemming from isolation. Weekly calls were a real benefit for those isolating at home, and many became reliant on this to support their wellbeing. This, in turn, allowed them to maintain focus on the programme they were following. Clients felt that the services were far more flexible and worked better around busy lives – much easier to fit in a call rather than get to a face-to-face appointment – and gave anonymity to those who found group sessions difficult.

A number of providers hoped that lessons would be learnt about timescales for some of the programmes. The highlighting of mental health issues served as a reminder of the complex needs of some of the people accessing services, and providers were keen to stress that there are lots of successes throughout the journey that were key to achieving the final goal and should be celebrated: “Someone who had been isolated and lonely made a friend”.

The pandemic allowed people to take longer to complete some programmes as there was more flexibility – many felt that this should continue as programme timeframes could create a barrier for people who had other pressures to deal with.

Going forward, services felt a blended approach backed up with better websites was required, as this would allow people to access further resources and even self-refer online. In addition a more ‘holistic’ approach to wellbeing, which brought all services together and looked at all aspects of a client’s health, would be beneficial. One service cited a health day focusing on one ethnic group, providing a whole range of health checks with a follow up consultation on the day and signposting to relevant services.

Case Study

YorSexualHealth service

As a statutory service, new standard operating procedures were developed quickly at the start of the pandemic, resulting in the implementation of a telephone triage system via a central booking line. This was backed up with the website and social media posts ensuring clients knew how to access the service. Walk in clinics stopped but face to face delivery was available in four main hubs across the county for patients with a clinical need for an appointment. Contraception services saw a significant reduction as Long Acting Reversible Contraception (LARC) moved to emergency provision only, however a trial was put in place using community midwives and sexual health outreach workers to provide post-natal contraception.

As an NHS organisation there was better access to training and PPE than other organisations. However, many staff were redeployed within the NHS to acute settings; this had an initial impact on the number of staff available but they were among the first groups to return. Because of the effect of this deployment on their mental and physical health, though, many needed significant support upon their return.

After public consultation, online STI testing will continue. The COVID-19 pandemic has already helped the service respond quickly and efficiently to current outbreak of Monkeypox.

Impact of COVID-19

Social Care

Social care services and people in receipt of care have been disproportionately affected by both the direct effects of COVID-19 and the wider impacts of the pandemic. Due to the clinically vulnerable nature of many service users, COVID-19 mitigations such as PPE have continued in these settings beyond their use in other areas.

Even with all the precautions taken in the workplace, staff were also at risk of infection, and social care staff are the occupation most affected by Long COVID (estimated 5% of the workforce).¹⁶

In response to the need to manage safe hospital discharges to reduce pressure on the NHS, the local authority worked with partners to develop a revised operating model for Adult Social Care. This joint working continues and the learning will contribute to further health integration.

However, during the pandemic social care has faced increasing challenges retaining and recruiting staff, and some providers have ceased to operate. As well as creating additional pressure on social care services, this adds to the pressures faced by the wider health and social care system, including in relation to hospital discharges. With system partners, NYCC Health and Adult Services are continually investigating and developing innovative ways to address these issues and reduce their impact.



Healthwatch North Yorkshire – COVID-19 and Care Homes: Lessons from an unprecedented time (January 2022)



During 2021, Healthwatch North Yorkshire worked with care home providers to share their learning and innovative changes made due to the unprecedented challenges of the pandemic. The report explores the positive impact achieved by the introduction of specific initiatives and how they can provide some grounds for optimism in the future.

Three themes were identified which can be used by care practices to make use of the lessons learnt.

1. Time – changes in how time is used, including more time spent with residents, more time on infection control and more time developing personalised day-to-day care.
2. Space – changes in the use of space, including developing new spaces, transforming old ones, and changing the use of space both internal and external to the home.
3. Communication – changes in how care homes communicate with and between different groups. This includes between management and staff, staff and residents, management/ staff with family and loved ones, and residents with their family and loved ones.

“...
we’ve learnt a phenomenal amount of information through the most adverse of circumstances, and we will not let that go. Some really strong positive lessons learnt amongst some really tragic circumstances, and it almost gives you hope on reflection. They are the good things that have come out of a really traumatic period.”

(Care home manager)

Impact of COVID-19

Care Settings

We have seen excellent partnership working internally within the County Council (public health, adult social care, health and safety, quality and improvement team) and with external partners (Care Quality Commission, Community Infection Prevention Control Team, Clinical Commissioning Groups, PHE/UKHSA) to provide support on prevention and management of cases and outbreaks.

The impacts of the pandemic on social care meant that we needed to rapidly change our approaches to service delivery and outbreak management in these settings. Early in the pandemic, considerable effort went into establishing daily multi-agency meetings to guide the response, with frequent changes in guidance and changing pressures meaning that we had to be flexible with our delivery models throughout. These daily meetings facilitated the sharing of intelligence, multi-agency outbreak support, development of local guidelines, and addressing business continuity issues. The rise in cases associated with the new Omicron variant in early 2022 meant that care settings were seeing very significant increases in cases and outbreaks, with outbreaks in more than 140 care homes in January 2022. To enable teams to manage oversight and prioritisation of the high number of settings, an intelligent reporting system was implemented that fed into local dashboards. This improved flexibility in reporting for the sector and facilitated quick information and data collation for rapid triage and prioritisation of resource.

The high number of people being admitted to hospital and the significant number of outbreaks in care settings meant that there were challenges in moving individuals between settings when there were a large number of outbreak restrictions in place. As a result we established daily care home admission panel meetings, developed a template to support data collation for safe decision making, a risk assessment process for completion by the registered manager and discharge teams, timely feedback loops, and

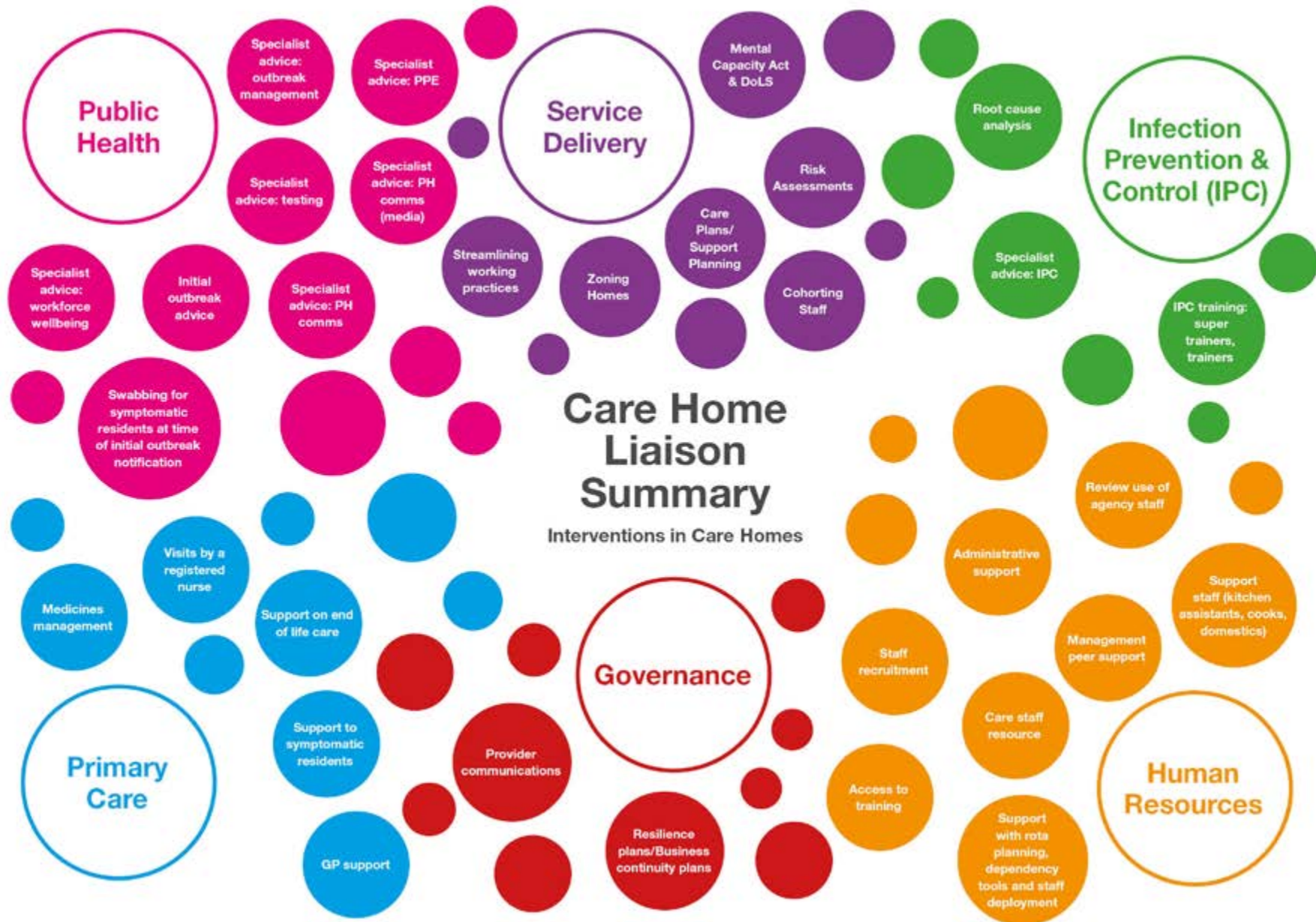
supported the broader health and care system during a time of increased pressure. The daily panel meetings involved the public health team, assistant directors of health and adult services, contracting and quality team members, infection prevention control nurses, and our care setting support workers.

Decisions made via this process enabled a proportionate approach to discharges considering multiple system risks. A total of 111 admissions were discussed, risk assessed and recorded, with the majority approved for admission.



Impact of COVID-19

'Menu of interventions' on offer to care settings as part of the COVID-19 response



Impact of COVID-19

Congratulations to everyone involved in the COVID-19 Care Settings Response, who won



the 'People's Choice' award at the NYCC Innovations Award 2021 for their hard work and innovative approach to supporting care settings during the pandemic.

Congratulations also to those involved in the care home visiting taskforce and the COVID-19 testing team, who were runners up.

Case Study

Page 41

Mr A is a veteran with mobility impairment and a range of health conditions, who had moved to North Yorkshire shortly before lockdown. Having moved so recently, he found he was feeling lonely and isolated, and in need of practical help to access shopping, prescriptions and appointments.

The Living Well team signposted Mr A to his local Community Support Organisation who were able to provide the practical help. Having learned from Mr A that he had experience of providing advocacy support and wanted to continue this as a volunteer, Living Well also liaised with the CSO for Mr A to become a Covid support telephone befriending volunteer.

The team also worked with Mr A to access a range of services including Blue Badge, bus pass, veteran charity grants, mobility vehicle and employability skills.

A conversation with one of NYCC's Living Well teams

We asked one of our Living Well teams about their experiences during the pandemic and what they thought had worked well.

The main message from the team was about the value of still being able to go out to see people in their own homes, how much this was appreciated by people who were feeling isolated and lonely, and how much more they were able to find out by visiting in person.

The pandemic has also improved dialogue with other teams and services; the widened networks and good working relationships have since been developed and maintained.

When asked about their wishes for the future, the

team felt strongly that improved access to mental health services was a top priority, including for people with multiple conditions.

Their other wishes included more face-to-face and services (particularly for older people), better access to dentists, help for people with the cost of living, more support for people with autism and more activities for working-age people.



"Because when you see somebody face to face and you see the living conditions that they're in or the emotion on their face that tells you far more than the words do [...]."

"But I think during the pandemic we had that chance to help them even more and also liaise with a lot more people than [...] perhaps you wouldn't have if the pandemic hadn't arrived. So it was a positive in that way."

Impact of COVID-19

Wider Impacts

Direct impacts of COVID-19 infection

Long term

Short term

Loss of income/job if unable to return to work

Academic attainment and career prospects

Loss of education whilst isolating

Loss of pay whilst isolating

Less healthy workforce, with long-term risks around repeat infections and susceptibility to other infections

Short term issues with business continuity due to high staff infection rates



Individual



Population

Indirect impacts of the pandemic

Negative impacts

- Furlough, job losses, increased debts
- Rise in domestic abuse
- Missed education and educational attainment
- Household income reduction
- Housing security and quality
- Digital Access
- Food security
- Impaired social attainment in children

- Widening inequalities
- Large sectors of economy shut for considerable time (e.g. hospitality)
- Disruption to education affecting social and academic attainment
- Impact on house prices in desirable areas due to increased working from home
- Economic impact, economic crisis

Positive impacts

Flexible working improving work/life balance (for those who can)

- Economic measures to support most affected groups e.g. uplift to Universal Credit, furlough scheme
- Reduction in Air Pollution
- Adaptation of business models to allow flexible working, increased focus on safe working conditions
- Climate benefits from decreased travel
- Spending more money locally including local tourism
- Digital acceleration beyond healthcare
- Increase in community cohesion in early pandemic

Impact of COVID-19

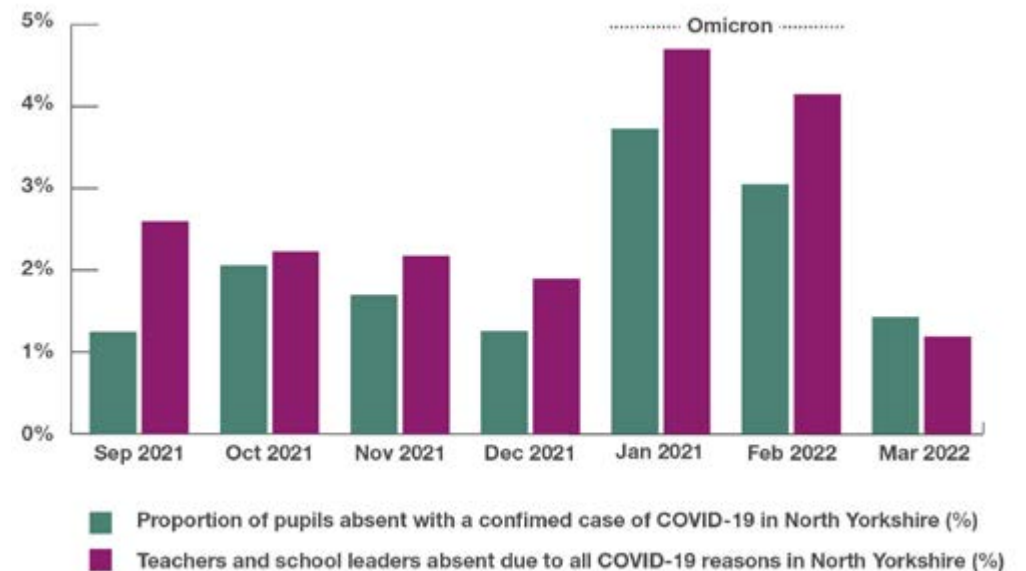
Education

The pandemic has highlighted that missed face-to-face attendance can cause significant harm to children and young people's education, life chances and mental and physical health.¹⁷ Disrupting education also risks widening the gap in future health outcomes and prospects of young people, with children from disadvantaged backgrounds more significantly affected. Maximising attendance by reducing infections in schools therefore supports both health and educational priorities.

Young people's social skills were affected as well as their educational attainment. Schools reported students suffering 'waves of anxiety', leaving them unable to leave their bedrooms let alone attend school. Students at all levels were affected but especially those in transition years, reception and Year 7, who struggled to interact in their new settings. Students with additional and complex needs in Special Educational Needs and/or Disability (SEND) settings lost the structure and stimulation the school day gave them, affecting both the students and their families.

In North Yorkshire, the proportion of pupils absent with confirmed COVID-19 in state schools between September 2021 and March 2022 ranged from 1.25% to 3.73%, whilst teachers and school leader absence rates ranged from 1.20% to 4.70%.¹⁸ Educational settings, including nurseries and day care facilities, worked tirelessly to reduce the risk of in-setting transmission, supported by the North Yorkshire COVID-19 Hub.

Department for Education attendance data for North Yorkshire state schools during the COVID-19 pandemic (N.B. data only covers schools who returned completed attendance reports)



National guidance to education settings changed significantly throughout 2021-22, including guidance on testing and contact tracing. Guidance on face coverings also varied, despite international evidence that use of face coverings had a positive impact on decreasing COVID-19 transmission in schools.¹⁹

Whilst face coverings are unlikely to be considered as a long-term prevention measure in most educational settings, providing clean indoor air (through ventilation, filtration and/or purification) will remain crucial to minimising the ongoing risk of disease transmission, in addition to continued observance of general infection control measures and increasing COVID-19 vaccination uptake in young people.

Impact of COVID-19

Summary of conversations with SEND leaders

The government announcement that all vulnerable students were expected to be offered continued face to face education meant that we were effectively expected to remain open as normal with no consideration for the complex needs and health vulnerabilities of our students. The time required to undertake individual health risk assessments for each student was huge and there was no framework for this – we were supported by the county speech and language team; we couldn't have coped without them. Many students had to remain at home on health grounds, but remote learning was not as easily accessible or appropriate for all students and many needed the specialist equipment available in school. This left families struggling with dis-regulated children in lockdown which was very demanding.

There were positives: as the number of students attending school was reduced and could vary daily, classes were combined. Staff were able to work with different students, who benefitted from mixed age classes, and more flexibility with the curriculum meant that they could experience different things. We recognised that long absences from school meant many pupils found it difficult to re-integrate back into the school routine so we introduced 're-set' days which have been so successful we now do them at the start of every term.

If there is another pandemic we hope the government would have a more thought-through response for SEND settings.

Summary of conversations with School Leaders in North Yorkshire

Understanding and implementing government guidance has been really challenging, and the short notice meant it was very difficult to plan and communicate. Added to this were high staff absences and supply agencies were unable to fill the gaps. Being a school leader felt a very lonely place at times. Supporting our staff and students' wellbeing throughout this time has been our priority; many were scared for themselves and their families – we never use the phrase 'living with COVID-19' as so many people have suffered personal tragedy or are still at risk.

Remote working worked well as we had the IT systems in place to enable this to happen and in fact the pandemic accelerated the increasing use of technology. We found that for some parents and pupils, remote parents' evenings and blended assemblies actually increased inclusion.

We do wish that the government had thought more about the effects on students' education before resuming testing and Ofsted inspections, there are huge gaps to fill and this just adds further pressure to what has been a very difficult 2 years.

Lockdown Rap 2

It came from overseas, put us into lockdown
I never thought Covid would arrive in this small town
I felt annoyed I wasn't given the information
About why we had to stay in isolation
My whole world turned upside down
In bed all day and it is night I am around
Didn't take long until I started getting bored
Our questions to the government just keep being ignored
Gaming was my way to socialise with my mates
The only way from these walls I could escape
Back to school now, my lockdown had stopped
It was a shock to my body clock
Finally going back to school, felt like a dream
Being around other's boosted my self esteem
It feels so important to be around different faces
Virtual is fine but we need to be in the same places

Rap written by young person working with NYCC Youth Voice Team

Impact of COVID-19

Conversations with young people with SEND

During the pandemic, the NYCC Youth Voice team continued to support young people's engagement via digital methods, gradually moving back to in-person sessions when this became possible. The team talked to two of their groups – Flying High and Youthability – about their feelings about the pandemic and whether there were any positives or useful learning that came out of their experiences. This is a summary of their feedback.

Flying High is a voice group for young people with Special Educational Needs and Disabilities (SEND) for ages 11 up to 25. Youthability is a one of the local youth groups for young people with SEND.

Positive experiences varied, as you'd expect with a varied group of young people, but there were some shared experiences too: appreciating the small things and quiet days more; enjoying spending time with family; opportunity to try new things including discovering new walks with family and learning new skills; learning to use Zoom and other digital options to take part in groups, classes and social contact online.

The young people talked about some of the challenges that they had experienced: the impact of the pandemic and especially lockdown on their mental health, feelings of isolation and loneliness, frustration at barriers for disabled people, finding online contact difficult and isolating.

"I still had care each week which went virtual and then I had Flying High on top and I found it easy to get used to video meetings. [...] I found it all positive as I actually ended up with more social time."

"I made connections with people that I wouldn't normally have as I was so alone and so isolated I was depressed and people reached out to me."

Many of the young people said that they appreciated face to face contact so much more now, although they valued the flexibility offered by a mix of virtual and in-person opportunities. The joy of returning to school or college was mentioned, being with friends and doing new things together. They also talked about making connections with new people and how this had helped them during the pandemic.

Asked about what has helped their resilience, the group said: being yourself, using technology, new relationships, socialising with like-minded people, family, trying new things, and getting out of the house more.

We also asked for their wishes for the future, and we're sharing some of those here:

"I wish domestic abuse service were more suitable for SEND, Better understanding for my SEND, Less judging for SEND."

"[...] more trips out; more time to relax and enjoy life; spend time together face to face more."

"For some of the group they are now seizing all opportunities they can including starting to go to more workshops and learn more about areas they are interested in such as performing arts."

"I need more inclusive education courses in the arts for SEND in my locality, More job opportunities and training opportunities and apprentices for SEND, Stop nonsense job interviews and GP fitness to work certificates to claim universal credit when you have a disability, I have a permanent disability that isn't going to improve."

Page 15

Impact of COVID-19

Word art about the impact of the pandemic and support needed, created by young people's groups working with the NYCC Youth Voice and Creative Engagement Team

Page 46



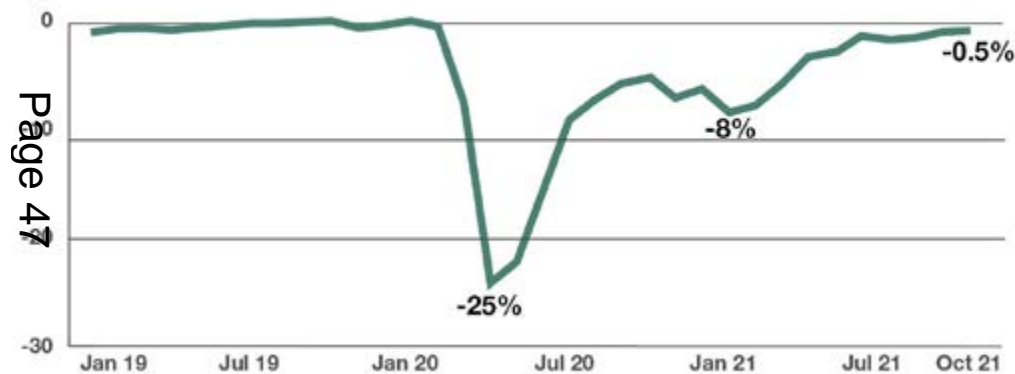
Impact of COVID-19

Economy

The COVID-19 pandemic has had a significant effect on local, national and global economies. Different sectors of the economy have been affected to different extents, with sectors reliant on social contact (such as hospitality) faring worse than others.²⁰ In North Yorkshire, at the peak of lockdown nearly 25,000 out of 32,000 jobs in accommodation and food services and 6000 out of 8000 jobs in arts and entertainment had been furloughed.²¹

GDP in Oct 2021 was 0.5% below pre-pandemic level

Real GDP level, % change compared to February 2020



Source: ONS, monthly GDP level

[Coronavirus: Economic impact - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-briefings/coronavirus-economic-impact)

The rollout of the government roadmap during 2021 saw the gradual re-opening of non-essential businesses, which involved further impacts from the need to adapt to include COVID-safe measures.

Find out more

Click here to see examples of how businesses from across North Yorkshire have adapted to the challenge of the pandemic:
[Team North Yorkshire | North Yorkshire County Council](#)



The pandemic has also presented opportunities for the local economy such as the 'Buy Local' campaign and the increase in domestic tourism (or 'staycations') leading to more local spend.

Leisure and tourism play a significant role in North Yorkshire's economy, especially in our coastal areas and national parks. Seasonal holiday parks providing accommodation, sports and entertainment facilities attract up to 10,000 visitors per week from the UK and beyond.

During summer 2021 the COVID-19 outbreak hub worked with many of our large tourist attractions to manage re-opening in a COVID-safe way in line with the national roadmap. This involved advising on COVID-19 prevention measures and supporting with managing COVID-19 cases among staff and visitors. Sites were visited by Environmental Health and Trading Standards teams who engaged with site managers to offer advice and guidance, including:

- Encourage all visitors and staff to LFD test before arriving, and providing clear advice on symptoms, testing and isolation
- Use CO2 monitors to help monitor confined indoor spaces
- Provide guidance on improving ventilation
- Better utilisation of communication methods to share COVID-19 messages e.g. websites, tannoy systems, social media
- Capping numbers of day visitors if there were staff shortages

Working with and understanding the pressures facing these businesses helped maintain consumer confidence and allowed these business to have a successful 2021 season, keeping local people in work and sustaining the North Yorkshire economy.

Impact of COVID-19

Great Yorkshire Show 2021

The Great Yorkshire Show is one of the biggest agricultural shows in England. Traditionally a three day annual event in July attracting crowds of up to 50,000 per day, the 2020 show was cancelled due to the pandemic.

The 2021 show however was due to go ahead. The initial planning assumption was that the show would occur after the relaxation of the Stage 3 restrictions on 21st June 2021. The Government decision to extend Stage 3 by four weeks meant that the show would take place under those national restrictions. We were also only just beginning to see the impacts of the Delta variant in North Yorkshire and cases of COVID-19 were increasing rapidly.

NYCC Public Health worked with Harrogate Borough Council (HBC), Yorkshire Ambulance Service (YAS), North Yorkshire Police (NYP) and Trading Standards to ensure that the show plans were updated to operate safely whilst acknowledging the challenging balance between the economy and public health. These led to a number of operational changes to allow for a COVID-19 safe event:

The show was changed from a 3 day to a 4 day event to reduce numbers on site

All tickets were to be purchased in advance on line, to ensure visitor numbers were monitored

- Safety information was widely circulated on social media as well as at the event
- One way systems and zoning were introduced in high footfall and enclosed spaces
- Visitor and staff codes of conduct produced
- A daily de-brief with all partners which enabled changes to be made based on real time data – e.g. main hall was able to increase capacity based on that day's experience.

Visitors appreciated the additional space, and the event showed what was possible when partners work together to achieve a common goal. The move to a four day, advance-ticket only show reduced traffic in the local area, improving the impact on the local infrastructure and visitor experience, which was a significant benefit, and has now become a permanent addition to the show.

Good relationships were built with all partners and improvements seen in all areas of show planning, not just COVID-19. This has continued into 2022 with initial planning involving partners from an early stage.



“The pandemic forced us to change the way we did things at the Show and there was not one section of the Great Yorkshire Show that was unchanged. This pressed a reset button on our whole operations and some of these changes were so successful, they are here to stay.

“Spreading the event over four days was met with an overwhelmingly positive response from our exhibitors, visitors and staff. Visitors felt that more space to navigate the showground made their whole show experience more enjoyable, while for exhibitors, four days and shorter hours meant they felt less pressurised.

“We look forward to organising and delivering a fantastic Great Yorkshire Show for you in 2022, which we hope will be our best yet.”

Nigel Pulling, CEO of Yorkshire Agricultural Society in 2021

Impact of COVID-19

Community

As well as affecting us individually, the impact of the pandemic has been felt by communities and wider society. Some impacts were felt more strongly by specific communities, including people from the most deprived areas and their households, ethnic minority people and disabled people. Despite this, communities themselves responded together and created increased cohesion.

In a coordinated joint effort with district councils, North Yorkshire County Council worked with 23 community organisations across the county to co-ordinate volunteer and community support in each area ensuring everyone who needs help has someone they can call on.

The role of the Community Support Organisations (CSOs) included acting as a single point of contact, signposting and coordinating local support, acting as a local hub for volunteers, providing practical support including shopping, prescriptions, interaction, meals and much more. In our last annual report there's an overview of the creation and activity of CSOs.

"I think the pandemic and aftermath showed that people need to pull together more. It's the small things you can do to show that you are thinking of others. It's a big lesson; we need each other and mankind too often forgets that. We need to make sure that now things are getting back to normal, we try not to forget that lesson as we so often do when something blows over. We need to listen to people more; we were always designed to be a collective and not an individual." **CSO recipient**

For this report, we talked to several CSOs about their experiences, and they generously shared with us their reflections. We heard from voluntary sector colleagues, volunteers and recipients, and some key themes emerged from their moving and inspiring stories from which we can learn as we move forward.

Adaptability and flexibility were essential to get support in place quickly and meet people's needs under extremely challenging circumstances:

"Being adaptable has been a key strength throughout. [...] adaptability and being creative in our approach to putting support in place when home visits and face to face contact has been limited has been essential."

"What was particularly satisfying was the way in which we were able to recognise the individuality of people and find ways of bringing in the work of other, new organisations. This led to new ways of working and delivery in ways we couldn't prior to COVID-19."

This includes taking a person-centred approach, not just to meet people's immediate needs but to develop longer-term relationships and support people to develop their confidence and capabilities:

"Although working in a person centred way before COVID-19, the impact of working this way and the value of listening during the pandemic and especially in the period as lock downs eased has ensured that continuing to work in this person centred and strengths based way will continue as services now re-commence."

Impact of COVID-19

Contributors emphasised the importance of local connections, community, neighbourhood, mutual support, working together:

“It’s all about building and maintaining connections – if we aren’t communicating with our neighbours then the chances of working together successfully are very limited.”

Reaching people that maybe hadn’t been reached before, and hearing about the challenges that they were experiencing even before the pandemic, and which were made worse by the pandemic – loneliness in particular came through in many of the stories:

Page 50

“Memorable for all sorts of reasons. Some of it is just a blur of continuous phone calls, listening to dreadful stories of how folks live even without a pandemic. COVID-19 truly emphasised that people struggle with loneliness, isolation, feelings of worthlessness, despair, helplessness and being lost in a confusing ‘spinning’ world.”

“...it was a time when these social actors were given a strong platform and gave them the ability to come to the fore in their communities; including ones where as local authorities we have sometimes found it quite difficult to reach people in a comprehensive or effective way.”

The role of volunteers, how valued they were and what they themselves gained from it – and that people who need some help themselves can also become volunteers, as they develop in confidence:

“I was just one person in a large team of volunteers and it was rewarding to work with a group of like-minded people who understood the challenge and wanted to ensure that vulnerable people in our community were not forgotten.”

“When the situation calmed down and I felt safer and the risk was reduced, I wanted to give back and so I joined Skipton Step into Action as a volunteer in September 2021.”

A great sense of pride and achievement – knowing that they were making a tangible difference to people in their community:

“Local knowledge and that feeling of community was a key ingredient – this wasn’t something we were being told to do, it was something we wanted to do.”

Impact of COVID-19

“The feedback we received not only from clients but volunteers was outstanding and very emotional. This made staff feel very important and helpful to people who were very much in need.”



Page 51



Wishes for the future

We asked contributors for their three wishes for the future – not surprisingly, many of these reinforced the value of community and working to a common purpose, of maintaining the CSO role and building on this to create improved community networks.



Spotlight On

Find out more about the Community Support Organisations' work in our 'Spotlight On' gallery [here](#)



Impact of COVID-19

Inclusion Health

Some groups of people in our population experience social exclusion, often alongside stigma and discrimination, and face barriers in accessing healthcare and other support. These groups often have multiple overlapping risk factors for poor health (such as poverty and complex trauma) and have multiple health issues, which can lead to very poor health outcomes.²²

COVID-19 has widened existing health inequalities, many of which were among these higher risk groups, including people who experience homelessness, asylum seekers and refugees, and Gypsy, Roma and Traveller communities.

Work has continued throughout the pandemic to support inclusive access to health, including COVID-19 support and access to COVID-19 testing, vaccination and outbreak management in high risk settings.

In the next few pages, you can read about work with and by some of the North Yorkshire communities who are more at risk of experiencing health inequalities. The community stories illustrate some of the barriers to accessing services, and actions to reduce those barriers.



Disability

Disabled people have been differentially affected by COVID-19 because of three factors: the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic (Shakespeare et al. 2021).

The ONS found that between 24 January 2020 and 9 March 2022 in England, the risk of death involving COVID-19 was higher in disabled people compared to non-disabled people. The table below shows the increased risk of death for more-disabled and less-disabled men and women compared with non-disabled people.

	More-disabled	Less-disabled
Men	1.4 times >	1.3 times >
Women	1.6 times >	1.3 times >

For people with learning disability, the impact was even more stark: data from the first COVID-19 lockdown identified that the death rate was 4-6 times higher among people with learning disabilities.²³

Community Stories

Refugee families' experience of the pandemic

Since 2016, North Yorkshire has been welcoming refugee families as part of the national vulnerable persons refugee resettlement programme. We talked to the County Council's refugee resettlement manager and to a women's group to find out about their experiences during the pandemic.

We heard that the Council works with partners, the Refugee Council and local volunteer groups to make sure that refugee families are supported to settle in and become familiar with 'the way we do things' – everyday life, including transport, shopping, health services and schools. This has been working well; however, as with everything else, it was disrupted by the pandemic.

Some families had arrived prior to the pandemic and started to settle in, but some arrived during and had to deal with the restrictions along with all of the disruption and trauma of their dislocation. On top of this, the pandemic meant that their resettlement had taken much longer than anticipated.

Disruption to children's education was highlighted as a concern. However, the County Council's English as an Additional Language service provided additional targeted support, and with this, the children were able to keep making progress. Schools were also supportive as many of the children met the criteria to attend classes in-person when that was possible.

There was an impact on the adults' English language learning as well, although digital access was put into place very quickly and classes moved online. There has been some positive feedback about this as it meant that classes kept going and were more flexible, but some felt that their progress slowed and they missed the in-person quality of teaching and interactivity.

The pandemic created more barriers to paid employment – fewer jobs available, particularly for people still developing their English language fluency. We heard from the women's group about their experiences of looking for work, and they expressed frustration about lack of opportunities and job-seeking support, which, they felt, did not take their circumstances into account. Another issue was that of qualifications not being accepted.

Some people were able to volunteer with the Community Support Organisations during the pandemic, and this had a very positive impact on their emotional resilience and self-esteem – they felt happy to be able to 'give back'. For several people, it also led to employment.

[Refugees take on key roles in Selby community response | North Yorkshire County Council](#)

The women's group generously shared their experiences and feelings with us, talking about English language classes, job-seeking, their children and their home countries. But what they particularly wanted to talk about was their experience of the health system and some of the challenges that they had had with accessing health care. They shared concerns about timeliness of appointments, [language barriers](#), concerns about telephone appointments, frustration at not understanding how the health system works, both good and bad experiences, and worries about being able to find dentists. As one participant said: *"It's easier to invade a country than to see a dentist."*

Their wishes for the future focused on improvements in access to healthcare, and for their children and themselves, *"a happy, healthy, peaceful life"*.



Community Stories

Working with the Gypsy, Roma, Traveller community – building on COVID-19 learning and good practice

In our report on the first stage of the pandemic, ‘Making sense of COVID-19’, we shared a case study looking at COVID-19 management and community support at a North Yorkshire district council-owned traveller site. This case study outlined how partners worked together to support the community during outbreaks and built a stronger relationship of trust with residents, which allowed wider risk-mitigation and support arrangements to be put into place. The skills, local knowledge and expertise of the partners forming the joint incident management team were crucial to success.

From this work, other needs were identified, for example around access to health services – it became clear that residents were not registered with health services despite many living with long-term conditions.

Determined to build on the COVID-led good practice, the district council drove the momentum for continued collaboration, and the partnership remains in place to improve education, health and social care outcomes for residents. This steering group is made up of public and community sector stakeholders and has helped to contribute to:

- Funding for a part time worker to support the residents on site and wider partners’ engagement
- Education and children’s services working more closely with the district council and regularly attending site to support residents
- Community grant funding for the development of children and families resources on site
- Continued collaborative partnership approach from partner services including education, housing, social care and the voluntary and community sector, all focused on improving health outcomes and reducing inequalities.

National research indicates that Gypsy, Roma, Traveller communities experience significant health, educational and socio-economic inequalities, but that there is a lack of data.²⁴

The learning from this local partnership working provides a valuable opportunity to take the good practice forward to support other traveller communities in the county, build our understanding of need, and work together to improve outcomes.



Community Stories

International Day of People with Disabilities – December 2021

The theme for 2021 was ‘Fighting for Rights in a post-COVID-19 era’, highlighting the challenges, barriers and opportunities for disabled people in the context of a global pandemic.

Since March 2020 everyone has been affected by COVID-19 and the changes brought in to respond to it. But many of these changes have had a [disproportionate impact](#) on the lives of disabled people and worsened the existing inequalities faced by disabled people.

Disabled people from across North Yorkshire shared their messages via video and writing: [International Day of People with Disabilities 2021 | North Yorkshire Partnerships \(nypartnerships.org.uk\)](#)

They talked about the mental health impacts of COVID-19, including the impact of care home visiting restrictions; the importance of being able to stay in touch, including via digital methods; the damage that labelling people can do; and the importance of speaking up and having a voice to change things for the better.



Photo from Photovoice project, Exclusively Inclusive, Craven

Supporting homeless people – The Rainbow Centre

The Rainbow Centre is a community organisation based near the centre of Scarborough town, supporting people in the community who are homeless, vulnerable or in crisis. They provide an open door, a warm welcome and practical help. Sharing stories of people experiencing homelessness with us for this report, they explained that consistency of support was essential, sometimes over a long period of time, as this allowed relationships of trust to be built up. People’s situations could be very complex and some found it very hard to sustain positive progress – making a person-centred approach, compassion and patience essential.

“We went everywhere with him. To the bank to sort out his account as he was being targeted by the local drinkers who would take his money. To the meetings and rehab services. To the housing to keep them informed about his progress. To a landlord who was willing to give him a chance. To the doctors meetings which were many. We took him for coffee and meals to help him find a new way of working. None of this would be possible if he hadn’t found the will to change through the knowledge that the support was there.”

Community Stories

People's experiences and learning about digital access during the pandemic

People's experiences of digital access has been a consistent theme in feedback, and mentions can be found throughout this report.

We have also reflected on reports produced by the NYCC Health and Adult Series Participation and Engagement Team: Digital Inclusion and Accessibility: Learning from Participation and Engagement Activity During COVID-19 (June 2021) and Healthwatch North Yorkshire's Pulse Briefing in April 2022²⁵ which explored people's experiences of using digital methods to access NHS services.

Overall, the feedback was positive – moving online had been incredibly valuable during lockdowns and COVID-19 restrictions: people had learnt new skills and confidence, including people who had had very little to do with online platforms such as Zoom previously; they appreciated the flexibility, opportunity to try new things and staying socially connected; they had been able to access essential services including GPs. For some disabled people, it improved accessibility as they didn't need to travel, and this had often been a barrier for them prior to the pandemic.

"One useful thing that has been a great help during lockdown is the video call networks which include Zoom as it has helped people get to see and say hello to old friends and make new ones too, not only in the UK but also in other countries of the world. Zoom in particular has also been used to play games such as Quizzes and Bingos on different topics. Importantly Zoom has also been used for jobs and meetings to happen on different occasions."

"I like that I have everything in one place. I can book appointments with my GP through the app, view my medical records and I also have access to my NHS COVID Pass."

However, moving online didn't work for everyone, particularly those without the capacity to access the internet, or who didn't have the kit, affordable broadband/data and support to do so.

There were also accessibility issues for some disabled people, including Deaf people. For those people, it could mean increased isolation as so much activity moved online.

"[T]here are a lot of things people don't understand regarding a deaf person's communication with people, they use up to 90% body language, facial expression all these things are missing when you do online communication. Certainly it would help to have visual text because you would be able to follow the conversation however electronic communication is a poor substitute for personal warm of people who prevents the loneliness and isolation of deafness."

Feedback indicates that people want to get back to in-person opportunities, or a mix of both online and in-person. There should be a balanced approach between digital and in-person to meet everyone's needs and be responsive to circumstances, ensuring choice and equity of access.

Community Stories

Self-advocates – speaking up for people with a learning disability and/or autism

North Yorkshire has a strong Learning Disability Partnership Board, and self-advocates have been busy all through the pandemic speaking up on behalf of themselves and others. Their voice is always very important, but particularly during the pandemic and currently as we look to learn from our collective experiences. People with learning disabilities were at higher risk of death than many other groups and the indications are that this was due at least in part to the systemic barriers to equitable access to health care.

Self-advocates learned how to take part in online meetings, which in many cases meant having to get hold of suitable kit, data, and learning new digital skills; they asked questions of the Director of Health and Adult Services in regular online Q&A sessions with other forums, and wrote letters to ministers about issues such as vaccine prioritisation.

“We have helped people speak up for themselves and helped NY gather information and feedback on current issues and develop policy and procedures, we looked at putting information into easy read so that it is accessible for people. We have made a Podcast to increase people’s awareness.”

However, for some self-advocates, the lack of in-person meetings left them feeling isolated:

“I like being in a room with people rather than being on line as I am blind it is very difficult to get on line. I felt very isolated when meetings went on line and didn’t feel a part of things...”

Self-advocates took part in regional opportunities to speak up as well, for example at a Yorkshire and Humber Public Health Network on ‘Health Inequalities and the Y&H COVID-19 response’. They highlighted how hard it is for someone with learning disability to ring 119 or 111 and answer set questions/press required buttons. They also found it hard to use home test kits and had fears of going back to ‘normal’.

Self-advocates also contributed to the NHS LeDeR action from learning report 2021-22, produced by the national LeDeR programme (this programme reviews the deaths of people with a learning disability and/or autism, identifies what could have been better and what worked well, and shares the learning): [Action-From-Learning-Report-2021-22.pdf](https://www.leder.nhs.uk/action-from-learning-report-2021-22.pdf) ([leder.nhs.uk](https://www.leder.nhs.uk))

Even as we collectively responded to the challenges of the pandemic, the planned work of the Board and self-advocates continued online, by post and by telephone, and they advocated for important issues including addressing barriers to annual health checks, accessible information, safeguarding and hate crime awareness.

You can learn more about the work of the Partnership Board here: [Learning Disability Partnership Board | North Yorkshire Partnerships \(nypartnerships.org.uk\)](https://www.nypartnerships.org.uk)

“It provided new opportunities to work on health issues with the health champions and opened up new volunteering opportunities.”

Back to in-person meetings: self-advocates talking to Public Health colleagues in Selby, September 2022



Impact of COVID-19

Environment

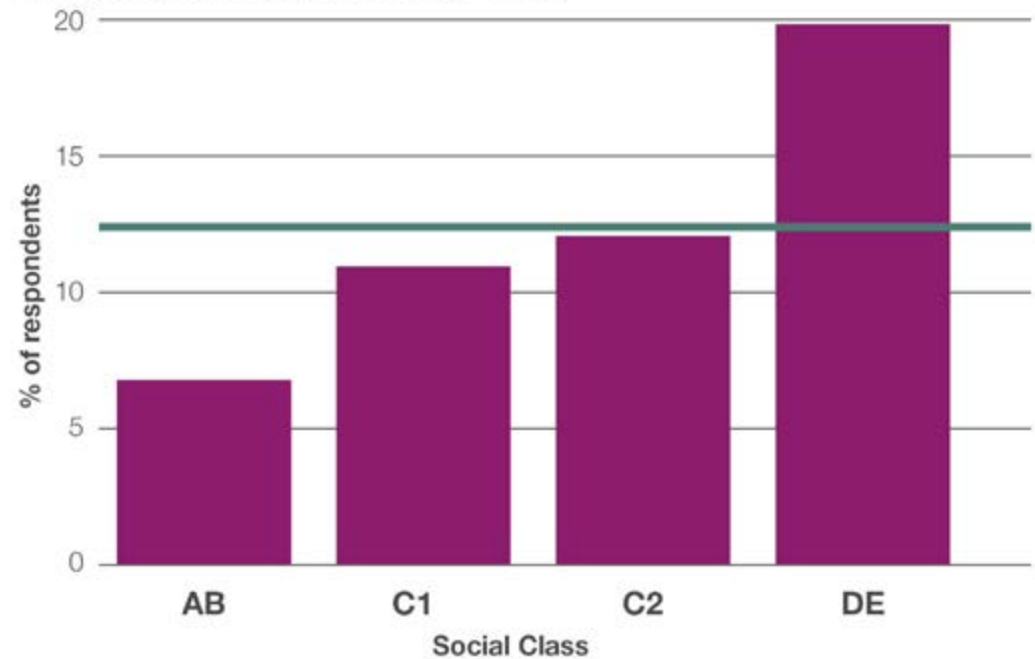
The relationship between many people and their local environment changed during the pandemic, particularly during early periods of lockdown. Due to travel restrictions, 'work from home' orders, and people spending more time at home to stay safe, there were temporary reductions seen in greenhouse gas emissions and local air pollution. The most noticeable changes in UK air quality during lockdown have been in the urban environment, particularly with reductions of nitrogen oxides (NOx) of 30-40%.²⁶

During the first lockdown there were falls in road journeys, although these were also short-lived. There were also falls in use of public transport systems, which are still recovering.²⁷ There was a significant increase in the number of people cycling in the seven weeks after the start of lockdown; however, whether this is maintained is likely to depend on necessary improvements being made to cycling infrastructure.²⁸

The environment has also played a role in individuals' resilience and strategies for getting through some of the toughest times in the pandemic, with many people exploring their local area on foot, meeting others outside, and when allowed, sharing family experiences in their own private outside spaces. However, access to gardens and good quality green spaces are not equitable across all parts of society, with variations by ethnic group, age, and socioeconomic status.²⁹

Building back 'greener' is a key ambition nationally and for local partners. Although the temporary reduction in emissions during lockdown will have had limited impact on the broader scale of climate change, by continuing to reduce carbon emissions and maintaining positive changes such as improving green spaces and active travel options we can help limit the harmful impacts into the future.

I don't have access to a garden (self-reported) by social class 2014-2019



AB: higher and intermediate managerial, administrative and professional workers, **C1:** supervisory, clerical and junior managerial, administrative and professional workers, **C2:** skilled manual workers, **DE:** Semi-skilled and unskilled manual occupations, Unemployed and lowest grade occupations.

Source: Access to gardens and public green space in Great Britain, Office for National Statistics (from Natural England – Monitor of Engagement with the Natural Environment Survey)

Impact of COVID-19

Green space – reflections from our community conversations

In our conversations with people and community groups, we heard how important exercise and access to green space became, and that people want to continue this.

“COVID-19 and the experience of lockdown has encouraged some of the group to try out new things such as going out walking as a family more, as they used to do this in lockdown and have continued exploring new routes and discovering new walks to do together.” (Youthability group)

“I am going to keep doing gardening which I started doing in lockdown” and “When I walked for my daily exercise in lockdown I really enjoyed it and so I have kept doing it.”

(Selby self-advocates)

Skipton Step into Action:

“Our Ground Yourself in Green project (nature-based activities in Aireville Park) was amazing – this was the perfect project at the perfect time enhancing connections and improving individual wellbeing.”

“...it became very clear that these outdoor spaces were going to be really valuable to our residents. They were safe spaces to get out for fresh air, for a change of scenery, for visiting. ... the laughter and fun coming out of the front garden at the home was amazing. So those spaces, and developing those spaces has been a great positive for us. And we wouldn't have developed them to that extent without the trigger of what's happened in the last year.”

Healthwatch North Yorkshire report, COVID-19 and Care Homes: Lessons from an unprecedented time (January 2022)

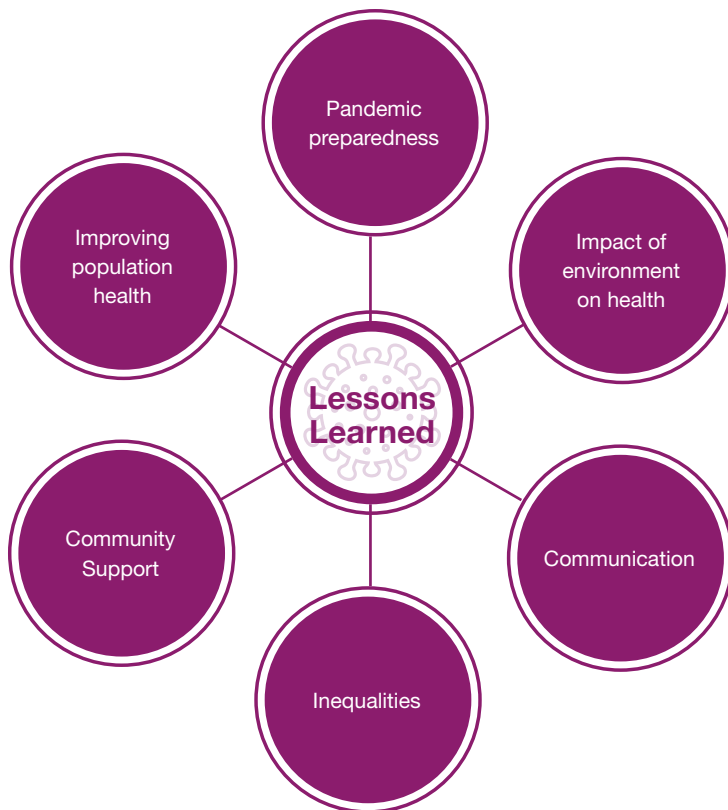


Lessons Learned

We have learned a great deal through COVID-19 about how to respond to a pandemic. However, we have also learned about ourselves, our society, what we value and what is valuable in terms of protecting and improving health and wellbeing.

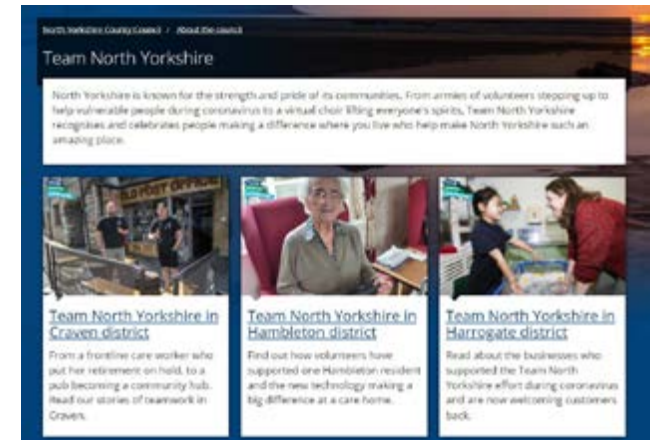
The COVID-19 pandemic is not over, and it will take years for the full impacts on both health and on wider society to be fully realised. We have been in a continual process of learning and adapting our response since the early days of the pandemic; this report represents the next steps but we will still be learning and adapting for many years to come.

Page 60



Whilst the impact and effects of the COVID-19 pandemic on everyone – individuals, communities, statutory and provider organisations, businesses – are undeniable, it is also important to recognise the effort, commitment and work that emerged, both in spite of and because of the pandemic. As a local authority, North Yorkshire County Council is committed to its statutory responsibilities of improving and protecting the health and wellbeing of the people of North Yorkshire and, in doing so, a great story of partnership working throughout the response to COVID-19 has emerged.

[Team North Yorkshire | North Yorkshire County Council](#)



Lessons Learned

Pandemic Preparedness

The risks to health, the economy and society from pandemics have long been recognised. Changes in climate, land use and habitation will only increase the risk of future pandemics by presenting more opportunities for new disease transmission from animals to humans.³⁰

Existing pandemic plans need updating in light of lessons learned from COVID-19. Nationally the government has produced a report on [Coronavirus: lessons learned to date](#), and has initiated a COVID-19 Public Inquiry to look at the overall national response, including health and care sector and economic responses.

Other countries such as China and New Zealand have had very different approaches to pandemic management. Looking at international examples, and the wider global response to the pandemic through the World Health Organization and other international groups, will also help identify lessons that can be applied locally, nationally and internationally.

The Local Government Association peer review highlighted the need for continued local investment in health protection. Maintaining robust health protection assurance processes, including training, monitoring and reporting as well as response, will be crucial to mitigating future threats.

Key to this is maintaining a system-wide approach to health protection that unites all the relevant partners, including local authorities, UK Health Security Agency (UKHSA), NHS, Infection Prevention & Control and Local Resilience Forum colleagues. Each organisation should know and understand their own role and the processes by which we can work together. Working together as 'Team North Yorkshire' has been a definite benefit of the COVID-19 response, and sustaining these relationships through the ongoing restructures of local NHS services, local authorities and national public health agencies will be vital.

Good partnership working cannot be achieved without an effective workforce. The pandemic has clearly shown that frontline staff working long hours in the face of significant trauma leads to poor health and wellbeing, including risks of stress and burnout.³¹ Making sure mechanisms are in place to support staff both during and after significant events is crucial.

COVID-19 has once again highlighted the importance of vaccinations in managing infectious diseases. However, there is a risk that concerns about vaccination which have surfaced during the pandemic will have a negative impact on uptake of routine vaccinations for other serious infectious diseases such as polio and diphtheria. Clear, accurate information is needed to allow people to make informed decisions, with particular support offered to groups with lower uptake who are often at the highest risk of preventable diseases.



Lessons Learned

Improving population health

COVID-19 has disproportionately affected people who have underlying health conditions, whether through more severe outcomes from COVID-19 infection, reduced access to health care, or through the impact of shielding measures.

The COVID-19 pandemic has also affected many of our behaviours, including those that have an impact on our health such as how much alcohol we drink, how much exercise we do, and how much positive social interaction we have. Whilst some of these impacts may be short-lived, some have become ingrained behaviours. For behaviours that have a negative impact on health, individuals may need to access support to avoid the risk of long-term health consequences.

Preventing ill health, whether from infectious diseases such as COVID-19 or other causes, is a core part of public health. The pandemic has shown that continuing work to improve the health of the population is vital, both through targeted services and wider population health measures.

Health Services

Whilst North Yorkshire still faces a number of issues around digital connectivity there were positive and negative sides to moving services online. Many people found that the new flexibility that this created allowed them to fit appointments and consultations around their lives without travelling and allowed the more rural residents with no easy access to transport to participate in the programmes. However, there still has to be access to prescription services for all. During the pandemic agreements were made with some pharmacies or for voluntary organisations to deliver prescriptions but there needs to be some provision in place for this going forward.

A blended approach to services is favoured as it is highlighted that there are a number of circumstances where a face to face approach is required. There was a clear link between mental health and other health issues, for example weight management and smoking, and a key benefit for those attending the programmes was the opportunity to socialise. The online service allowed people to build their confidence before attending a group.

For many young adults and the working age population there are still many hidden health inequalities when accessing health services. Much health support during the pandemic focused on elderly people, disabled people, people who are immunosuppressed, and those who were unable to leave their homes, with many voluntary groups assisting with a wide range of health care appointments. However, there was little support for the working age population and young adults, many of whom had no transport – vaccination centres often not on bus routes and not open in the evenings – and many GP surgeries using online forms that were only accessible during practice opening hours.

Access and information about contraceptive service was limited, highlighting the need for more localised access. Free emergency contraception was only available in certain pharmacies in larger towns – leaving the isolated rural residents facing a long journey or paying for prescriptions. Young adults did not have access to the sexual health and contraceptive services they would normally have in schools and colleges.

Improving use of digital technology going forward was favoured by all, including better and more interactive websites which gave quick access to information, self-help tools and self-referral to services. However, there is no ‘one size fits all’ approach that works best for everyone. Increased use of digital solutions would also require improvements to digital literacy through more equitable access to devices and networks and better training for those less confident using technology. Whilst this may enable access for many it cannot completely replace face to face appointments which need to be easily accessible where required.

Lessons Learned

Impact of the Environment on Health

The pandemic has highlighted how the nature of both indoor and outdoor environments can have a significant impact on health. There have been positive impacts from having accessible, local green spaces, which have supported both physical and mental health and wellbeing. However, we have also seen the significant impact of how physical environments can aid transmission of disease, particularly through poor air quality.

Public health has previously tackled clean water supplies as part of improving sanitation, to protect against diseases such as cholera. We now need a new push on delivering cleaner air, including improving indoor air quality, to protect against diseases spread by airborne pathogens, and other airborne particles that cause harm to health.

Page 53
Spotlight on

Click here to discover examples of historical infection control measures



Indoor air quality

Understanding how COVID-19 is spread helps to demonstrate the importance of good indoor air quality. Airborne transmission of COVID-19 happens when an infectious person emits small, virus-containing particles when they cough, sneeze, speak or breathe. Because they are so small, aerosols can linger in the air for long periods, particularly in poorly ventilated indoor environments. Another person can then contract the virus when these infectious particles are inhaled.

Improving indoor air quality is an effective way of reducing the risk of COVID-19 transmission. An Italian study found that efficient ventilation systems in schools reduced the risk of transmission by 82%,³² whilst research at

Addenbrooke's hospital in Cambridge found that using air filtration machines on COVID-19 wards removed almost all traces of airborne virus.³³

Improving indoor air quality has other health benefits besides reducing COVID-19 transmission. Exposure to indoor air pollutants such as mould, allergens, smoke and chemical vapours can cause respiratory diseases, heart disease and other illnesses.³⁴

A 2021 report commissioned by Sir Patrick Vallance to identify interventions needed to reduce infection transmission in various indoor spaces concluded that mandating ventilation improvements and other forms of disease control in public buildings could save the UK economy billions of pounds each year.³⁵ Seasonal respiratory infections, even without a pandemic, cost the UK around £8bn a year in disruption and sick days. In the event of another severe pandemic, the societal costs could be as high as £23bn per year. Implementing improved ventilation in all buildings could save £3bn a year.

Indoor air quality can be improved using different methods such as ventilation, filtration and air purification to remove harmful particles from the air.

Opening windows to increase ventilation, replacing indoor air with outdoor air, is the simplest and lowest cost method. However, there are limitations in areas with poor outdoor air quality, or when the outdoor air temperature would cause significant discomfort.

"We spend most of our time in indoor environments and making these healthier and more sustainable spaces will have wide benefits to our public health, wellbeing, and the economy. This will require action." – Sir Patrick Vallance, UK Chief Scientific Adviser

[Infection resilient environments, Royal Academy of Engineering, 2022.](#)

Lessons Learned

Engineering solutions to provide mechanical ventilation, purification or filtration systems in indoor settings can be more expensive; however, there are lower cost options such as portable purification or filtration devices that are also effective.

Find out more

For more information on ventilation, air purification and filtration and the use of CO2 monitors visit:

[Ventilation to reduce the spread of respiratory infections, including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Overview – Ventilation in the workplace \(hse.gov.uk\)](https://hse.gov.uk)

[Air Cleaners, HVAC Filters, and Coronavirus \(COVID-19\)](#)

[Independent SAGE practical guide to creating safer air](#)

[Clean Air Crew](#)



Many parts of the world are already acting to improve indoor air quality. Belgium has agreed a ‘ventilation plan’ requiring public indoor spaces to have air quality risk assessments and publicly display CO2 monitor readings to give patrons real-time air quality data.³⁶ In Canada, every classroom in Yukon has been provided with a HEPA air filtration unit.³⁷

In the UK, all state-funded education settings have been provided with a CO2 monitor to help staff identify where indoor air quality needs to be improved. However, further support for schools and other high risk settings is needed to help provide mitigation for areas where poor air quality is identified.



Public air quality monitoring of cinema screens in Japan (source: Twitter @NOGjp)

Risk assessments for indoor air quality should take account of different sources of pollution, the presence and activities of occupants and the presence of products and materials in the setting. Monitoring the concentration of CO2 indoors in occupied areas* is key to ensure it remains within acceptable levels. Appropriate mitigation measures such as ventilation and filtration with HEPA filters should be put in place in response to the risk assessment and CO2 readings.

***CO2 monitors use exhaled CO2 as a proxy to measure ventilation. In unoccupied areas they will therefore have no effect.**

Lessons Learned

Inequalities

Health inequality already existed prior to the pandemic, linked to socioeconomic inequalities; however, COVID-19 and its containment measures have widened these existing inequalities. The health, social, economic and environmental impacts of the pandemic have affected everyone but have not been felt equally.

The World Health Organization has identified three mechanisms for pandemic-related health inequities in people in vulnerable social and economic situations:

- **1. Unequal effects of infection and severe illness**
e.g. more likely to suffer more serious health impacts if infected because of greater susceptibility to pre-existing health conditions, or worse access to the health system
- **2. Unequal effects of containment measures**
e.g. more likely to work in customer-facing services and so are more exposed to risk of infection
- **3. Unequal consequences of socioeconomic impact**
e.g. increased risk of furlough and redundancy exacerbating economic inequity

[WHO-EURO-2020-1744-41495-56594-eng.pdf](https://www.who.int/europe/publications/item/WHO-EURO-2020-1744-41495-56594-eng.pdf)

Page 65

People experiencing health inequity, such as refugees, people experiencing homelessness, and people in lower socioeconomic groups, are the same people who will be adversely affected by other key challenges to health such as the cost of living crisis, and so may be facing multiple simultaneous challenges to health.

The indirect impacts of the mitigation measures put in place by the government to reduce the spread of COVID-19 have disproportionately affected those most vulnerable in society. For example, school closures led to a generation of children losing out on months of education, with children from more deprived households having been left at a greater disadvantage to continue their learning from home.³⁸

Build Back Fairer: The COVID-19 Marmot Review

The COVID-19 Marmot Review identified the need to 'build back fairer' following the pandemic to tackle damaging health inequalities.

Key lessons learned include:

- A socially cohesive society with concern for the common good is likely to be a healthier society
- Need to increase investment in public health and economic and social infrastructure
- Need to recognise the value of contributions made by low paid, front line workers
- Long-term policies are needed to help reduce inequalities
- Housing is a critical determinant of health

[Click here to read Build Back Fairer: The COVID-19 Marmot Review](#)

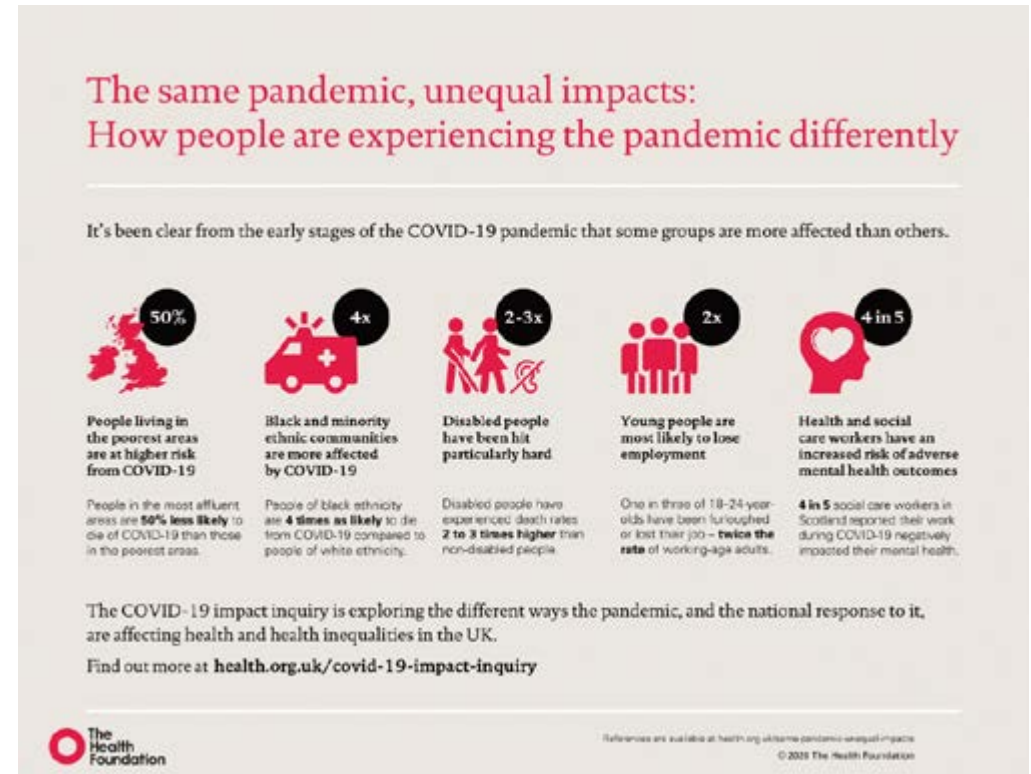
Lessons Learned

We have clearly seen the impact of poverty on people's ability to comply with COVID-19 guidance, and learned that extra support is needed to address the issues that are of more concern to these individuals than COVID-19 itself. As part of our outbreak management we found that financial concerns were a key driver of people continuing to work when they should have been in isolation. By attending work whilst infectious the infection could then spread to the rest of the workforce, who were often in the same financial position. This was most notable for those workers with low wages who were on Statutory Sick Pay (SSP) only and were unable to benefit from government support; those who were enabled to isolate on full pay fared better.

For North Yorkshire in particular, we learned to adapt our response to the pandemic to ensure that the rural nature of large parts of the County did not create additional barriers to access COVID-19 support. For example, we had to adapt the standard COVID-19 testing model of having a small number of large testing centres in urban areas to provide multiple mobile options that could travel across the County to rural areas.

Similar issues were seen with access to vaccination sites; more sites opened up across the county as the pandemic progressed, but additional services e.g. voluntary transport provision were required to expand access to those unable to travel, and weekend clinics were added to help enable working age population to attend.

In some ways the more blended approach to service provision seen in the pandemic has enabled services to reach more people through online or phone consultations, mitigating the need for travel and offering more flexibility to fit appointments in around other commitments. However, although this has helped accessibility in some groups it has also widened inequalities for those who are unable to access networks, devices and IT skills.³⁹ This doesn't just affect health services – a high volume of health and other public information, and also social interaction, has also moved online during the pandemic, posing risks to health literacy and social isolation for those who are not digitally connected.



Lessons Learned

Community Support

The pandemic has shown us the immense value of the support that can be offered through communities, and the benefits of investing in creating strong, resilient communities. Community Support Organisations and volunteers have been at the heart of the COVID-19 community response, and have demonstrated the value of taking a compassionate, flexible approach to 'just getting it done'. Having a strong community infrastructure and supportive social networks are essential local assets that help people withstand and adapt to shocks.

It is clear that when we talk about 'the community' we are talking about a patchwork of different communities across North Yorkshire. Each community may look slightly different but all add value in terms of local support offered to residents.

Often this support has been crucial in enabling people to adhere to COVID-19 guidance, for example through delivering shopping and medication to people shielding or in isolation. Financial support has also been available through the Local Assistance Fund to support vulnerable individuals in our communities.

Whilst the pandemic has increased community cohesion in some areas, other people have needed support to re-integrate into their local communities after a period of social isolation. We have learnt that not everyone is as comfortable re-starting previous activities, and support should be given to those who need it to reconnect.

Maintaining this level of community engagement after the pandemic will be important. Work is ongoing to develop the CSOs across North Yorkshire; upskilling the voluntary sector to play a greater role in partnership working will provide resilience when faced with similar challenges in the future.

North Yorkshire Local Assistance Fund (NYLAF)

NYLAF is the county council-managed fund to support vulnerable adults to move into or remain in the community, and to help families under great pressure to stay together.

Last year (2020-21), NYLAF received 8,343 applications. 89% of these applications were approved, with 13,370 individual items provided to individuals deemed most vulnerable in our County. The total grant spend was £1,007,833.76, and the majority of awards were for food vouchers (44.7%) and energy vouchers (33.3%). Food and energy voucher application volumes increased by 29% compared to the previous year.

In October 2021, NYLAF received a £350,000 'top up' from the Government's Household Support Scheme (HSF). This allowed for fourth time applicants to be supported for the first time through the Scheme (and has been extended to end September 2022).

Consistently, the two core 'vulnerability' groups supported through this Fund are people experiencing mental health problems and homelessness, and Scarborough District continues to be the area with the most awards from the Fund, followed by Harrogate.

[Local assistance fund | North Yorkshire County Council](#)

"People were 'scared' of going out again and it was important to be encouraging and talk through the issues they were concerned about, even though staff were also anxious at times. But by encouraging people to take small steps at a time, building confidence to go out achieving small tasks and slowly building back, we helped people restart doing the things they used to."

Age UK North Yorkshire & Darlington
Covid-19 reflective conversation

Lessons Learned

Communication

Throughout the pandemic we have used numerous methods to communicate COVID-19 messages, including social media, press briefings, mobile messaging boards, pavement stickers and many more.

Key lessons learned on engaging with the public include:

Health literacy is important –

we need to make sure people can access the appropriate information and that any information provided is accurate and understandable. People are naturally more interested and engaged with health messaging during pandemics. However, there are significant risks associated with inaccurate information or deliberate misinformation, which has also seen an increase during the pandemic and is easily accessible and rapidly spread through digital media.



There is a clear need to use a **mix of media channels and formats** to target different audiences in order to ensure that key messages travel across the whole population, rather than defaulting to a single format as standard. This should include a combination of digital and print media as well as both formal and informal messaging. Different age groups and social groups will be more responsive to different channels, and will respond to different styles of writing (e.g. formal articles in print media vs. informal Instagram posts).

All communications need to be accessible.

Early in the pandemic we were having to champion the need for, and often create our own, accessible information based on national communications and guidance. This did improve throughout the pandemic; however, whilst easy read and translated versions of key documents are now more common they are often not available until several months after the 'standard' guidance is produced. Responsive access to interpretation services is also essential to reach key populations in a timely manner.



Messages need to be consistent

without becoming too 'stale'. Many people found the frequently changing national messages to be very confusing, which may have had a negative impact on understanding and compliance. Messages between different organisations also need to be consistent. We were able to co-ordinate messaging across partner organisations through the North Yorkshire Local Resilience Forum communications group and by hosting shared media briefing sessions.

Language is important. Behavioural science approaches were used during the pandemic (for example the [Yorkshire & Humber 'COVID explained' campaign](#)) to target appropriate messages at appropriate audiences.

We have also improved our communication with partners throughout the pandemic, from transitioning meetings onto Microsoft Teams and other virtual platforms to improved data sharing. This has been a positive step to help facilitate ongoing partnership working beyond the COVID-19 response.

Lessons Learned

“Living with COVID-19”

The national “Living with COVID-19” plan announced in February 2022 shifted the balance from government-enforced COVID-19 mitigations to focusing on individual responsibility. Since then cases of COVID-19 and the subsequent burden of illness have remained high throughout the UK, including North Yorkshire. This has continued to bring disruption to our local hospitals, schools, and businesses, especially in the first half of 2022.

The pandemic has shown that in order for individuals to take personal responsibility they each need to be aware of risk, and how it varies across different circumstances. High volumes of visible communication during the earlier phases of the pandemic increased the understanding of risk within our communities. However, the now-reduced availability of information, including a reduction in data presentation and reduced testing, means assessing risk has become more difficult.

As part of the individual responsibility approach, each individual has to understand risk and how to then mitigate against these risks. We have learnt what works in terms of reducing disease transmission: clean environments (including clean air), wearing face masks when breathing shared air, isolation (and crucially support to isolate), good hygiene, and vaccination. None of these are new – all of these measures have been used in various forms to tackle previous outbreaks of infectious disease.

However, we have seen that these measures have worked more effectively when there has been a national mandate (with support provided to assist compliance), high levels of perceived risk (especially pre-vaccine), clear messaging and an acceptance of measures as part of social norms. As these have lessened further into the pandemic, compliance has decreased. Similarly, visible adherence to such measures, which are still very much recommended in government guidance, is no longer widely seen (for example in the media). This again makes empowering individuals to carry out appropriate action more challenging.

Preventing the spread of COVID-19



1. Keep the air clean

Open windows to let fresh air circulate. Use air filtration or purification systems indoors where available.



2. Wear a face covering in enclosed, crowded spaces

Better grades of face masks will offer better protection.



3. Stay at home if you are unwell

If you have symptoms of COVID-19 take a COVID-19 test if you are able and avoid contact with other people, particularly those who are at higher risk of severe disease.



4. Maintain good hand and respiratory hygiene

Wash your hands regularly with soap and water, or use hand sanitiser if washing facilities are not available. Cough or sneeze into a tissue rather than your hand, and dispose of the tissue in a bin.



5. Get vaccinated

Make sure you are up to date with COVID-19 vaccinations, including booster doses where eligible.

Lessons Learned

The focus on individual responsibility for individual health overlooks the fact that for COVID-19 (and other infectious diseases) individual behaviour affects the health of other people too. Even for people who judge their own risk to be low, they still have the ability to cause serious harm to others if they do not continue to act to reduce transmission.

Some people have even greater capacity to affect the health of others, for example business owners who can act to improve indoor air quality, maintain good infection-control practices and offer sick pay to keep infectious staff at home. As we have seen, the benefits to individuals, employers, and society are broader than just health benefits.

Societies function best when people look out for their neighbours, not just themselves. Making decisions on behaviours for the benefit of others as well as yourself is one way of continuing to foster the community spirit and connectedness demonstrated during the pandemic.

As we move forwards with living with COVID-19 we must acknowledge the challenges and the lessons we have learnt, whilst keeping the good practices that have developed. The partnership approach developed through COVID-19 should be applied to wider issues that have a significant impact on the health of the population, including climate change and the cost of living crisis.

Throughout 2022 we will continue to support partners and communities to adapt to a world where 'living with COVID-19' means living with an understanding of the risks from COVID-19 and how to avoid them, rather than living through multiple bouts of COVID-19 and Long COVID and all the associated harms these bring.

Recovering health and the economy together

The COVID-19 pandemic has been one of the biggest challenges faced in the last year. However, it has not been the only challenge, with the current economic crisis and impact on cost of living forecasted to have a very significant impact on health and wider society.⁴⁰

Even before COVID-19, health inequalities in England were estimated to cost the NHS an extra £4.8 billion a year, and cost the UK between £31 and £33 billion in lost productivity.⁴¹ Whilst the pandemic has clearly had a significant economic effect, the concurrent impacts of other economic stressors such as Brexit and rising inflation rates are also responsible for the current economic challenges faced.

The Institute for Public Policy Research has predicted an increase in unemployment from 3.9% at the beginning of 2020 to 9.8% in 2021⁴¹. The retail, tourism, entertainment and hospitality sectors have been the most hard-hit by the economic fall-out of COVID-19 – all of which disproportionately employ low-income workers, women, ethnic minority communities and young people. In employment terms accommodation and food service activities are also extremely significant in North Yorkshire. In Scarborough Borough this sector accounts for 19 per cent of all jobs and 17.4 per cent in Richmondshire.

That compares with 7.6 per cent nationally. Along with wholesale and retail these sectors account for over 25% of the county's jobs in what are traditionally low paid occupations⁴².

When looking to 'build back fairer' as part of pandemic recovery, inclusive and sustainable economic approaches are needed at a national and local level to reduce inequalities that have been made worse by the pandemic.

“As the UK emerges from the COVID-19 pandemic it would be a tragic mistake to attempt to re-establish the status quo that existed before – a status quo marked in England, over the past decade, by a stagnation of health improvement that was the second worst in Europe, and by widening health inequalities.”

Build Back Fairer: The COVID-19 Marmot Review

Lessons Learned

To create a society where everybody can thrive, we need all of the right building blocks in place: stable jobs, good pay, quality housing and good education.

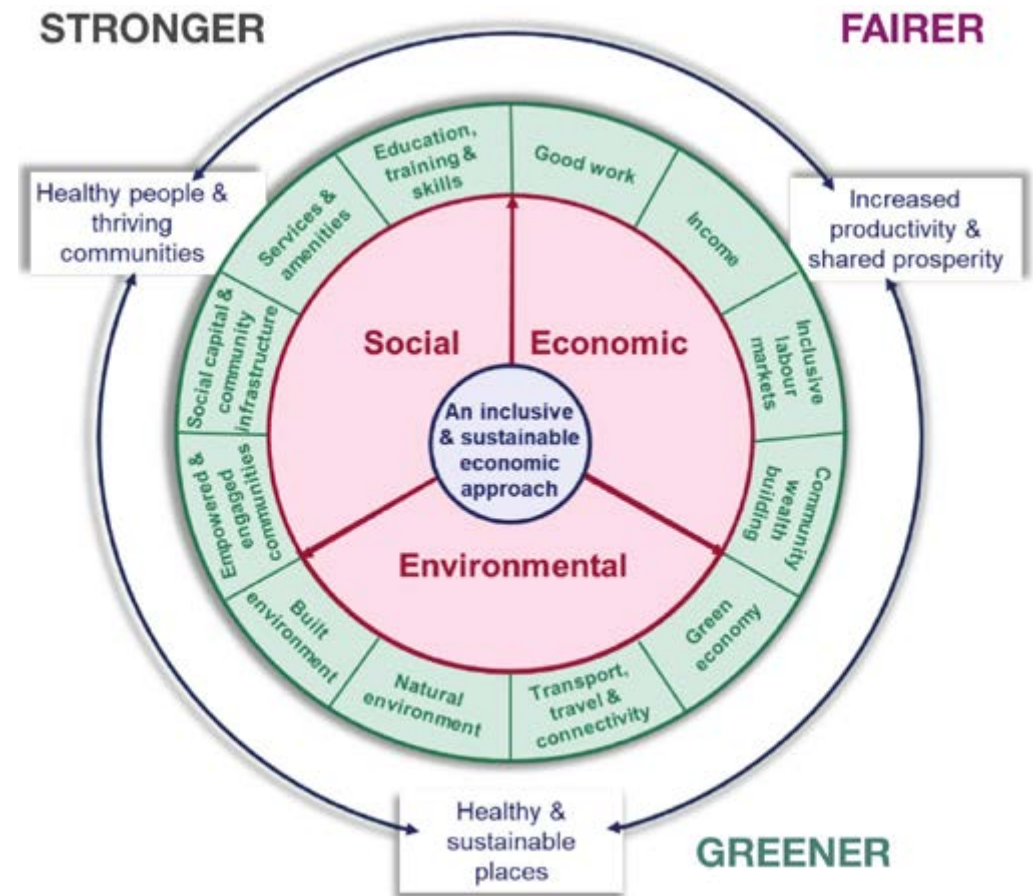
As we continue to recover from and identify the impacts of COVID-19, it is clear that not learning and progressing would be a backwards step. We have learnt many valuable lessons about what works and what doesn't, and challenged 'normality'. Inclusive and sustainable economies provide an approach to 'levelling up' around inequalities locally, through action on the social, economic and environmental determinants of health to build back better and fairer. The timing of this is critical as we face an economic crisis which will continue to widen these inequalities without significant action.

Page 71

"The NHS we all value and rely on was never meant to go it alone. It was supposed to be part of a wider system supporting people from cradle to grave; with decent jobs, pay, homes, transport and education. To make sure the NHS can keep helping us from 'cradle to grave' in the way it was intended to, we need a broader system of support that can help all of us to thrive. These are the building blocks to health."

https://www.health.org.uk/sites/default/files/upload/publications/2022/A%20matter%20of%20life%20and%20death_March%202022.pdf

Framework to support planning and action on inclusive and sustainable economies ([Inclusive and sustainable economies: leaving no one behind \(executive summary\) - GOV.UK \(www.gov.uk\)](#))



Recommendations

Health Protection

- Review system resilience and pandemic preparedness measures, including COVID-19 step up measures
- Improve local health protection assurance processes, including monitoring and reporting
- Promote uptake of COVID-19 vaccination and all routine immunisations
- All organisations to ensure effective support mechanisms are in place for staff responding to significant incidents, workload pressures or traumatic events to reduce the risk of work-related stress and burnout

Improving Population Health

- Continue to focus on prevention, both for infectious diseases and wider preventable causes of ill health
- Raise awareness of Long COVID and the need for appropriate support to the public and to employers
- Highlight the impact of the pandemic on wider aspects of health, including mental health
- Work with partners to tackle physical and social deconditioning

Health and the environment

- Highlight the benefits of clean air, both indoors and outdoors, and share knowledge on how to improve air quality
- Work with partners to develop healthy indoor spaces that are accessible, climate resilient and minimise the risk of disease transmission
- Support equitable access to green space

Recommendations**Inequalities**

- Continue to keep health inequalities central to public health work, including championing inclusion health for key groups such as vulnerable migrants and Gypsy, Roma, Traveller communities
- Public health, NHS and wider partners to consider the specific rural and coastal health inequalities affecting North Yorkshire when planning services
- Work with partners to develop inclusive and sustainable approaches to the economy as part of 'building back fairer'

Page 73

Community Support

- Continue to develop Community Support Organisations as key community partners
- Continue to promote NYLAF and other assistance funds to support individuals facing key challenges such as COVID-19 isolation and the cost of living crisis
- Health, care and community services to maintain the recognised benefits of both face to face and digital aspects of service delivery and support

Communication

- Maintain improved relationships with partners through continued good quality communication, including 'acting as one' on key shared messaging
- Use an appropriate mix of communications channels and formats to target messages to the right audience(s)
- Ensure accessibility is a core feature of essential communications
- Further develop behavioural science work to support health and wider communications

Update on Previous Recommendations

1. Continue to work to reduce inequalities

The COVID-19 pandemic has exacerbated existing inequalities, making work to reduce inequalities more important than ever. Recent projects include:

- Continued funding support for the Money and Benefits Service delivered by Citizens Advice North Yorkshire (CANY). Between April and December 2021, there were 986 beneficiaries, with £1,241,394 income brought in and 85 referrals for further support.
- Developing a Health in All Policies approach to decision making that considers the health and wellbeing implications of decision making across all sectors and policy areas. Social, economic and environmental factors have a relative contribution of more than 50% to overall health, and so addressing inequalities in these areas can have a significant effect on improving health outcomes.
- With targeted government grant funding, we developed and delivered 'bespoke' adult weight management programmes for specific groups of people who currently are unrepresented in the service and/or experience health inequalities. The programmes included a group for Pakistani heritage women in Skipton; four bespoke programmes for participants living with learning disabilities; Walk and Talk session for those living with mental illness; an older people's group and a men only group.
- The North Yorkshire Health Task Group, part of North Yorkshire Learning Disability Partnership Board, aims to reduce health inequalities and improve access to health services for people with a learning disability and/or autism. The group listens to the views and experiences of self-advocates and talks about topics that affect their health, barriers to living a healthy lifestyle and how to raise awareness of health needs.

Page 74

- The healthy weight and oral health workforce development project aims to support families who most need help with healthy weight and oral health issues by skilling up the people who work with them, such as foster carers, Early Help workers and social workers. We have started by finding out what people already know and what information and training they need, and we will work more on this in 2022. We have already made a start by developing a new resource bank.
- North Yorkshire and City of York Public Health teams worked with NHS colleagues to support the rollout of COVID-19 vaccinations. We set up a COVID-19 Vaccine Assurance Group, chaired by the NY Director of Public Health, which included a focus on addressing vaccine inequalities. Targeted support was offered to various groups including refugees and areas with higher proportions or ethnic minority groups less likely to access vaccination.



2. Build on partnership working developed throughout the pandemic

The pandemic has facilitated closer partnership working both internally between different teams within the council, and also with external partners. We have expanded our partnership working over the last year, with examples including:

- The Public Health team has worked alongside colleagues in general dental practice, health and social care to establish a signposting and referral protocol for our Healthy Child Service and Children & Families Services to these dental practices. Our local referral protocol went live in December 2021 and there are currently 11 practices in North Yorkshire in the scheme.

Update on Previous Recommendations

- Stronger Communities, Children and Young People's Service (CYPS) and external VCSE partnership North Yorkshire Together worked collaboratively to deliver the Holiday Activities and Food (HAF) Programme. Using £1.3 million allocated funding from the Department for Education, the programme ensured that children and young people in receipt of free school meals (FSM) had access to a range of activities including physical activity and nutritious food during main holiday periods. This included:
 - o Distributing activity packs to 10,500 eligible children over Easter 2021, plus online provision of guided activities
 - o Summer 2021 – face to face provision was delivered through 47 providers spread across the county with the food offer co-ordinated centrally. 12,000 promotional booklets were distributed through schools. 6332 children attended of which 2554 were FSM funded places (22%).
- 'Grand Days Out' for families of children with Special Educational Needs or disabilities (SEND) to supplement the general offer.
 - o Face to face and online activities offered over Christmas, and 12,000 packs were delivered to schools with programme information to compliment face to face delivery.
- As part of digital transformation work, the council has worked with health partnerships to implement the new shared care record, which provide direct access for social care and health teams to a person's health and care history. Reducing the amount of time spent contacting each other to obtain or clarify that information has resulted in faster decision making and more connected care pathways.
- Selby Health Matters community health partnership worked with local Primary Care Networks on a pilot involving people with frailty and high blood



pressure to find out what more we could do to support patients with long term health conditions to live well and independently in the community, reducing the need for future hospital care. [The feedback provided is helping develop new community services with patients, for patients.](#)

3. Have the confidence to embrace change as part of recovery

Responding to the pandemic has required change to be fast-paced with more 'outside the box' approaches. The positive response to some of these changes, such as greater use of digital technologies and greater inclusion of voluntary sector organisations, have enabled these practices to become more widely embedded:

- In partnership with Leeds Beckett University, we have developed and are now piloting a fully remote/digital child weight management service. Co-produced with local families and delivered via a co-designed website, the Back2Basics service takes a holistic approach to supporting families. Support includes: information and signposting on mental health, bullying, food banks etc.; remote support from a dietician; YouTube videos and peer support.
- As the pandemic continued and we all got more confident in working via online meeting platforms, the HAS Participation and Engagement Team worked with user-led engagement forums such as North Yorkshire Disability Forum and North Yorkshire Learning Disability Partnership Board to explore hybrid meetings – a mix of in-person and online, offering flexibility and choice for forum members. Although many people are keen to get back to in-person meetings and find these more accessible, others would like to continue to join online. This can be more accessible for people, and easier for people who have long/complex journeys.

Update on Previous Recommendations

- The forums have also found new ways to get their voice heard during the pandemic. As well as taking part in online councillor meetings, press conferences, focus groups and more, they have found that video is a great medium for communicating to a wider audience. Videos created during the last year include ones for [Hate Crime Awareness Week](#), feeling safe, and the [impact of COVID-19 on disabled people](#) (particularly mental health impacts).
- The Stronger Communities team has set up a pilot grant scheme in Selby and Craven to fund voluntary and community sector groups to support people in the district to live happy, healthy independent lives and reduce demand for long-term care.
- Feedback from the pilot has been positive:
- *“We’ve been able to explore new ways to provide support.”*
- *“Enabling change, radical impacts to quality of life – for some, saving lives and their families.”*
- *“Lasting improvements in physical and mental wellbeing.”*
- *“Creating the futures people didn’t realise they could have”*



An evaluation workshop for the Selby grant

4. Focus on place-based working centred around communities

Locality groups and Community Support Organisations have been a key feature of the North Yorkshire COVID-19 response. Maintaining the focus on place-based working will be an important part of local government reorganisation into a single unitary authority from April 2023.

Development of The Place in Settle

www.theplaceinsettle.org.uk

The Place in Settle is a new charity, created by a partnership of local organisations keen to give people in north Craven better access to services and support, and to promote improved health and wellbeing for local residents. Partner organisations include Townhead GP Practice, Citizens Advice Craven and Harrogate, Age UK North Craven, Pioneer Projects and Dementia Forward. Stronger Communities has supported The Place in Settle to realise their vision, and by providing grant funding to employ their first manager.

‘Our aim is to provide a focal point for local residents of all ages to be as well as they can be’.

School Zone project (Selby High School)

Following insight work in 2019, the School Zone project was set up to explore and address healthy weight needs and influences in and around Selby High School. In consultation with the school, we identified issues, which included a need to improve the catering offer to ensure healthier options were available, reduce packaging and single use plastic, and put plans in place to address them. This included funding awarded by Selby District Council for a transition project by Rethink Food working with the primary schools that feed into Selby High School, and great work with the catering team and Trading Standards to make improvements to school food.

Update on Previous Recommendations

5. Capitalise on the higher profile of public health

The Director of Public Health and Public Health team have continued to be a very visible part of the council and wider partnerships. We have been a regular fixture at Management Board meetings throughout the pandemic, as well as participating in weekly media briefing sessions as part of the North Yorkshire Local Resilience Forum (NYLAF).

In March 2022 Director of Public Health Louise Wallace welcomed Professor Sir Chris Whitty, Chief Medical Officer (CMO) for England, to Scarborough. The visit followed the publication of the CMO report on health in coastal communities. Professor Whitty was guided around part of a Discoveries on your Doorstep walk through the town, before meeting community leaders and health, education and social care partners at The Street. He also spent time talking to staff and local people at The Rainbow Centre, before visiting Scarborough Hospital.

Page 77



Directors of Public Health
175 Years
 — 1847 - 2022 —

This year the Association of Directors of Public Health are celebrating 175 years since the appointment of the first Medical Officer for Health (now known as Directors of Public Health). Public health success stories from across the country are being shared though [@ADPHUK](https://twitter.com/ADPHUK) and [#DPH175](https://twitter.com/DPH175).

Thank You

Our grateful thanks and appreciation to all the people, community groups, businesses, organisations and colleagues who so generously contributed their time, experiences and expertise to this report.

Age UK North Yorkshire and Darlington

Bishop Monkton Yesterday

District and Borough Council teams:

- Page 78**
- Craven District Council
 - Hambleton District Council
 - Harrogate Borough Council
 - Richmondshire District Council
 - Ryedale District Council
 - Scarborough Borough Council
 - Selby District Council

Easingwold and District Community Care Association

Exclusively Inclusive, Craven

Grassington Hub

Healthwatch North Yorkshire

Henshaws Specialist College, Harrogate

Keyring North Yorkshire Self-Advocacy

Service and self-advocates

Living Well Smoke Free North Yorkshire

NHS organisations serving North Yorkshire

North Yorkshire Adult Weight Management Services

North Yorkshire Disability Forum and local forums

North Yorkshire Learning Disability

Partnership Board

North Yorkshire County Council teams:

- Communications Team
- HAS Engagement and Governance Team
- Living Well Team
- Long Covid employee support group
- Public Health Team
- Stronger Communities Team
- Youth Voice and Creative Engagement Team and the young people they work with

Rainbow Centre, Scarborough

Refugee Council and Hambleton refugee women's group

Revival North Yorkshire

Ryedale Carers Support

Ryedale Community Support Organisation

Schools and education settings

Sherburn in Elmet Community Support Organisation

Skipton Step into Action

Stokesley and District Community Care Association

Yorkshire Agricultural Society (Great Yorkshire Show)

YorSexualHealth

And all other organisations and community groups involved in the pandemic response

A huge thank you must also go to everyone living in, working in or visiting North Yorkshire who has made such an effort to keep themselves, their friends, families and communities safe.

Together, we are truly Team North Yorkshire!



Glossary

CANY: Citizens Advice North Yorkshire

CEV: Clinically Extremely Vulnerable

CHIME: COVID-19 Health Inequalities Monitoring

CMO: Chief Medical Officer

CO2 Carbon Dioxide

CSO: Community Support Organisation

CVD: Cardio Vascular Disease

CYPS: Children's and Young Peoples Services

FSM: Free School Meals

HAF: Holiday Activities and Food

HAS: Health & Adult Services

HBC: Harrogate Borough Council

HWNY: Health Watch North Yorkshire

ICU: Intensive Care Unit

IFS: Institute for Fiscal Studies

IPC: Infection Prevention Control

JBC: Joint Biosecurity Agency

LARC: Long Acting Reversible Contraception

LFD Lateral Flow Device

LGA: Local Government Association

LGR: Local Government Reorganisation

LRF: Local Resilience Forum

MAT: Multi Academy Trust

MSOA: Middle Super Output Areas

NCMP: National Child Measurement Programme

NYCC: North Yorkshire County Council

NYLAF: North Yorkshire Local Assistance Fund

NYP: North Yorkshire Police

OCT: Outbreak Control Team

OHID: Office for Health Improvement & Disparities

ONS: Office for National Statistics

PCR: Polymerase Chain Reaction

PHE: Public Health England

PM: Prime Minister

PPE: Personal Protective Equipment

PTSD: Post-Traumatic Stress Disorder

SEND: Special Educational Needs and Disability

SSP: Statutory Sick Pay

UKHSA: UK Health Security Agency

VOC: Variants of Concern

WHO: World Health Organisation

YAS: Yorkshire Ambulance Service

Glossary

Definitions:

Asymptomatic: a condition or a person producing or showing no symptoms.

Atrial arrhythmias: An atrial arrhythmia is an irregular heartbeat. There are many types of atrial arrhythmias. They result from problems with electrical signals that tell the heart when to contract (pump). The problems start in the atria (the heart's top two chambers).

Cardiometabolic Diseases: a group of common but often preventable conditions including heart attack, stroke, diabetes, insulin resistance and non-alcoholic fatty liver disease.

Chronic condition: a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time (often aging).

Demographic: a specific segment of the population having shared characteristics.

Diabetes: a chronic condition that causes a person's blood sugar level to become too high.

Excess Deaths: defined as deaths above the five year average for the area.

Epidemic: a widespread occurrence of an infectious disease in a community at a particular time.

Epidemiology: a branch of medicine which deals with the incidence, distribution and control of diseases.

Fatigue: a lack of energy and motivation – both physical and emotional.

Furlough: suspension or discharge of a worker or workers on account of economic conditions or shortage of work, especially when temporary.

Health Inequalities: differences in health status between population groups (or differences in important influences on health).

Health Inequities: differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair.

Holistic: characterized by the treatment of the whole person, taking into account mental and social factors, rather than just the symptoms of an illness.

LeDeR: is an NHS service improvement programme for people with a learning disability and autistic people.

Life expectancy: Life expectancy is a statistical measure of the average time someone is expected to live, based on the year of their birth, current age, and other demographic factors like sex.

Long COVID: the ongoing signs and symptoms caused by COVID-19 infection. It is generally used to indicate symptoms and clinical signs that remain unresolved for four weeks or longer. Symptoms of Long Covid can also appear sometime after an asymptomatic infection.

Mandate: an official order or commission to do something.

Morbidity: the condition of suffering from a disease or medical condition.

Mortality: death (can be used individually or on a large scale).

Multi-disciplinary Teams: teams that bring together the expertise and skills of different professionals to assess, plan and manage a problem jointly.

Obesity: The term obese describes a person who is very overweight with excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese.

Organisational resilience: Organisational resilience is more than managing risk, engaging leadership, and having a healthy culture. The organization must be financially viable and provide a product or service under changing conditions.

Pandemic: a widespread occurrence of an infectious disease over a whole country or the world at a particular time.

Glossary

PPE: equipment used to protect the user from health and safety risks.

Pulmonary embolism: A condition in which one of the pulmonary arteries in the lungs gets blocked by a blood clot. This causes chest pain, breathlessness and cough.

Social cohesion: Social cohesion is a term associated with functionalism and refers to the extent to which people in society are bound together and integrated and share common values.

Social deconditioning: loss of social skills.

Social Determinants of health: non-medical factors that influence health outcomes.

Socioeconomic: relating to or concerned with the interaction of social and economic factors.

The Happiness Index: a comprehensive survey instrument that assesses happiness, well-being, and aspects of sustainability and resilience.

Universal Credit: is a payment to help with living costs for those on low incomes.

Variants of concern: Variants of concern are variants that have been identified to have a significant impact on transmissibility, severity of disease or immunity, likely to change the epidemiological situation of the pandemic.

Venous thromboses: the formation or presence of a blood clot in a vein, which can cause the vein to become blocked.

References

- 1 <https://wellcome.org/news/equality-global-poverty-how-covid-19-affecting-societies-and-economies>
- 2 <https://www.sciencedirect.com/science/article/pii/S0163445320305648>
- 3 <https://reader.health.org.uk/unequal-pandemic-fairer-recovery>
- 4 [Cardiometabolic outcomes up to 12 months after COVID-19 infection. A matched cohort study in the UK | PLOS Medicine](#)
- 5 [Alcohol consumption and harm during the COVID-19 pandemic - GOV.UK \(www.gov.uk\)](#)
- 6 [Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults \(publishing.service.gov.uk\)](#)
- 7 <https://reader.health.org.uk/unequal-pandemic-fairer-recovery/executive-summary>
- 8 [COVID-19 Schools Infection Survey, England - Office for National Statistics](#)
- 9 [Long Covid and the labour market \(ifs.org.uk\)](#)
- 10 [Office for Health Improvement and Disparities, Yorkshire & Humber Long COVID impact report](#)
- 11 <https://jnnp.bmj.com/content/early/2021/06/03/jnnp-2021-326405>
- 12 [Post-traumatic stress disorder symptoms in COVID-19 survivors: online population survey - PubMed \(nih.gov\)](#)
- 13 [Mental health impacts of the COVID-19 pandemic on adults - POST \(parliament.uk\)](#)
- 14 [Covid-19: Pandemic has disproportionately harmed children's mental health, report finds | The BMJ](#)
- 15 [The Public Experience: Mental Health and Well-Being | Healthwatch NorthYorkshire](#)
- 16 [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#)
- 17 <https://www.gov.uk/government/publications/ucl-impacts-of-school-closures-on-physical-and-mental-health-of-children-and-young-people-a-systematic-review-11-february-2021>
- 18 <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>
- 19 [Studies Show More COVID-19 Cases in Areas Without School Masking Policies | CDC Online Newsroom | CDC](#)
- 20 [Coronavirus: Economic impact - House of Commons Library \(parliament.uk\)](#)
- 21 [The visitor economy in North Yorkshire and the impact of Covid-19](#)
- 22 [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- 23 [COVID deaths of people with learning disabilities \(publishing.service.gov.uk\)](#)
- 24 [Tackling inequalities faced by Gypsy, Roma and Traveller communities - Women and Equalities Committee \(parliament.uk\)](#)
- 25 [Gypsy, Roma and Irish Traveller ethnicity summary - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](#)
- 25 [The Public Experience: Digital Access to Health Services | Healthwatch NorthYorkshire](#)
- 26 [2007010844 Estimation of Changes in Air Pollution During COVID-19 outbreak in the UK.pdf \(defra.gov.uk\)](#)

- 27 <https://www.gov.uk/government/statistics/transport-use-during-the-coronavirus-covid-19-pandemic>
- 28 [Microsoft Word - 1-Rapid review of impacts-V2-final.docx \(ljmu.ac.uk\)](#)
- 29 [One in eight British households has no garden - Office for National Statistics \(ons.gov.uk\)](#)
- 30 [Climate change increases cross-species viral transmission risk | Nature](#)
- 31 [Workforce burnout and resilience in the NHS and social care \(parliament.uk\)](#)
- 32 [Controlled Mechanical Ventilation \(Vmc\) Works - Hume Page \(www-fondazionehume-it.translate.googleusercontent.com\)](#)
- 33 [Air filters on wards remove almost all airborne Covid virus | CUH](#)
- 34 [Indoor Air Quality \(nih.gov\)](#)
- 35 <https://raeng.org.uk/infection-resilient-environments>
- 36 [Bars, cinemas, gyms: Belgium agrees on 'ventilation plan' for public places \(brusselstimes.com\)](#)
- 37 [All Yukon classrooms will have HEPA filters soon | CBC News](#)
- 38 [Green F. Schoolwork in lockdown: new evidence on the epidemic of educational poverty. Centre for Learning and Life Chances in Knowledge Economies and Societies \(LLAKES\). 2020.](#)
- 39 [Microsoft Word - 1-Rapid review of impacts-V2-final.docx \(ljmu.ac.uk\)](#)
- 40 [RSPH | Blog: RSPH CEO William Roberts: The cost-of-living crisis will be a protracted public health crisis](#)
- 41 <https://www.gov.uk/government/publications/inclusive-and-sustainable-economies-leaving-no-one-behind/inclusive-and-sustainable-economies-leaving-no-one-behind-executive-summary>
- 42 <https://www.northyorks.gov.uk/news/article/jobs-and-economy-north-yorkshires-rural-commission-calls-evidence#:~:text=North%20Yorkshire's%20economy,per%20cent%20in%20Great%20Britain.>

This page is intentionally left blank

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY of HEALTH COMMITTEE

10 March 2023

Update on Sexual Health

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update Members of the Committee on sexual health services.

2.0 BACKGROUND

- 2.1 NYCC and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) entered into a Section 75 on the 1st April 2022.
- 2.2 Delegated budget from the Public Health Grant to provide an open access, all age integrated sexual health service for the population of North Yorkshire.
- 2.3 Initial period of 4 years with option to extend for a further 6 years subject to mutual agreement.

3.0 NEXT STEPS

- 3.1 Please see the key areas of development in the presentation for 22/23.

4.0 RECOMMENDATION

- 4.1 That the Scrutiny Committee notes the content of the report

Author Emma Davis
Title Public Health Manager, Health & Adult Services, NYCC

Christine Phillipson
Principal Democratic Services and Scrutiny Officer

This page is intentionally left blank

Scrutiny of Health

Update S75 Sexual Health

10th March 2023

Emma Davis

Victoria Turner

Sexual health services (YorSexualHealth)

- NYCC and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) entered into a Section 75 on the 1st April 2022.
- Delegated budget from the Public Health Grant to provide an open access, all age integrated sexual health service for the population of North Yorkshire.
- Initial period of 4 years with option to extend for a further 6 years subject to mutual agreement.
- S75 Board, chaired by Louise Wallace, DPH and deputised by Caroline Alexander, Associate Chief Operating Officer, YSTHFT.

North Yorkshire and York Strategic Partnership

Y&SFT Board of Directors

NYCC Executive

S75 Sexual Health Board

Executive Committee

HASLT/MB/Scrutiny

- Internal support
 - Service leads
 - Legal
 - Comms and engagement
 - Finance
 - Procurement & contracting

Integrated Sexual Health Operational Group

- Internal support
 - Public Health
 - Legal
 - Comms and engagement
 - Finance
 - Procurement & contracting

Wider Sexual Health System
ICB/PCN's/NHSE&I

Elements of service

- The ISHS for North Yorkshire deliver the following elements:
 - Sexual health promotion and information
 - Contraceptive services (full range)
 - Sexually Transmitted Infections (testing and treatments)
 - Pre-exposure prophylaxis (PrEP)
 - Clinical and Community Outreach Service
 - Counselling services – HIV and sexual health
 - Training and learning programme
 - Mpox (May 2022) screening possible/suspected cases and pre-exposure vaccination of most at risk groups GBMSM

Sexual and reproductive health data profile

● Better 95%
 ● Similar
 ● Worse 95%
 ● Lower
 ● Similar
 ● Higher
 ○ Not applicable
 Quintiles: Low ●●●●● High ○ Not applicable

Recent trends:
 — Could not be calculated
 ➔ No significant change
 ➔ Increasing & getting worse
 ➔ Increasing & getting better
 ➔ Decreasing & getting worse
 ➔ Decreasing & getting better
 ➔ Increasing
 ➔ Decreasing



Page 91

Indicator	Period	N Yorkshire			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnostic rate per 100,000	2021	➔	21	3.4	5.8	13.3	145.7		0.0
Gonorrhoea diagnostic rate per 100,000	2021	➔	123	20	62	90	1,006		11
Chlamydia detection rate per 100,000 aged 15 to 24	2021	➔	586	1,022	1,464	1,334	382		
Chlamydia proportion aged 15 to 24 screened	2021	➔	7,979	13.9%	15.3%	14.8%	5.5%		
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2021	➔	-	161	285	394	2,634		103
HIV testing coverage, total	2021	➔	1,429	33.9%	44.0%	45.8%	17.0%		
HIV late diagnosis in people first diagnosed with HIV in the UK	2019 - 21	—	13	46.4%	50.2%	43.4%	100%		0.0%
<div style="display: flex; justify-content: space-between; width: 100%;"> <25% 25% to 50% ≥50% </div>									
New HIV diagnosis rate per 100,000	2021	➔	13	2.1	4.3	4.8	22.2		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	➔	231	0.71	1.54	2.34	12.67		0.59
<div style="display: flex; justify-content: space-between; width: 100%;"> <2 2 to 5 ≥5 </div>									
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)	2020/21	➔	2,821	85.5%	79.2%	76.7%	25.0%		98.3%
<div style="display: flex; justify-content: space-between; width: 100%;"> <80% 80% to 90% ≥90% </div>									
Under 25s repeat abortions (%) New data	2021	➔	150	26.5%*	29.0%	29.7%	39.8%		
Abortions under 10 weeks (%)	2021	➔	1,290	88.1%*	88.6%	88.6%	79.9%		92.2%
Total prescribed LARC excluding injections rate / 1,000 New data	2021	➔	6,800	71.8	50.5	41.8	4.4		1
Under 18s conception rate / 1,000	2020	➔	108	10.9	16.5	13.0	30.4		2.7
Under 18s conceptions leading to abortion (%)	2020	➔	61	56.5%	47.1%	53.0%	24.3%		
Violent crime - sexual offences per 1,000 population	2021/22	➔	1,458	2.3*	3.3*	3.0*	1.4		

Local service performance

- 8158 attendances (new, re registrations and follow up) to Q2
- 25-34 year olds and 19-24 year olds make up largest proportion
- Females (contraception large element of service)

Page 92

- STI testing online – 3205/480 diagnoses to Q2
- STI testing in clinics – 1919/308 diagnoses to Q2
- 20 diagnoses of Syphilis
- 158 diagnoses of Gonorrhoea
- 409 diagnoses of Chlamydia
- 0 HIV diagnoses

Local service performance

LARC fittings

- 771 to Q2 2022/23 (1300 annual baseline)

HIV support service

Page 93
48 on caseload to Q2 2022/23

Counselling

- 44 on caseload to Q2 2022/23

Outreach team

- 40 new service users to Q2 2022/23

Key areas of development 22/23

- Refresh of sexual health needs assessment
- Sector Led Improvement for Sexual Health
- New North Yorkshire and York Sexual Health Network
- Website redesign – YSH
- Refinement of the online testing offer
- Monitoring of LARC provision
- HIV prevalence and PrEP
- Women's Health Strategy

Any questions

This page is intentionally left blank

Briefing on ASC pressures to the Scrutiny of Health Committee.

Page 97

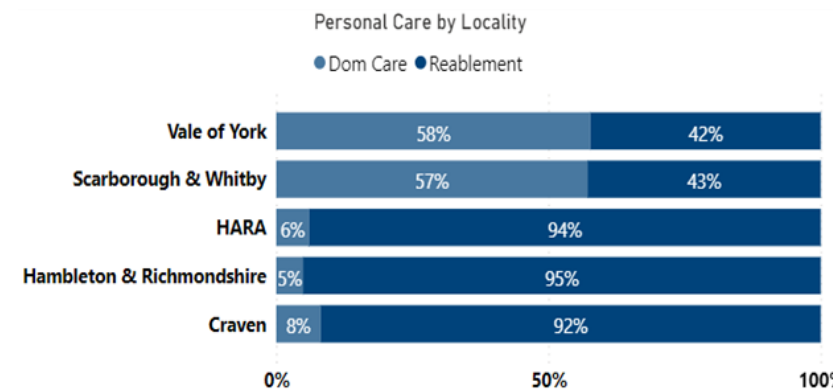
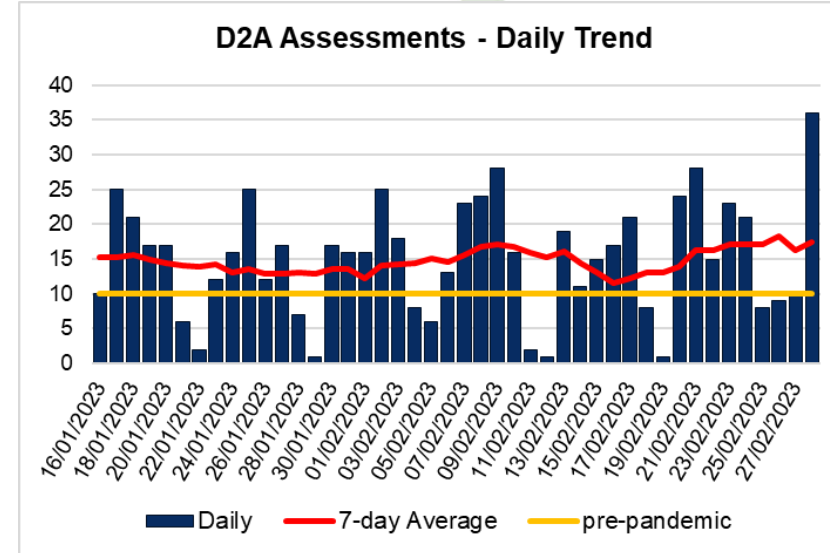
01/01/2023

Operational pressures

- Hospital discharge activity has averaged 14.1 discharges per day during 2022/23, which is 41% above pre-pandemic levels (10 per day). That rate of increase is consistent with what is being seen across the region. Weekly activity is also characterised by localised surges, concentrating the impact and adding further pressure on local health and care systems.
- At the end of Q3, assessment activity was up 14%, or 603, assessments year on year. It is a significant pressure point due to the level of discharges and reduced assessor capacity in front line teams.

Capacity in the care market continues to be a significant issue:

- The proportion of the council's reablement teams' capacity being redirected to provide domiciliary care has reduced from 51% in Q2 to 34%, but remains a significant challenge for two out of the five operating localities where over half of the capacity continues to be diverted.
- The number of unsourced care packages has consistently been running at around 6, which is three times higher than pre-pandemic levels. At the end of February it stood at 71.



NY Care Provider Service In- House provision

The on-going recruitment challenges are mostly in the affluent and more rural areas of Harrogate, the Dales and Ryedale areas, where there is almost no unemployment.

At Station View C&S Hub in Harrogate, we have been unable to recruit to the workforce requirements to provide a fully operational services for over 18 months, operating consistently at a reduced level and a high use of agency in these areas.

There has been an on-going need to ask the workforce to work additional hours to ensure critical services are delivered, and safe staffing levels are maintained, this may have impacted on staff absence with some linked to a high level of additional hours.

We are currently reviewing our workforce strategy with proposals to address some of the key issues.

Current position	Costs/ Amount	Comments
Leavers in the last 12 months	80 Care Professionals	Started with 5000 Hours to recruit to in 2021/22
Recruited	131 Care Professionals	2022- 2023
Variance	gained 51 employees	2022- 2023
Current Care Professional vacancies	41 - FTE posts vacant	1585 Hours still required in total across services.

Provider Failures 2022-2023

<u>Care Setting</u>	<u>Registered beds</u>	<u>People</u>	<u>Reason</u>
• Harrogate	24 registered beds	15 people*	Quality
• Leeming	33 registered beds	15 people*	Viability
• Scarborough	19 registered beds	12 people*	Quality
• Filey	46 registered beds	36 people*	Provider decision
• Harrogate	10 registered beds	9 people*	Viability
• Robin Hoods Bay	16 registered beds	5 people*	Viability/Building

Page 100

*Reflects number of people affected regardless of funding of the placement. The beds lost out of the system doubles as we lose the beds where there are failures and the vacancies where people have moved to.

There have been instances where domiciliary care providers have consolidated office bases but have continued to operate so they have not been included above.

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY of HEALTH COMMITTEE

10 March 2023

Submission to Government on Access to Dentistry Enquiry

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update Members of the Committee on the submission to the Health and Social Care Committees enquiry into access to dentistry.

2.0 BACKGROUND

- 2.1 The Government launched an enquiry into dentistry following a survey that showed 90% of practices across the UK were not accepting new adult NHS patients.
- 2.2 MPs will consider to what extent the current NHS dental contract disincentivises dentists from taking on new patients. They will look at what incentives can be offered by the NHS to recruit and retain dental professionals, also explore the role of training. They will also explore the possible impact of changes to be introduced next April to make new Integrate Care Systems and Integrated Care Boards responsible for the provision of dental services.
- 2.3 The enquiry requested a call for evidence on the following points:
 1. What steps should the Government and NHS England take to improve access to NHS dental services?
 2. What role should ICSs play in improving dental services in their local area?
 3. How should inequalities in accessing NHS dental services be addressed?
 4. Does the NHS dental contract need further reform?
 5. What incentives should be offered by the NHS to recruit and retain dental professionals, and what is the role of training in this context?

3.0 NEXT STEPS

- 3.1 The Committee submitted its evidence on 25th January and awaits the publication of the results.
- 3.2 The Committee also shared a press release communicating their support for the public enquiry.

4.0 **RECOMMENDATION**

4.1 That the Scrutiny Committee notes the content of the report.

Author Christine Phillipson
Title Principal Democratic Services and Scrutiny Officer

North Yorkshire County Council

Scrutiny of Health Committee

10 March 2023

Work Programme 2023/2024

1.0 Purpose of Report

1.1 This report invites Members to consider the Committee's Work Programme for 2023/2024, considering the outcome of discussions on previous Agenda Items and any other developments taking place across the County.

1.2 The Work Programme schedule is enclosed at Appendix 1.

2.0 Introduction

2.1 The role of the Scrutiny of Health committee is to review any matter relating to the planning, provision and operation of health services in the county.

2.2 The Committee's powers include:

- reviewing and scrutinising any matter relating to the planning, provision and operation of health services in the local authority's area
- requiring NHS bodies to provide information within 28 days to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions
- making reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise
- requiring NHS bodies to respond within a fixed timescale to the health scrutiny reports or recommendations
- requiring NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service
- referring contested proposals to the Secretary of State for Health

2.3 Further information is available in the Department of Health (2014) guidance to local authorities entitled 'Local Authority Health Scrutiny Guidance to support Local Authorities and their partners to deliver effective health scrutiny'. It is available via the following link –

<https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

3.0 Scheduled Committee dates and Mid-Cycle Briefing dates for 2023/2024

3.1 Committee Meetings

- Friday 16th June 2023 at 10.00 a.m.
- Friday 8th September 2023 at 10.00 a.m.
- Friday 15th December 2023 at 10 a.m.
- Friday 8th March 2024 at 10 a.m.

3.2 Mid Cycle Briefing Dates

- Friday 21st April 2023 January 2023 at 10.00 a.m.
- Friday 21st July 2023 at 10 a.m.

- Friday 3rd November 2023 at 10 a.m.
- Friday 19th January 2024 at 10 a.m.

3.3 Please note that the Mid Cycle Briefings are not public meetings and are attended by the Chair, Vice-Chair and Spokespersons for the political groups. These meetings are used to develop the committee work programme and determine the scheduling of key items.

4.0 Recommendation

4.1 The Committee is asked to confirm, comment, or add to the areas listed in the Work Programme Schedule.

Report Author: Christine Phillipson, Principal Democratic Services & Scrutiny Officer

Contact Details:

Tel: 01609 533887 E-mail: christine.phillipson@northyorks.gov.uk

1 March 2023

NORTH YORKSHIRE COUNTY COUNCIL
Scrutiny of Health Committee
Committee Work Programme 2023/24
Dated: 10 March 2023

Meeting dates

- Scheduled future Committee Meetings: 10am on 10th March 2023, 16th June, 8th September, 15th December
- Scheduled mid cycle briefings: 10am on 20th January 2023, 21st April, 21st July, 3rd November, 19th January 2024 via Teams

Meeting	Subject	Aims/Terms of Reference	Report
10 March 2023	Response to workforce pressures within health and social care	Review of current workforce pressures across the health and social care system and the response to them. Summary report from HAS.	Rachel Bowes, HAS, NYCC
	DPHAR	Summary of Director of Public Health's Annual Report	Louise Wallace
	Preventative Prescribing	Alternative Social Prescribing – to be taken offline with Cllr Haslam and Louise Wallace.	Louise Wallace
	CAMHS	Mental health enhanced community services	Brian Cranna, Care Group director, NY, York & Selby Care Group
	Changes to sexual health service in North Yorkshire	Report on first 9 months of new service	Emma Davis, HAS, NYCC
16 June 2023	YAS	Update on Yorkshire Ambulance Service	Rod Barnes, Chief Exec, YAS

	Independent public inquiry into the Government handling of the COVID-19 pandemic Report due – TBC - Align with HAS & RW when published	Review of module 1 and the Council's statutory duties around protecting the public	Barry Khan, Assistant Chief Exec, Legal and Dem Svs & Monitoring Officer
	Hyper acute stroke services for the North Yorkshire population	Performance data to be provided on the hyper acute stroke pathway	Neil Wilson, York & Scarborough NHS Foundation Trust
	Review of primary care in the York & Humber ICB area		Wendy Balmain
8 Sept 2023	Deep Dive into Autism and the strategy	Follow up from November meeting	Natalie Smith
	Update on North Yorkshire Place	Review 12 months after implementation	Wendy Balmain
	Proposed re-build of the Airedale Hospital on the existing site	Follow up from November meeting	Francesca Hewitt
	Catterick Integrated Care Campus	Follow up from November meeting	Georgina Sayers
	To Be Confirmed or Completed (possibly to return in the future)		
	Independent public inquiry into the Government handling of the COVID-19 pandemic - Align with HAS & RW when published module by module.		
	Harrogate and Rural Alliance - Adult Community and Health Services		
	Redevelopment of Whitby Hospital – contact Sonia Rafferty/Rob Atkinson		
	Information re the Health and Social Care Committee submission		To Share
	Capital investment in Scarborough Hospital and the development of the Emergency Department and critical care facilities		

NHS Dentistry – access to and availability of places – submission to Health and Social Care Committee	Ongoing scrutiny - local report to Thirsk & Malton ACC
Overview of Public Health commissioning, provision and budget planning (when required)	Victoria Turner, HAS, NYCC
Unavoidably small hospitals - Overview of key issues facing smaller hospitals in rural and coastal areas	
Frairage Surgical Hub -	Lucy Tulloch, South Tees NHS FT
TEWV CQC inspections and action plans- as required	Brian Cranna, TEWV
GP Waiting list information and access figures	Ongoing scrutiny - local report to Thirsk & Malton ACC

ITEMS FOR MID CYCLE BRIEFINGS

DATE	POTENTIAL ITEM
Friday 20 th January 2023 at 10.00am (in respect of the Committee meeting on 10 th March)	Discussion re outcome of request for social prescribing for March Committee - Louise Wallace Hyper acute stroke services – Neil Wilson, York & Scarborough NHS Foundation Trust Pharmaceutical Needs Assessment – Discuss the PNA and explore the wider role that pharmacies play in the local community as a first point of contact - Claire Lawrence/Louise Wallace. Date for Committee to be agreed for 23/24
Friday 21 st April 2023 at 10am (in respect of the Committee meeting on 16 th June)	Neil Wilson – Hyper Acute Pathway prior to Committee in June. Committee Work Programme

*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

Please note that the work programme is under continuous review and items may be rescheduled several times during the year.

This page is intentionally left blank