



28th November 2022

Director of Public Health Annual Report 2021-2022

Report of the Director of Public Health

1.0 Purpose of report

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

2.0 Background

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

3.0 Content of the Annual Report

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

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

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

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

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

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

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

4.0 Recommendation

4.1 That the Health and Wellbeing Board notes the content of the Director of Public Health Annual Report 2021-2022 and considers its recommendations in its strategic planning.

Louise Wallace
Director of Public Health

County Hall
NORTHALLERTON

16 November 2022

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North Yorkshire Director of Public Health

Annual Report 2021-22

Lessons learned from the COVID-19 pandemic




Introduction

- Community conversations and learning from engagement
- Health In North Yorkshire today
- Continuing the COVID-19 response
- COVID-19 Peer Challenge
- Impact of COVID-19
 - Health, long-COVID, mental health, public health services, social care, education, economy, community, inclusion health
- Lessons learned
 - Pandemic preparedness, improving population health, environment, inequalities, community support, communications, Living with COVID
- Recommendations
- Update on previous recommendations
- Thank you

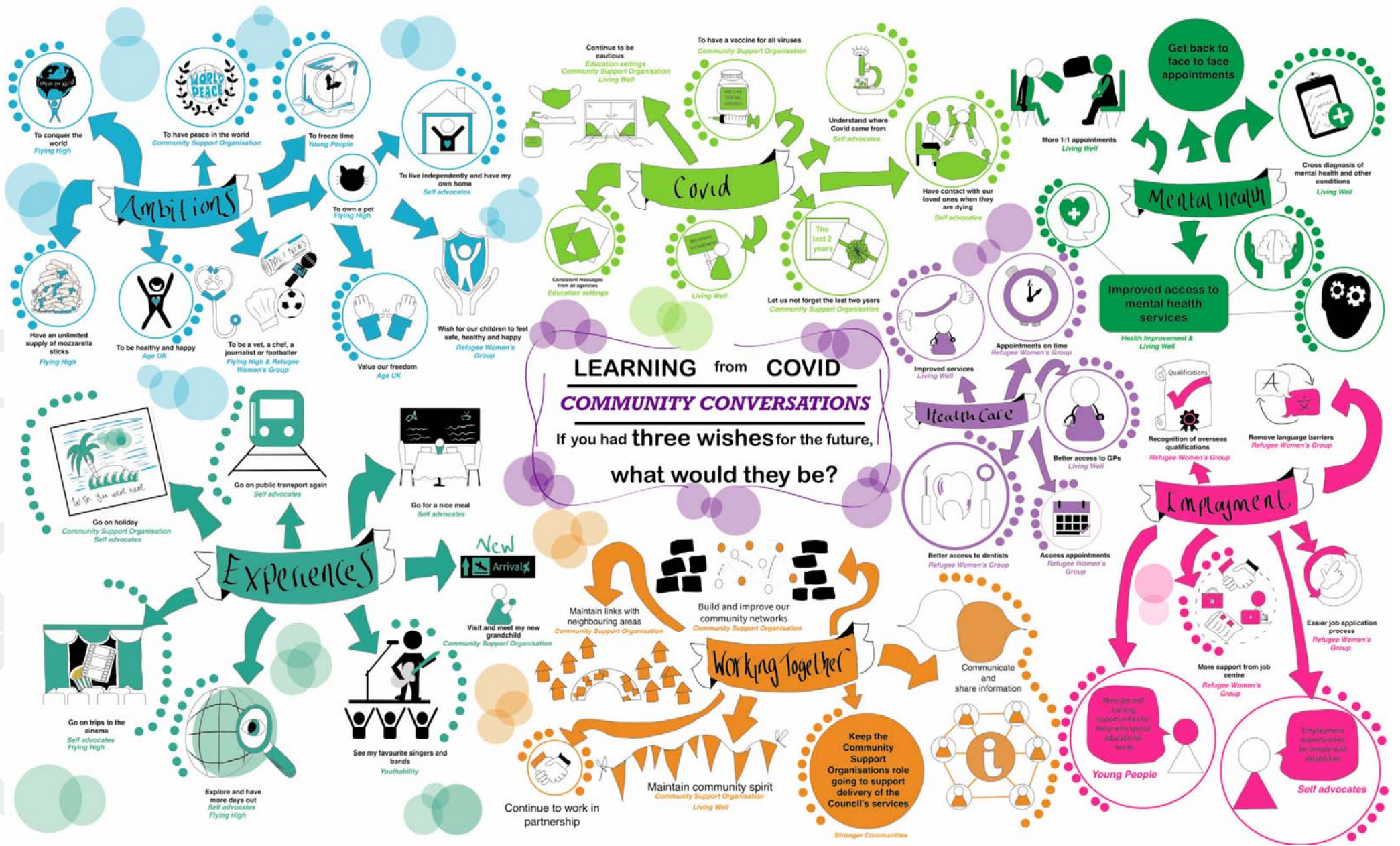
Community conversations and learning from engagement

- Community voice and experience of the pandemic used throughout
- *We may have all been in this together but our individual experiences are quite different, and yet by talking together, we find that there are so many similarities*
- Three wishes, conversations with partners and groups, creative work to share experiences of pandemic, qualitative feedback...



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

"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

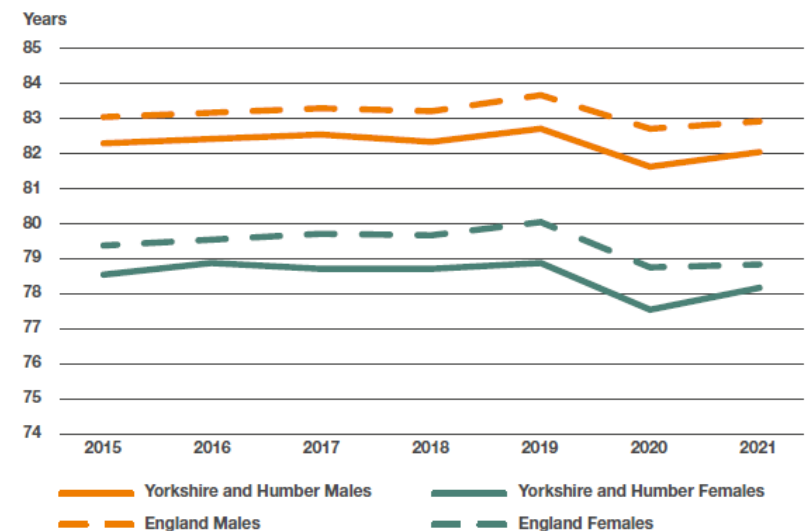


Health In North Yorkshire today

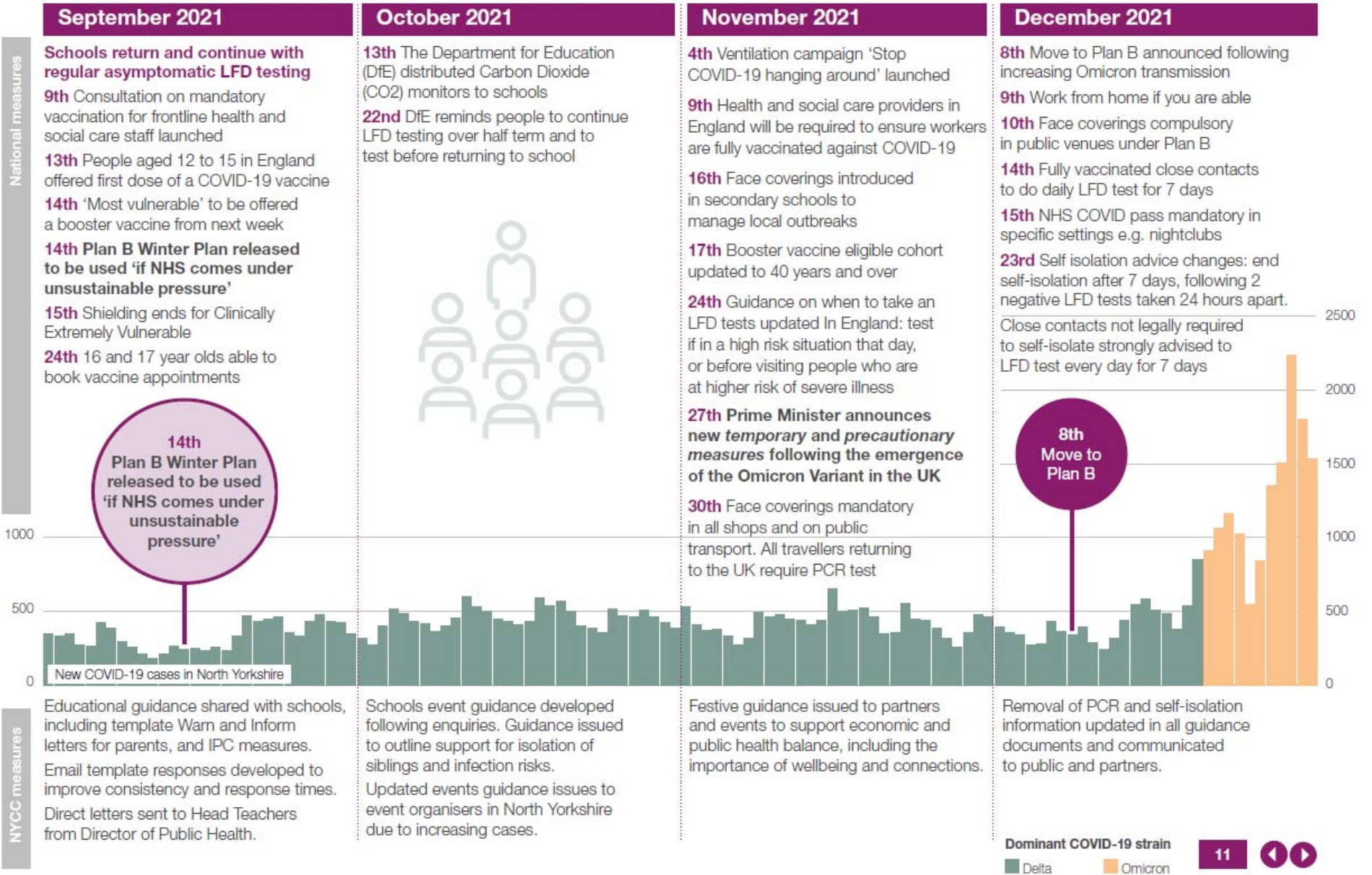


Life expectancy at birth in England and Yorkshire and Humber region (January to December 2015-21)

Source: OHID



Timeline of COVID-19 September 2021 to December 2021



Continuing the COVID-19 response

- Multi-agency collaborative response
- Outbreak management hub
- Local outbreak plan updated in March 2021
- 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.
- **Vaccination rollout**

VACCINATION DAY

Poem by Gladys Hall

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

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

COVID-19 Peer Challenge

- LGA peer challenge, September 2021
- Recommendations included:
 - Maintain public health messages to the public and continue to develop communications with internal and external partners
 - Continue to invest in health protection and developing public health across the system
 - Embed the transformative, collaborative and empowered ways of working as part of local government reform
 - Create space for those involved in the response to reflect, recharge and acknowledge their achievements

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

LGA, 2021

Impact of COVID-19

- 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

“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



Health Impacts

Direct impacts of COVID-19 infection

Long term

Short term

Long COVID

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

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

Variable illness

No symptoms



Minimal symptoms



Hospitalisation



Death



Individual

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

Staff burnout and long-term workforce pressures

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

Staffing shortages in health and care workforce due to infection levels



Population

Indirect impacts of the pandemic

Negative impacts

Positive impacts

- Physical and social deconditioning
- Mental health:
 - exacerbate existing conditions
 - increased loneliness and isolation
 - fear/anxiety about pandemic
 - loss/bereavement/grief
- Increased obesity levels (all ages)
- Increased alcohol consumption
- Family violence and abuse, safeguarding
- Disruption to physical activity behaviours

Daily exercise in early lockdowns

Increased motivation among smokers to quit and stay smoke free

- Access to health and social care:
 - Suspension of secondary care
 - Reduction in planned admissions
 - Disrupted care for long-term conditions
 - Cancer screening and treatment activity reduced
 - Availability of Adult Social Care
 - Routine immunisation access and uptake

Improvements in telemedicine and digital health

Discharge to Assess

Social cohesion and Civic Participation

Reduction in social disorder

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

Health Impacts

- Significant impact on the health of the population
- *Regardless of severity of infection, the risk of many other health problems such as diabetes and stroke increases following COVID-19 infection*
- Other impacts on health include, increased alcohol intake, increased obesity rates, worsening mental health, physical deconditioning, reduced physical activity.
- Indirect impacts such as routing access to healthcare, longer waiting lists
 - *6-million 'missing patients' did not seek treatment in 2020 – The Health Foundation*
- Health and care staff continue to be particularly affected by COVID-19 infections, Long COVID and burnout, leading to continued workforce pressures
- **Long COVID**
 - *"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."*
- Social care services and people in receipt of care have been **disproportionately affected by both the direct effects of COVID-19 and the wider impacts of the pandemic**

Wider Impacts

Direct impacts of COVID-19 infection

Long term

Short term

Loss of income/job if unable to return to work

Academic attainment and career prospects

Loss of education whilst isolating

Loss of pay whilst isolating

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

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



Individual



Population

Indirect impacts of the pandemic

Negative impacts

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

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

Positive impacts

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

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

Wider Impacts

• Education

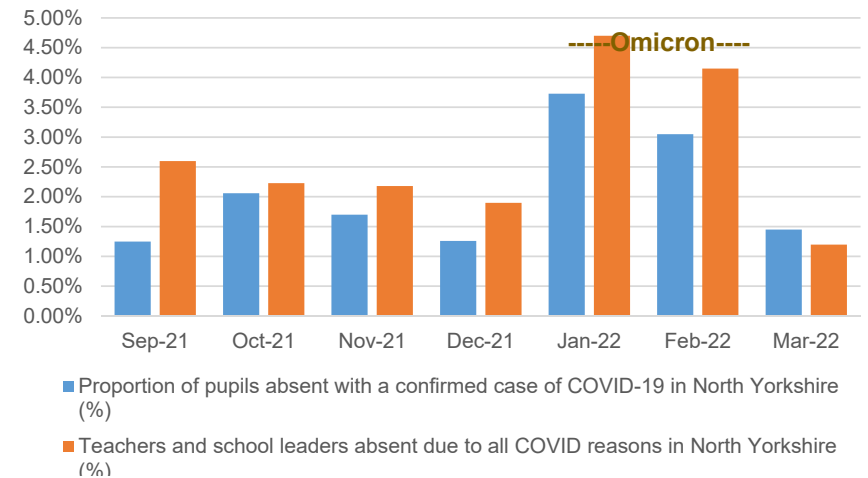
- Disruption risks widening the gap in future health outcomes and prospects, with children from disadvantaged backgrounds more significantly affected
- *“Understanding and implementing government guidance has been really challenging, and the short notice meant it was very difficult to plan and communicate. Added to this were high staff absences and supply agencies were unable to fill the gaps. ... we never use the phrase ‘living with COVID-19’ as so many people have suffered personal tragedy or are still at risk.”*

• Economy

- 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
- *The Great Yorkshire Show; “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.”*

OFFICIAL - SENSITIVE

COVID-19 absence data in North Yorkshire schools September 2021 – March 2022



Wider Impacts continued

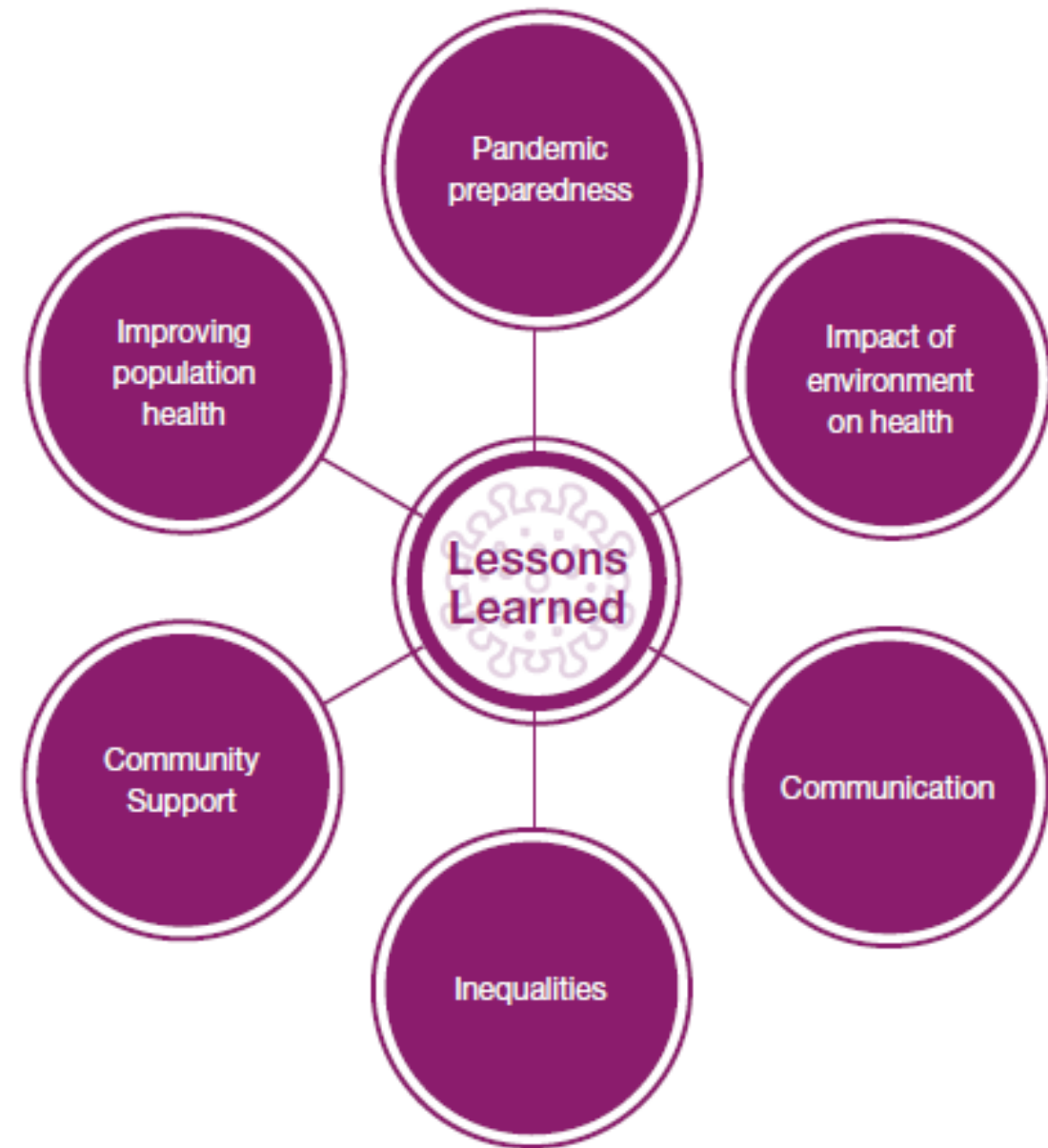
- Community
 - Some impacts were felt more strongly by specific communities
 - Despite this, communities themselves responded together = created increased community cohesion
 - Community Support Organisations *legacy*
- Inclusion Health
 - COVID-19 has **widened existing health inequalities**, many of which were among these higher risk groups, including people who experience homelessness, asylum seekers and refugees, and Gypsy, Roma and Traveller communities.
 - Disabled people have been differentially affected by COVID-19
 - 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)
 - **Digital accessibility**

“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.”



Lessons Learned

- Learned a **lot** about how to respond to a pandemic
 - Also learnt about ourselves, our society, what we value, and what is valuable in terms of protecting and improving health and wellbeing
 - Pandemic is not over, will take many years for true impact to be known



“Living with COVID-19”

- National plan announced in February 2022
 - Shifted balance from government-enforced COVID-19 mitigations to individual responsibility
 - Cases of COVID-19, and burden of illness, have remained high in UK and North Yorkshire
 - Continued disruption
 - **Prevention guidance remains key!!!**
- 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
- 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
- Societies function best when people look out for their neighbours, not just themselves.
- **We must therefore acknowledge the challenges and the lessons learnt, applying a partnership approach to the ongoing, and new, challenges we face**

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.

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 continued

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



Directors of Public Health
175 Years
— 1847 - 2022 —

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