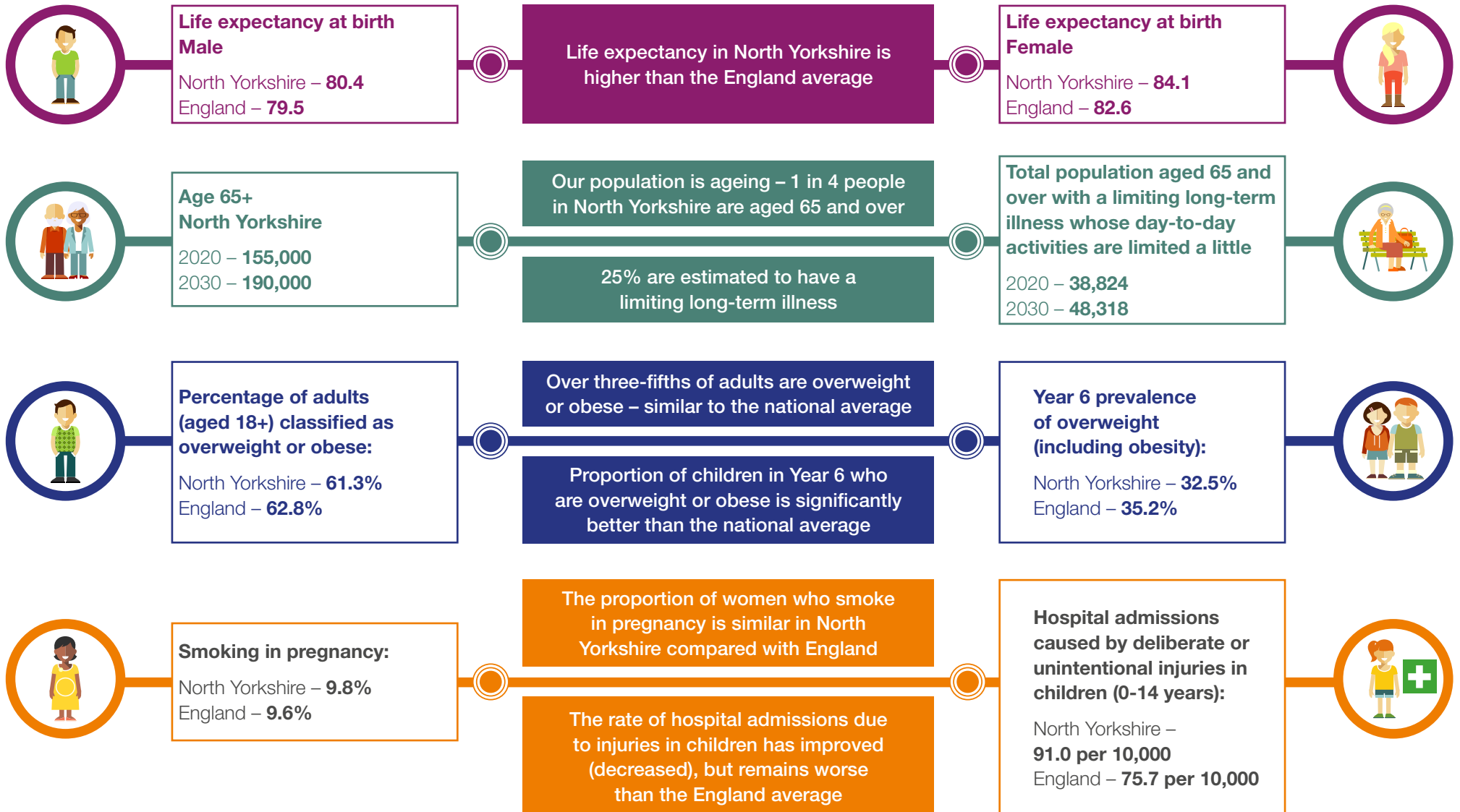


Health in North Yorkshire today

Public Health in North Yorkshire



The pandemic in numbers



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



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/bmjnp-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

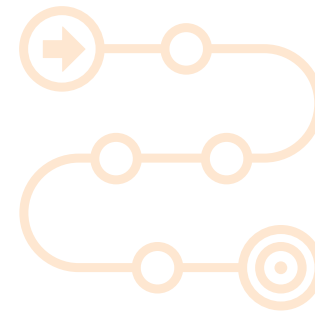
22th National roadmap for lifting lockdown restrictions announced

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

1000

500

0

New COVID-19 cases in North Yorkshire

NYCC measures

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.

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.

13th-16th The Great Yorkshire Show

19th Step 4 of Roadmap

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



National measures

NYCC measures

New COVID-19 cases in North Yorkshire

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

14th
Plan B Winter Plan released to be used 'if NHS comes under unsustainable pressure'

New COVID-19 cases in North Yorkshire

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.

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



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.

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

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

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

8th
Move to Plan B

Dominant COVID-19 strain

■ Delta ■ Omicron

National measures

NYCC measures

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

27th
Plan B
Measures
lifted

New COVID-19 cases in North Yorkshire

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

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 \(www.gov.uk\)](https://www.gov.uk/government/guidance/coronavirus-covid-19-guidance-and-support).

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)

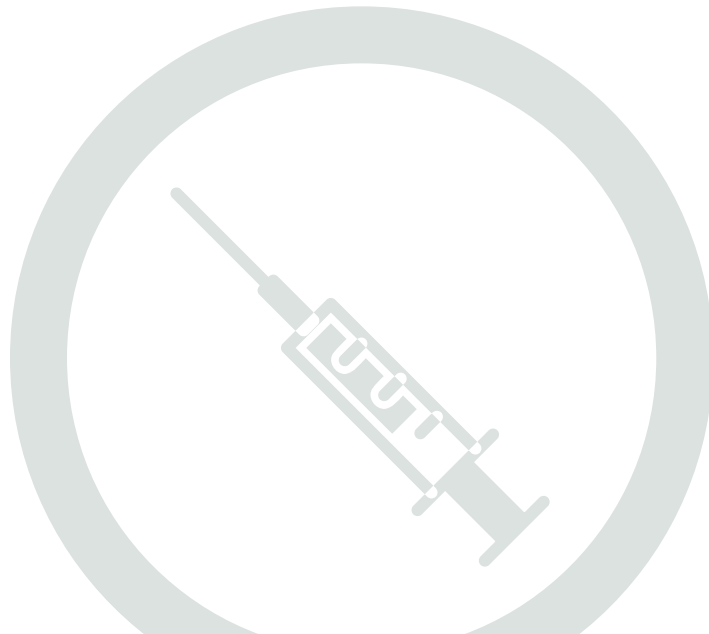
Continuing the COVID-19 response

Vaccination rollout

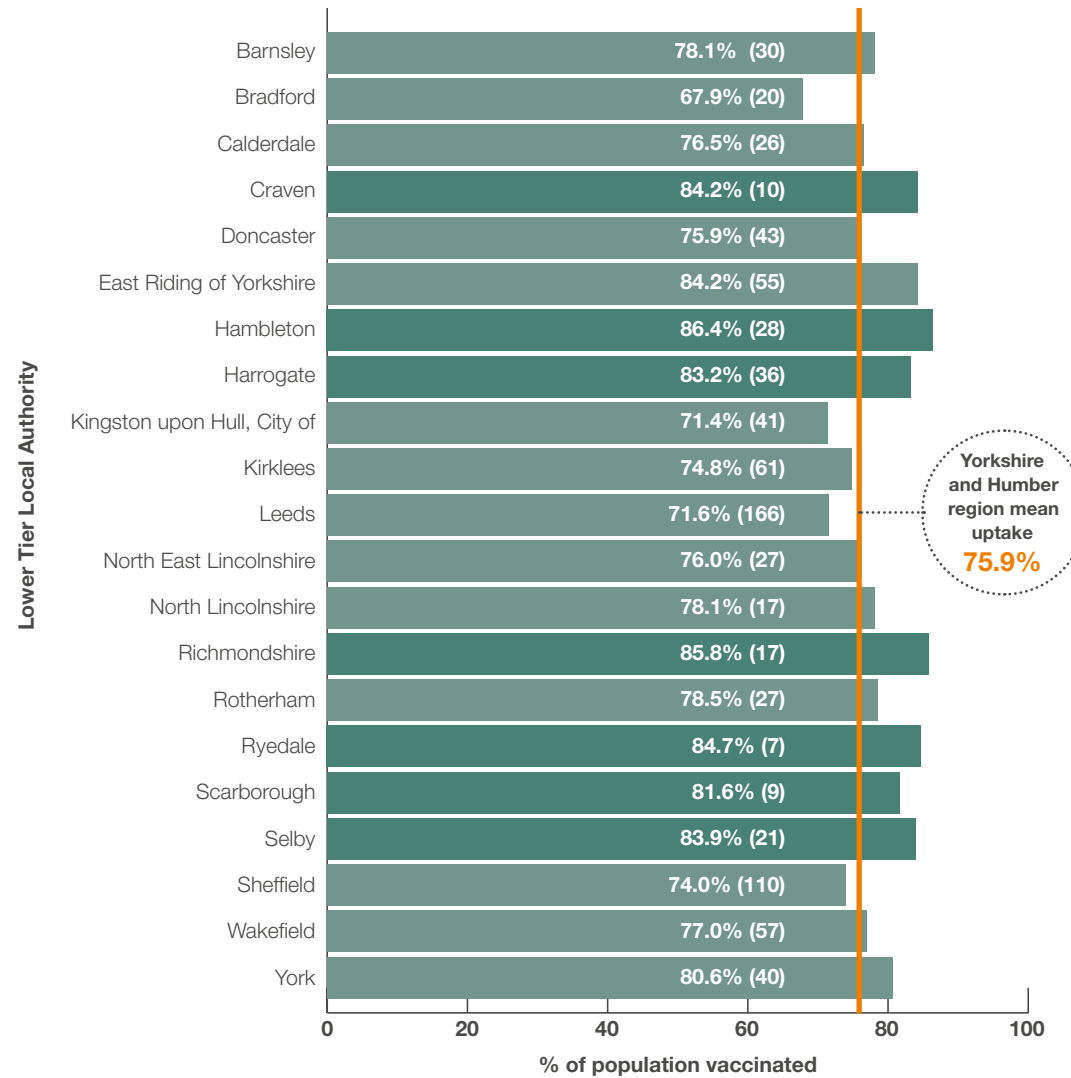
A huge co-ordinated effort was needed to support the rollout of COVID-19 vaccinations, including the winter boosters in late 2021/ early 2022. Examples of collaborative working between NHS, local authority, social care and community partners include:

- 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.



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.

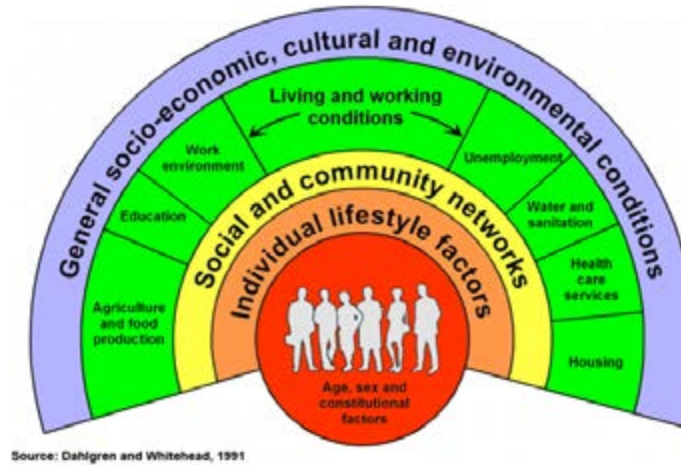
From [Bishop Monkton Yesterday \(local history group\)](#), ['Images of Isolation' social history project](#)



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



Illustration by Barbara Kelley

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**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 Northyorkshire](#)

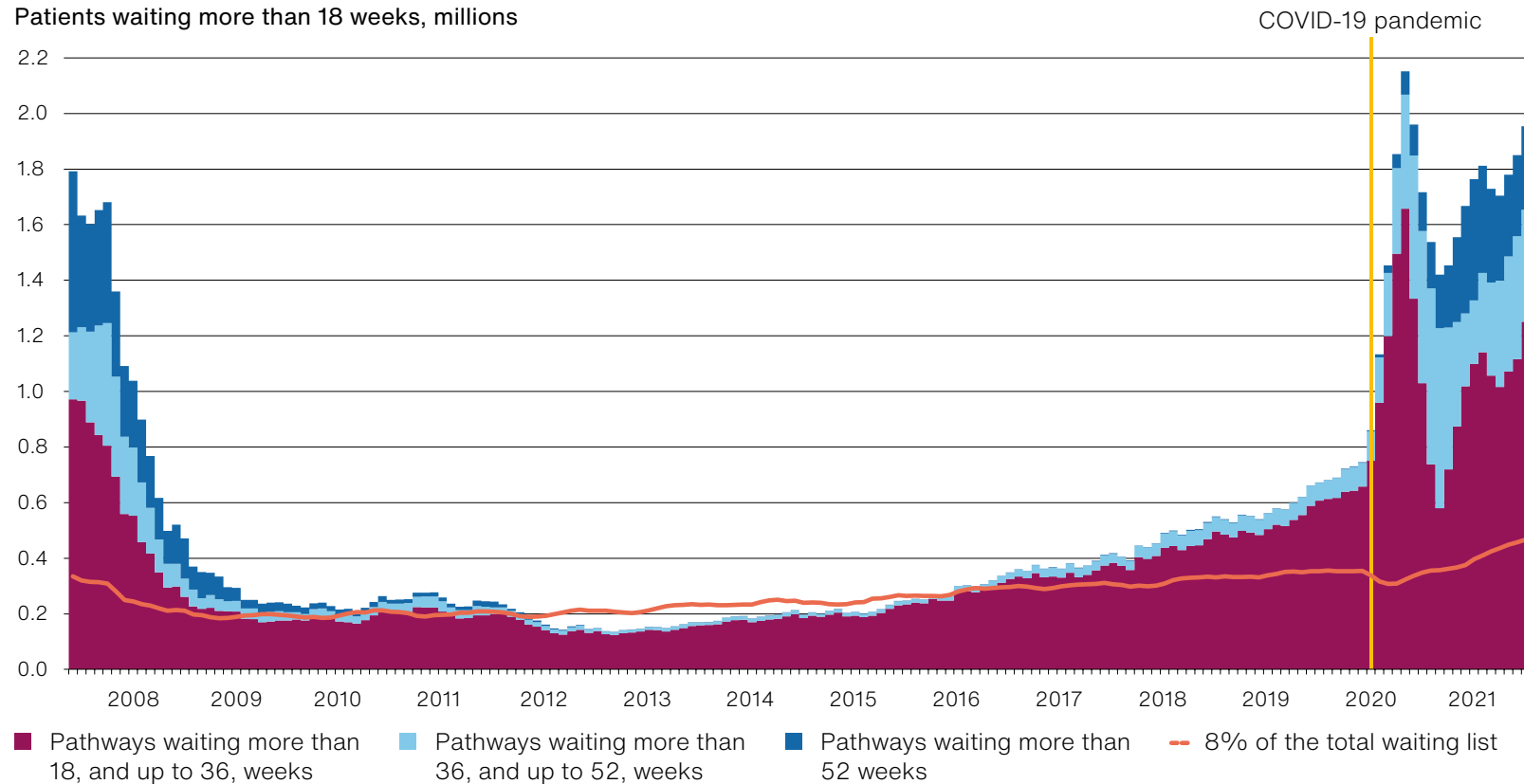


Impact of COVID-19

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://www.nao.org.uk/publications/2021/departmental-overview-2020-21/)

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

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 \(nice.org.uk\) p.5](https://www.nice.org.uk/guidance/ng188)



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.

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.”

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.

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

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](#)

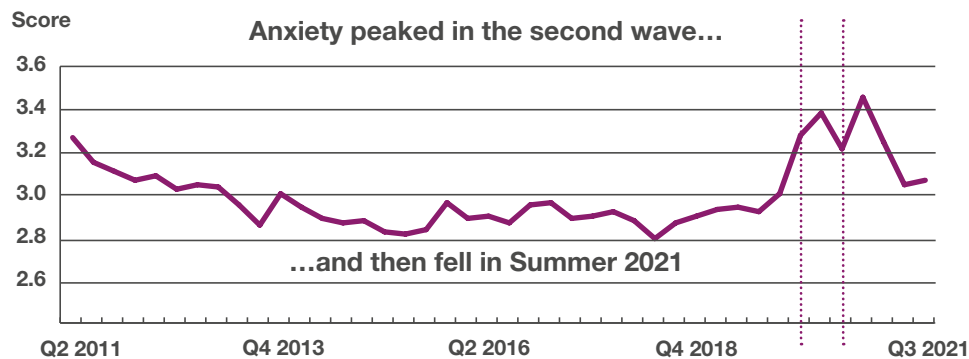


Impact of COVID-19

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

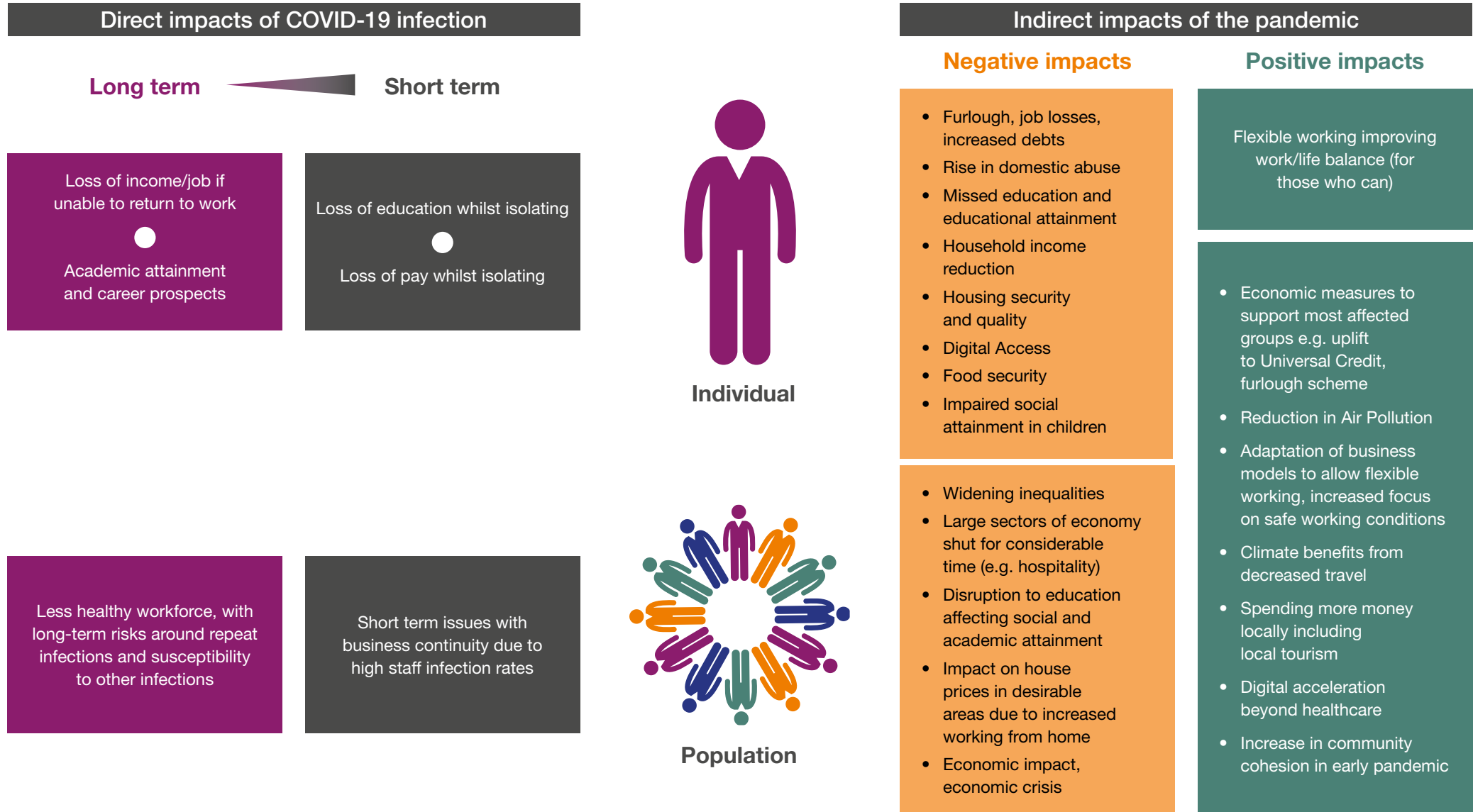
For International Day of People with Disabilities 2021, disabled people from across North Yorkshire shared their messages on the theme of 'Fighting for rights in a post-Covid era'.

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

Wider Impacts



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.

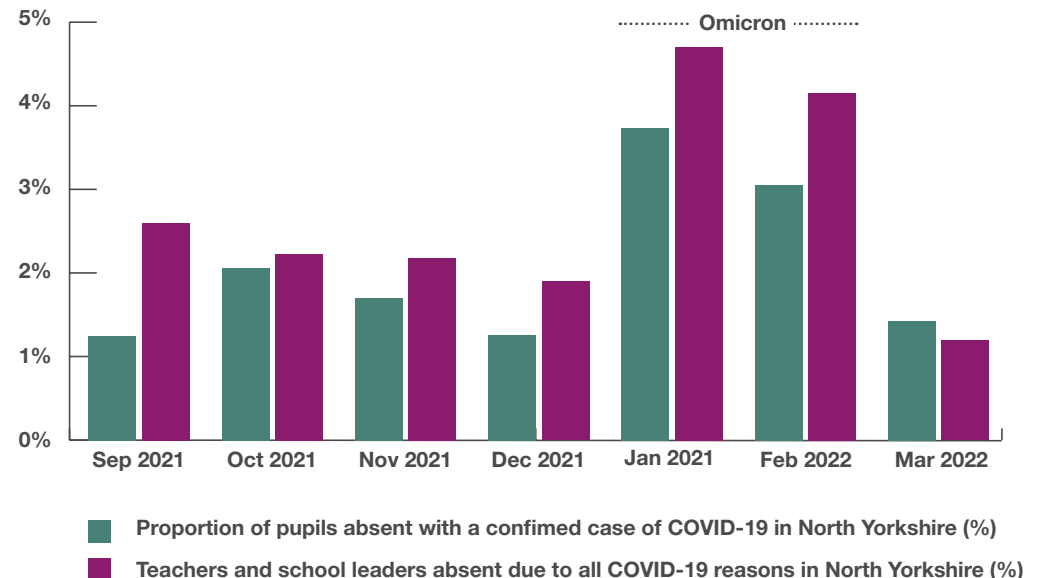
Find out more

[Click here to read about the experiences of children with SEND during the pandemic.](#)



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."

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



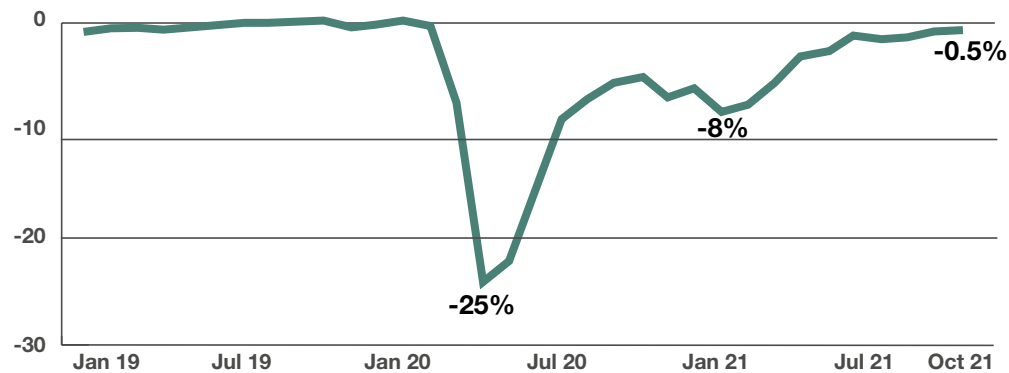
Impact of COVID-19

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-and-briefing/papers/2020/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

Appendix 1

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.

“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**

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.

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:

“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.”

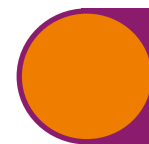
Impact of COVID-19

“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.”



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.



To watch a video about Skipton Step into Action [click here](#)

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 case studies 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 \(leder.nhs.uk\)](https://www.leder.nhs.uk/action-from-learning-report-2021-22.pdf)

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

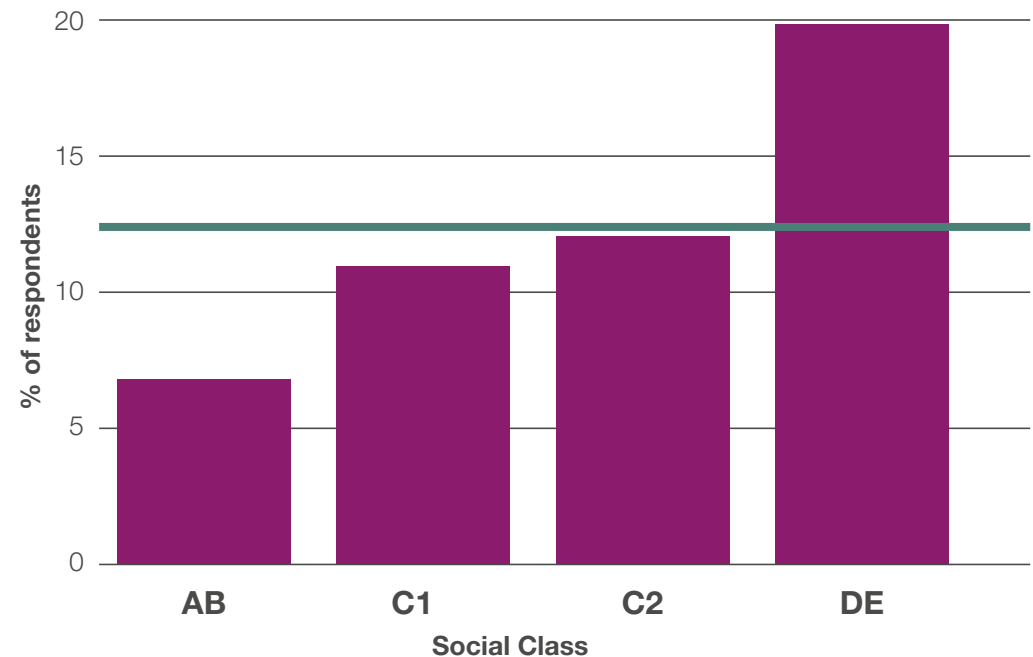
The relationship between many people and their local environment changed during the pandemic, particularly during early periods of lockdown. Due to travel restrictions, 'work from home' orders, and people spending more time at home to stay safe, there were temporary reductions seen in greenhouse gas 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)

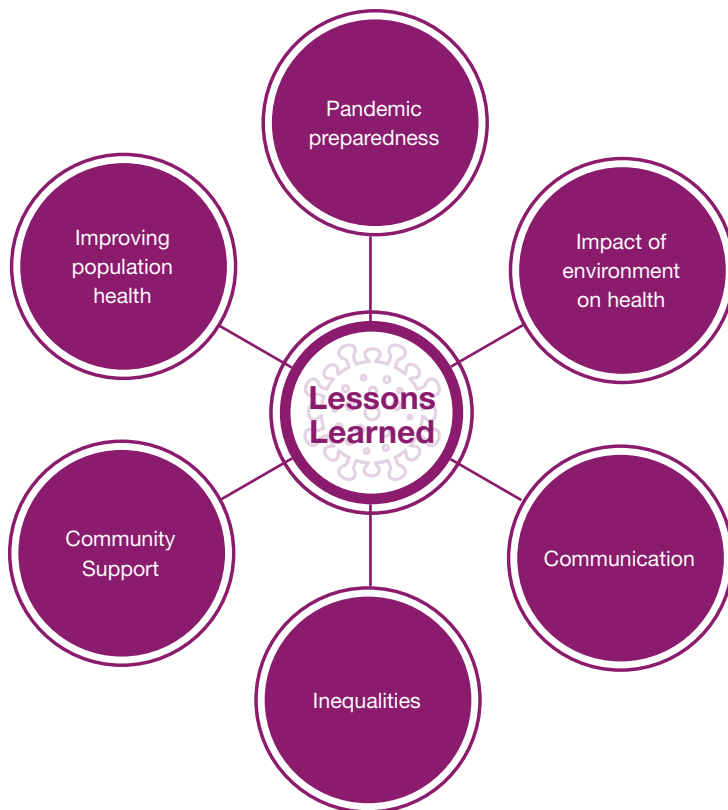


Skipton Step into Action

Lessons Learned

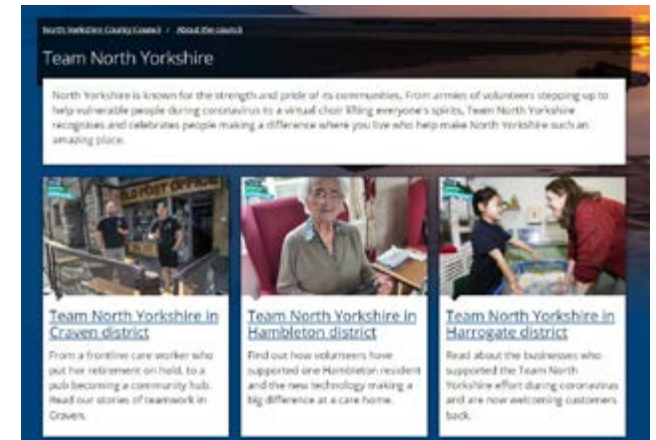
We have learned a great deal through COVID-19 about how to respond to a pandemic. However, we have also learned about ourselves, our society, what we value and what is valuable in terms of protecting and improving health and wellbeing.

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.



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

Appendix 1

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.

Find out more

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://www.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)

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](#)

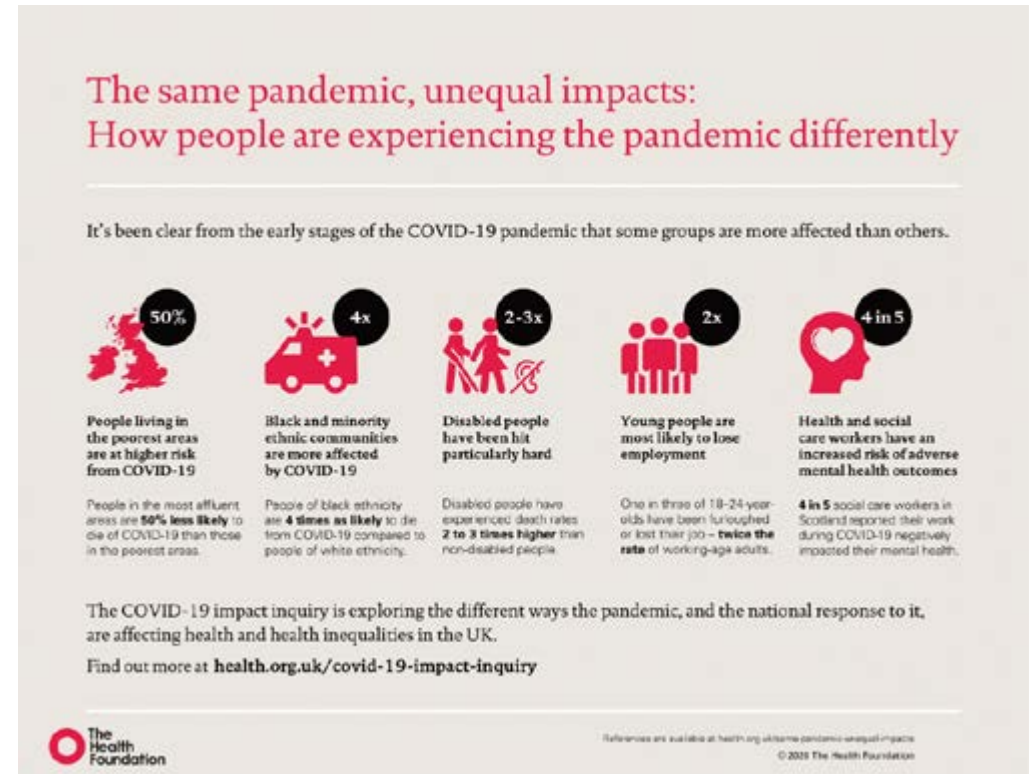
Lessons Learned

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. 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.



“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

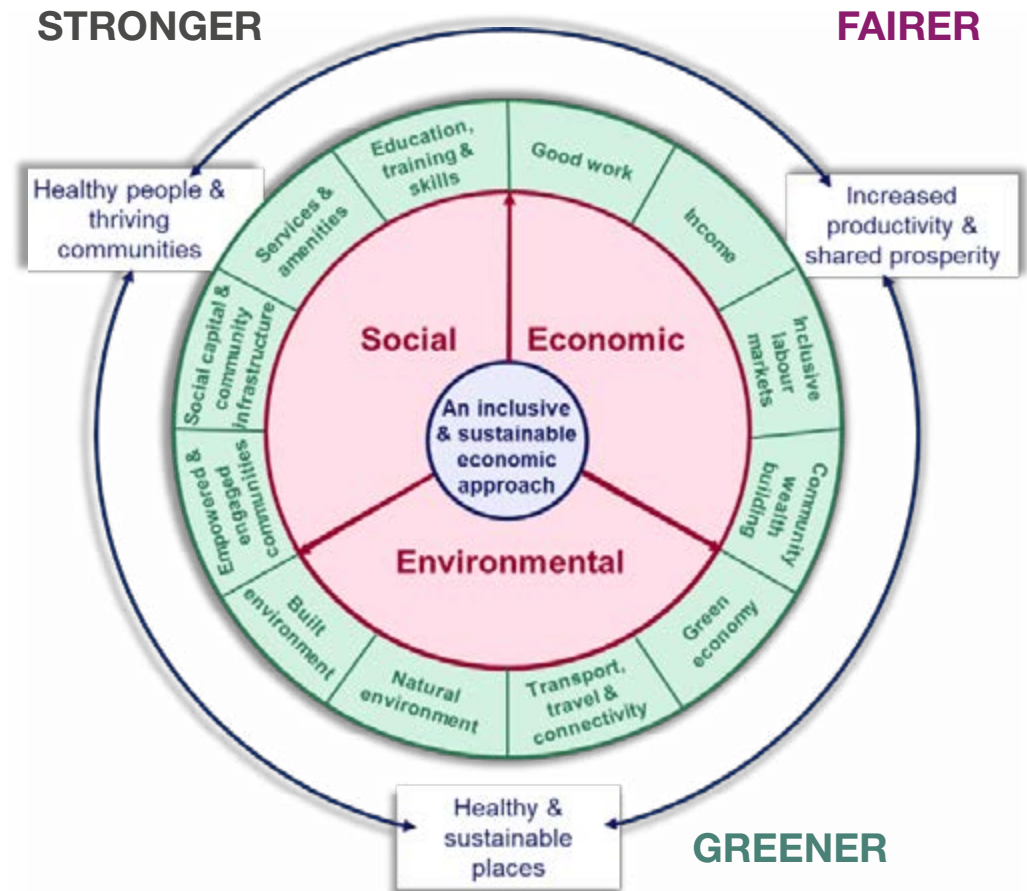
To create a society where everybody can thrive, we need all of the right building blocks in place: stable jobs, good pay, quality housing and good education.

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.

"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

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.

- 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 & 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%).
 - o '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.

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