DERBYSHIRE County Council

Stepping up to the challenge

Director of Public Health Annual Report 2022

Contents

Version Control

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1: Foreword from Director of Public Health

Welcome to my 2022 Director of Public Health Annual Report for Derbyshire. Directors of Public Health in England have a statutory duty to publish an annual report. The report is designed to provide an independent voice in relation to important health and wellbeing challenges, as well as being an opportunity to share good practice and share learning. It is also an opportunity to provide recommendations in terms of further work needed to reduce inequalities and improve health outcomes.

This year I have chosen to focus on the theme of health inequalities through the Covid-19 pandemic, concluding with a call to action for all local partners to further addressing health inequalities across Derbyshire.

Over the last two and a half years, Public Health in Derbyshire has stepped up to the enormous challenge of managing and responding to the impact of a global pandemic. It has been hugely challenging for everyone involved. Everyone - citizens, partners, health professionals, front line workers, volunteers, carers, young, old or middle aged - have stepped up and done their bit.

However, not everyone had the same opportunity and in some communities in Derbyshire the impact and effects of the pandemic have been seen more deeply than in other areas. Health inequalities across Derbyshire existed long before Covid-19, the pandemic has made these inequalities more pronounced, and they will exist long after the pandemic. It is only through the combined efforts of all of society that we can make sustained progress in reducing these longstanding and worsening inequalities impacting unfairly on the health and wellbeing of so many people.

Health inequalities are deep rooted, embedded and engrained across society and it will take more than a Public Health department and a relatively small Public Health budget to address, tackle and potentially begin to solve.

It is 175 years since the poor health conditions in the City of Liverpool resulted in the area being the first in the world to appoint a Medical Officer of Health (now known as a Director of Public Health) when it appointed Dr William Henry Duncan to the role. Dr Duncan's role ensured the sanitary conditions in the city's worst neighbourhoods were improved in order to prevent the spread of disease. Two years later, in 1848 the first Public Health Act was passed following extensive debate on the sanitary conditions of many people working in England's newly forming towns and cities, as well as due to the impact of a European-wide Cholera epidemic. A General Board of Health was established nationally to work with Local Boards of Health to help prevent disease and improve the health of the local population. In a lot of ways there are clear similarities to our recent experience of managing the impact of an unknown disease, recognising

that not all populations had the same opportunities and seeing new structures set up to deal with the challenge.

Collaboration was as important in the 1840's as it is now, and this Annual Report demonstrates the importance of this theme. The report reviews shared actions over the past few challenging years and takes learning to apply in the future to ensure all partners in Derbyshire continue to address health inequalities and make a positive difference to communities via a preventative approach.

As a health and social care system my call to action at the end of this report is simple – all partner organisations and agencies involved in public health, healthcare and social care delivery need to continue the progress towards greater collaboration and integration, supporting and taking action together to address health inequalities, to close the gap between the most and least deprived areas of Derbyshire and wherever possible focus efforts on tackling social deprivation at root cause via upstream preventative approaches.

Partners within the Integrated Care System need to ensure that the resources available locally are located in the right place to have the maximum impact on protecting and improving health and wellbeing. By all partners and communities working together to collectively address and reduce health inequalities we will ensure a healthier, fairer and more resilient population who will be better placed to fight the next major health challenge when it arises. Not only will this deliver improved health outcomes for individuals and communities, over time a population level preventative approach will support the sustainability of the NHS and Social Care system. In time the health of the population will improve and by focusing greater resources into the areas where populations have the worst health outcomes, we will overtime improve the health of these groups the most, which will help reduce demand on the NHS and Social Care.

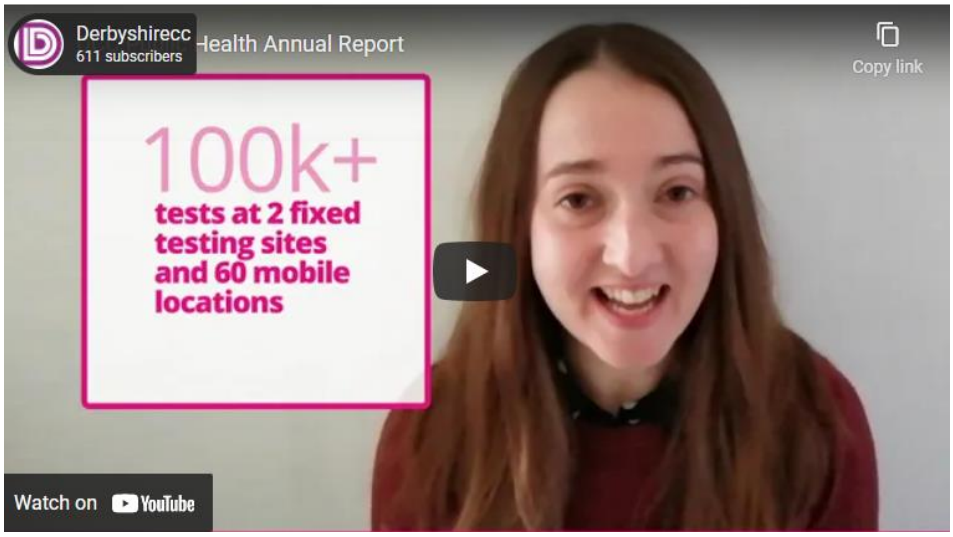
When reading the recommendations in this report I ask you to reflect on how individually or via further collaboration across organisations and with the people and communities of Derbyshire we can all make a bigger impact on tackling inequality. The Derbyshire Public Health department are keen to hear your views on how you can help support this collective effort. The themes of this report will be reviewed in twelve months' time to demonstrate how by working together we have started to turn the curve on key health outcomes.

This is my last report as Director of Public Health for Derbyshire, it has been an honour and a privilege to work with a range of systems and partners to tackle health and wellbeing issues together – I hope that this continues and further strengthens after I have left my role. I also want to say a heartfelt thank you to everyone who, over the past few years, has helped and supported the work of the Public Health Derbyshire department – I simply could not have done it without you.

Best Wishes, Dean

2: Update on last year's report

In 2021, a short summary video was produced as the Annual Report for that year. The video highlighted the ongoing efforts to manage the impact of Covid-19 in Derbyshire via a range of partnership action based on strong collaboration. You can view the video here:



[Derbyshire Director of Public Health Annual Report video 2021 - Derbyshire County Council]

The role of the Public Health department and the collaborative partnership approach utilised throughout the early stages of the pandemic was recognised in 2021 when the Derbyshire Public Health department was Highly Commended at the MJ Local Government Achievement Award in the Public Health Improvement Category. The judges noted that the Derbyshire response had prioritised making a difference on the ground and not only supported those directly affected but also concentrated on helping people to stop smoking and lose weight which are known contributors to the severity of Covid-19 infection. The extra support in providing help such as shopping, dog walking and companionship phone calls to those needing support during self-isolation was also noted.

With the onset of the Omicron Variant Derbyshire's Public Health department undertook further outbreak management across a range of settings, supporting the NHS vaccination booster campaign, continuing our community testing activity and ensuring the most vulnerable in society received additional help and support through a challenging period.

3: Aims and objectives of the report

This report picks up from where the 2021 summary video left off to provide an insight into the approach taken in Derbyshire to manage and mitigate the ongoing impact of the pandemic.

The report explores in more detail the theme of health inequalities and how the pandemic response led by Derbyshire Public Health sought to reduce the impact of the pandemic on those communities where inequalities in health are often felt most.

The report demonstrates that health inequalities are a complex, longstanding and challenging issue. In some cases, emerging evidence suggests that health inequalities have been mitigated throughout the pandemic, but in some other cases health inequalities have further increased, with the pandemic having a disproportionate impact on certain population groups.

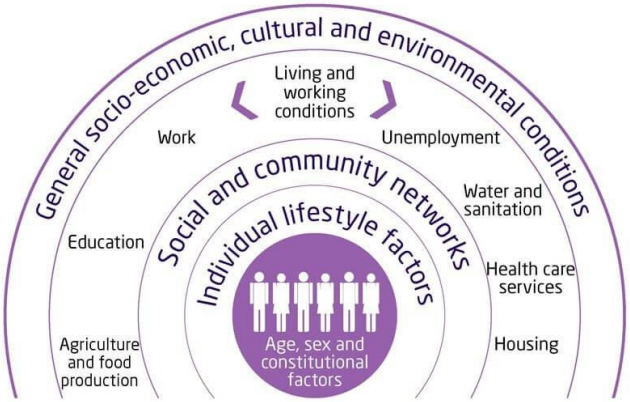
This Annual Report will explore some of the inequalities in Derbyshire that existed before the Covid-19 pandemic, how Public Health Derbyshire sought to manage and mitigate the impacts of health inequalities throughout the pandemic and ends with a call to action about what partners in Derbyshire can do now to renew and refresh a shared focus on tackling health inequalities.

This report intends to:

- Show the impact of Covid-19 on health inequalities in Derbyshire
- Outline what actions have been taken and continue to take to tackle health inequalities in the county
- Consider what opportunities and challenges there are in relation to health inequalities
- Consider what further action is required and provide recommendations for future work.

4: What are health inequalities?

Health inequalities are avoidable, unfair and systematic differences in people's health across the population and between specific population groups.



Health inequalities are ultimately about differences in the status of people's health but can also involve differences in access to quality care and behavioural risks to health.

Health inequalities are interlinked with the wider determinants of population health and are driven by the following factors in the diagram to the right

The wider determinants of health include the environmental, economic and social conditions in which people are born, live and ultimately die that have an impact on health and wellbeing; ultimately dictating the quality and quantity of life an individual or population will experience.

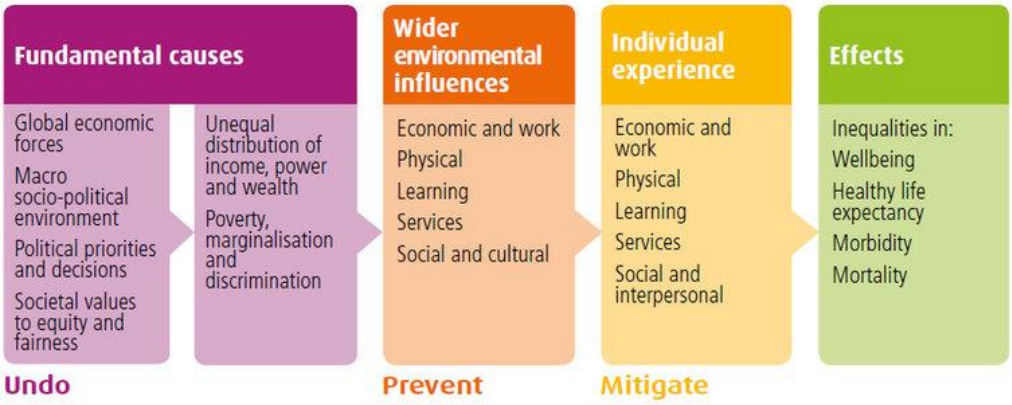
The inequalities in these factors, referred to as the wider or social determinants of health are a fundamental cause of health inequalities.

Reducing inequalities in the wider determinants of health is a crucial part of reducing health inequalities, which in turn will increase the quality and quantity of overall life expectancy within and between populations.

Complex and interlinked factors cause health inequalities and may be driven by:

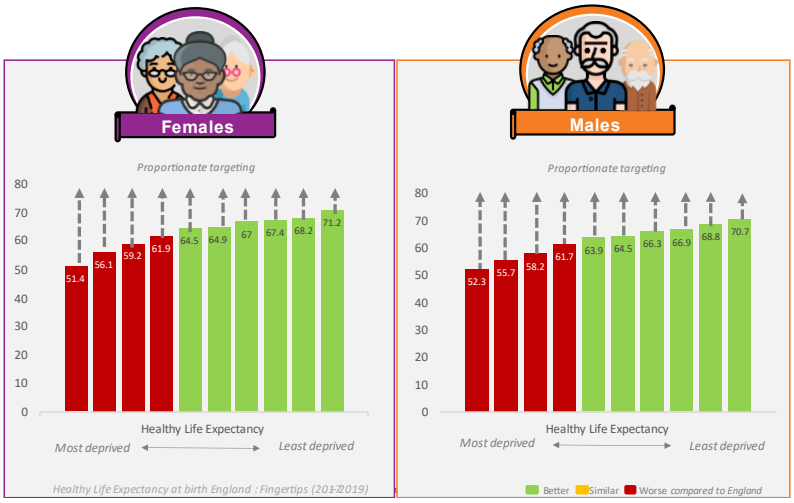
- different experiences of the wider determinants of health
- differences in health behaviours or other risk factors
- psychosocial factors, such as social networks and self-esteem
- unequal access to or experience of health services

The key drivers of what causes health inequalities are summarised below:



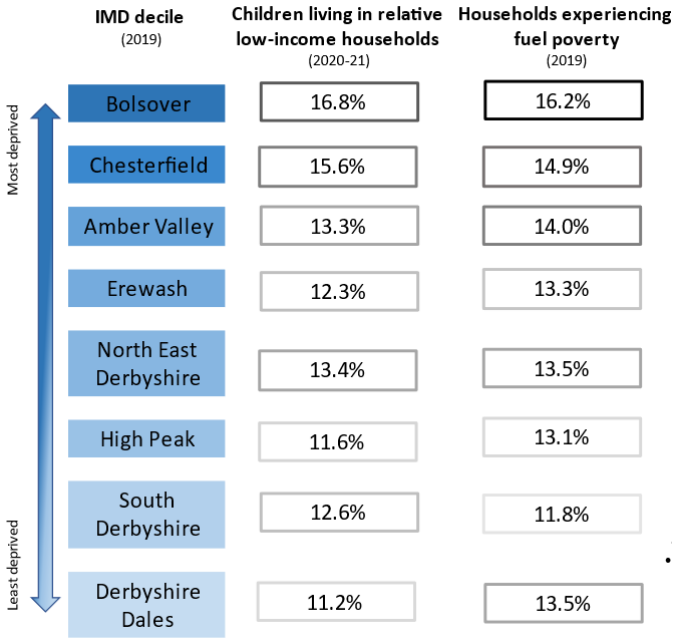
Whilst some of these issues need to be addressed at a global, national or regional scale, a number of factors can be shaped and managed locally to help prevent inequalities from worsening, and in some instances, result in their reduction.

Action on health inequalities requires improving the lives of those with the worst health and wellbeing outcomes, fastest. This approach is known as **proportionate universalism** – where action needs to be applied across the whole of the social gradient, but that the scale and intensity of services should reflect the level of disadvantage.



For an individual to have responsibility for their own health, they will need to be motivated to make healthy choices, have sufficient knowledge to make informed choices, and also have the opportunity to make healthy choices available to them. In particular, the wider social, economic and environmental factors influence an individual's ability to exercise choices in the decisions they make that will affect their health. For example the amount of income an individual has directly impacts on the quality of the house in which they live, the wider environment in which that house is situated (for example access to green space or feeling safe to exercise in their neighbourhood) and the quality of food they are able to purchase, and the activities they can afford to improve their and their families mental wellbeing. When considering action on public health priorities like working to reduce the health inequality gap, it is often unhelpful to default to a position that dictates it is all about individual choice and personal responsibility. Undoubtedly personal responsibility and individual behaviours have an important role to play, but the much bigger issues and the one's most likely to improve population health most quickly particularly in areas of relative deprivation, are actions on the wider determinants of health. For example, ensuring that people are able to maximise the income to which they are entitled, ensuring a good quality level of housing standards across all housing types, access to green space and urban design that makes neighbourhoods walkable and amenable to active travel.

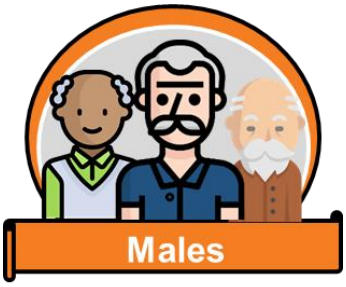
Research suggests that individual choices are impacted by levels of deprivation and therefore applying interventions that utilise proportionate universalism can help secure more positive health outcomes for people and communities locally. The infographic to the right shows how the key indicators relating to children living in low-income households and fuel poverty maps to deprivation.



5: Health inequalities before the pandemic

Below is a summary of key facts showing what health inequalities were like before the pandemic.

Healthy life expectancy



In 2017 to 2019 healthy life expectancy (HLE) at birth in the UK for males was 62.9 years, showing no significant change since 2014 to 2016;

In 2014-16 the average HLE at birth in Derbyshire for males was 63.9 years, higher than for England.

The difference in HLE between the least and most deprived areas of Derbyshire between 2009 and 2013 for men was 13.7 years, significantly lower than for England.

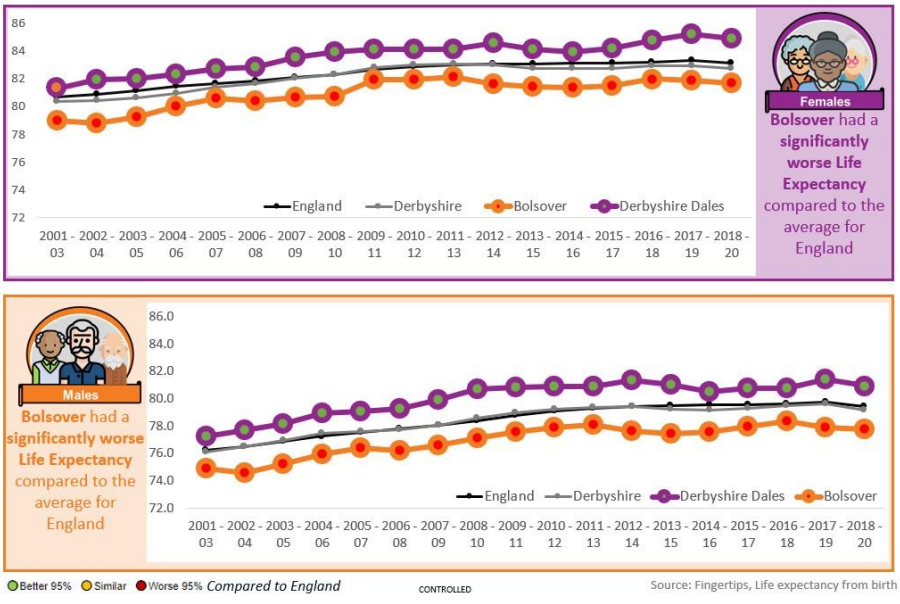
HLE for females in the UK for the same period showed a significant decrease from 63.7 years in 2014 to 2016 to 63.3 years in 2017 to 2019. In 2014-16 the average HLE at birth in Derbyshire for women was: 63.5 years, lower than for England.

The difference in HLE between the least and most deprived areas of Derbyshire between 2009 and 2013 for women was 13.5 years, significantly lower than for England.

It is striking that HLE for both men and women remains significantly lower than retirement age.

Life expectancy

There are wide variations in life expectancy between different populations. The diagram below shows the difference between someone living in Bolsover compared to the Derbyshire Dales:



Disability

Derbyshire has a significantly higher rate of people who state that their daily activities are limited by their health, or a disability compared to England, equating to 157,000 individuals.

The higher rate is most likely due to the older population of Derbyshire compared to the national population profile.

All districts also have a higher rate than England with the exception of South Derbyshire which has a similar rate to the national figure.

Approximately two thirds (66%) of those with a long-term condition or disability in Derbyshire report feeling sufficiently supported to manage their condition, a proportion similar to the national figure.

Health and behaviour

Multiple unhealthy behaviours have a cumulative effect on health. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is four times as likely to die over the next 10 years than someone who does none of those things.

Inequality in this area has increased. The rate of multiple unhealthy behaviours has decreased overall but not within the poorest parts of society.

Below are some key facts from the Office of Health Improvement and Disparities Fingertips tool that indicate the position before the pandemic:

- **Physical Activity**: In Derbyshire, in 2019-20 the percentage of adults completing 150+ minutes of moderate intensity physical exercise per week is 70.6%, significantly higher than for England (66.4%).

  The percentage completing less than 30 minutes is lower than for England, at 20.1% in 2019-20, compared to 21.4% for England.

- **Smoking:** Smoking is the most important cause of preventable ill health and premature mortality in the UK. In Derbyshire, in 2019-20 13.3% of adults are smokers, which is significantly lower than for England which has a prevalence of 14.3%.

- **Smoking in pregnancy:** Smoking during pregnancy causes premature births, miscarriage and perinatal deaths.

  Smoking also increases the risk of stillbirth, complications in pregnancy, low birthweight, and of the child developing other conditions in later life.

In 2018-19 in Derbyshire 16.3% of pregnant women are smoking at the time of their maternity booking appointment, this is compared to an average of 12.8% for England.

- **Alcohol:** Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

  In Derbyshire, in 2017-19 12.6 people per 100,000 population die from an alcohol specific condition and this is significantly worse than the England average which is 10.9 people per 100,000 population.

- **Obesity:** In Derbyshire in 2019-20, 66.9% of adults were classed as overweight or obese. This is higher than the national average for England which is 62.8%.

Mental illness

Mental illness is by far the most common illness for people aged 15–44 years. The incidence of mental illness rises as you get older, but across all ages up to 65 years, mental illness is nearly as common as physical illness. Areas with higher levels of socio-economic deprivation are associated with higher levels of mental illness.

Both individual and neighbourhood deprivation increases the risk of poor mental health. People with mental illness are more likely to experience socio-economic deprivation.

Studies have shown a decline in social position and financial circumstances over time in people who were depressed. In addition, self-reported poorer mental health in men is associated with a downward socio-economic trajectory over the life course.

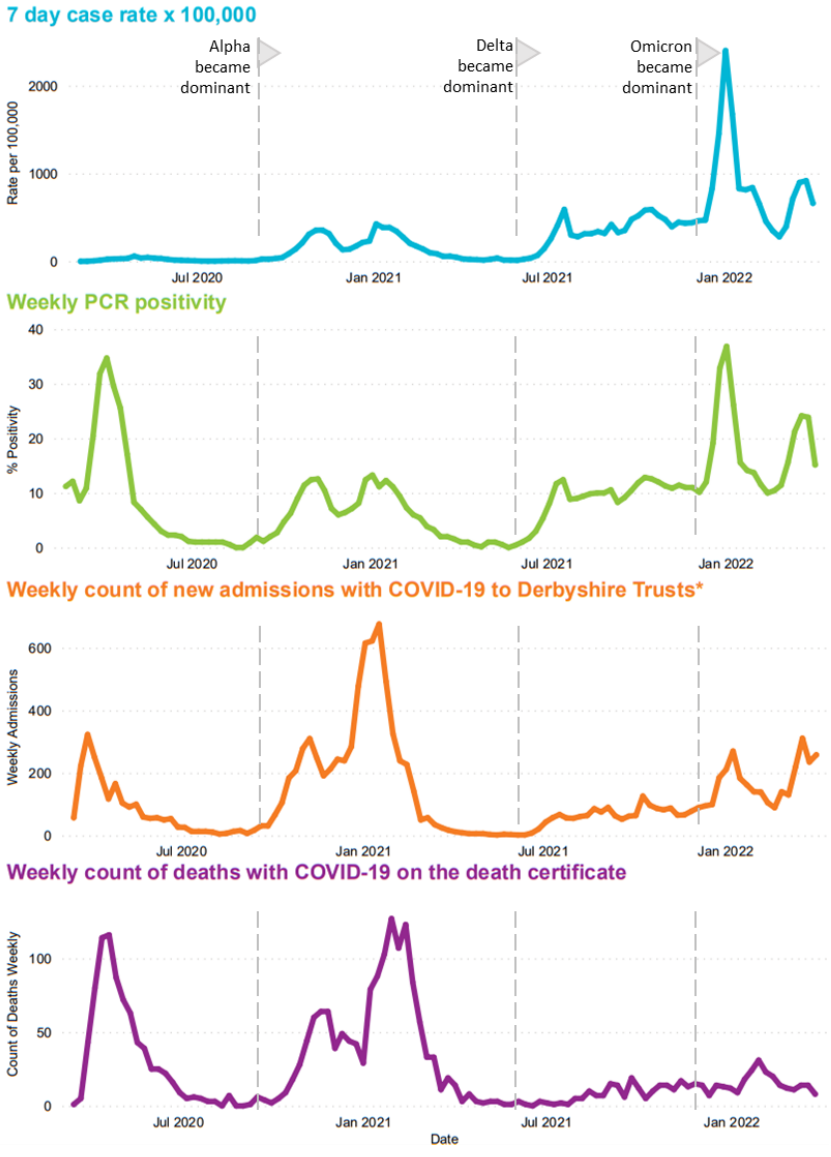
6: Covid-19 – stepping through the pandemic in data

Data summary of key facts from the pandemic

Since the first Derbyshire case was identified on 25 February 2020 there has been 245,993 Covid-19 cases identified via a positive test across Derbyshire (up to April 2022 when regular data reporting ceased). This number is likely to be higher as some people may not have formally come forward to identify themselves as Covid-19 positive and at the start of the pandemic testing was only available in specific healthcare settings, meaning that the “confirmed” case numbers will be a significant under-estimate of the true prevalence of the virus.

Throughout the pandemic case rates have varied, with four main waves. The first wave began in early spring 2020, when Covid-19 initially spread, although with the limited access to testing at the start of the pandemic, this wave is not reflected in the case rate, although the impact on hospitalisations and deaths is apparent. The second wave started as the Alpha variant became dominant in September 2020 and ended in April 2021. The third wave started in June 2021 when the Delta variant became dominant, followed by sharp rises in infection rates being experienced when Omicron became the dominant variant at the end of 2021, through to 2022.

Covid-19 cases, positivity, hospital admissions and deaths in Derbyshire (data up to April 2022)



In Derbyshire since the start of the pandemic up to April 2022, there has been:

245,993 cases

2.5 million PCR tests conducted

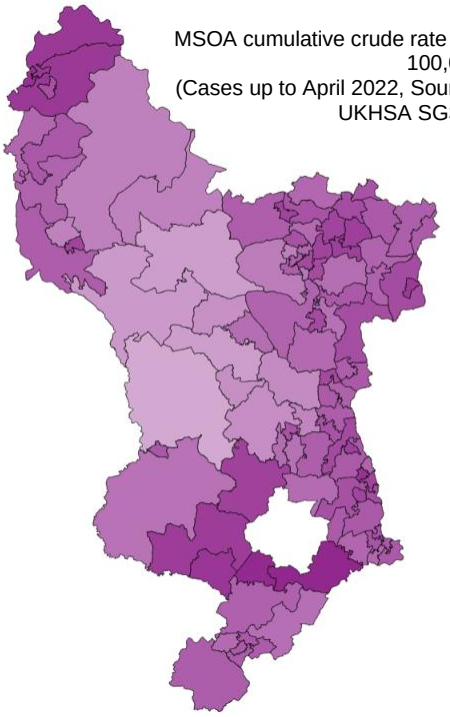
13,107 Covid-19 hospital admissions to Derbyshire trusts

2,669 Covid-19 Deaths

Source: UKHSA- Coronavirus Dashboard
*Chesterfield Royal and Royal Hospital Derby & Burton

Covid-19 hospital admissions increased during the first and second waves of the pandemic, however, were lower during the Delta and Omicron wave, a success of the vaccination programme. Between 1 April 2020 and 31 March 2022, 13,107 Covid-19 positive patients were admitted to the Chesterfield Royal Hospital and University Hospitals of Derby and Burton.

Up to April 2022 there were 2,669 deaths of Derbyshire residents with Covid-19 mentioned on the death certificate. Similar to hospitalisations there were two main peaks when exploring Covid-19 mortality in Derbyshire during the initial and second wave.
Despite the high number of people infected during the Delta and Omicron waves, the number of deaths occurring during these waves was lower than in the initial waves, primarily due to the success of the vaccination program.



MSOA cumulative crude rate per 100,000
(Cases up to April 2022, Source: UKHSA SGSS)

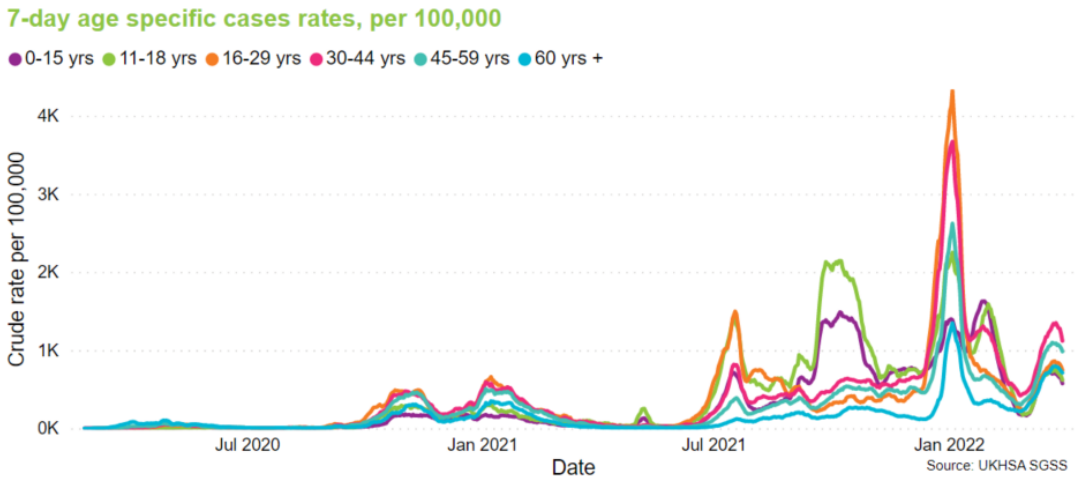
The number of cases were distributed across the county, the table below and map to the right show the number of cases and the crude case rate per 100,000 population.

District and borough	Count of cases	Population count (MYE2020)	Crude rate x100,000
Amber Valley	38,912	128,829	30,204
Bolsover	25,293	81,305	31,109
Chesterfield	32,550	104,930	31,021
Derbyshire Dales	18,912	72,422	26,114
Erewash	35,953	115,332	31,173
High Peak	28,500	92,633	30,767
North East Derbyshire	31,033	102,216	30,360
South Derbyshire	34,840	109,516	31,813
Total	**245,993**	**807,183**	**30,475**

Testing and Cases

The pattern of confirmed cases has been heavily influenced by uptake and availability of testing. Early in the pandemic testing was only available to Covid-19 hospital patients, case rates were higher in those over 60 years old as this group were more likely to be hospitalised.

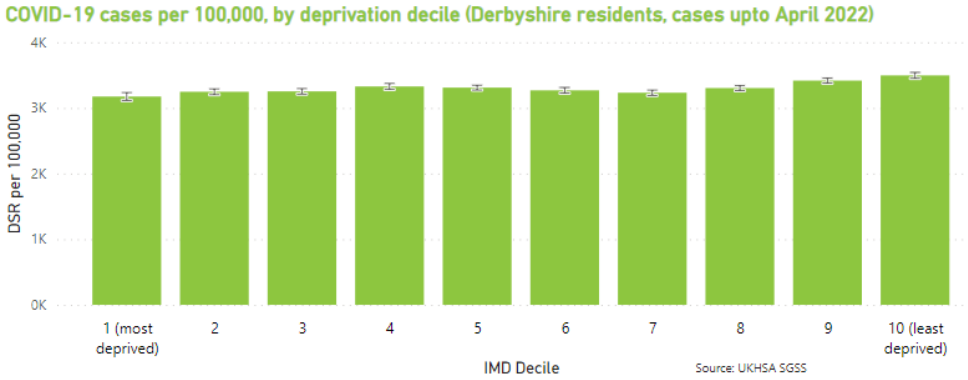
As testing became available to the rest of the population, case rates varied across age, occupation, gender and location, this was associated with the changes to government guidance/announcements and those coming forward to test.



Certain occupational groups such as those working in health and social care were required to undergo regular testing, these would be more likely to test positive for Covid-19. Routine testing in care homes was introduced (Whole Home Testing) in July 2020, identifying more cases amongst care home residents and staff.

In December 2020 Derbyshire was the first Local Authority in the East Midlands to roll-out rapid testing using Lateral Flow Devices (LFD) via community testing sites, this identified individuals that were asymptomatic and led to more confirmed cases being reported. All schools reopened in March 2021 with routine testing in place for all staff and secondary school students, identifying more cases in young people.

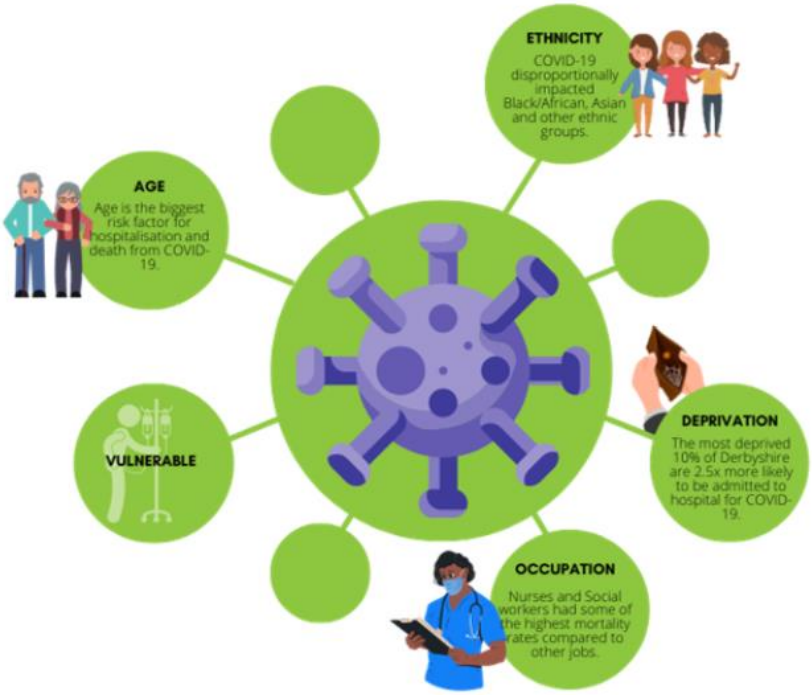
Other factors are also likely to impact uptake of testing, when exploring Covid-19 case rates by deprivation decile, there is little variation across Derbyshire, the least deprived areas have the highest cumulative rates. This may be associated with those from deprived areas being reluctant to take part in testing to see if they are Covid positive. For many people in more deprived areas for example, testing positive would mean individuals would have to self-isolate when they are not able to afford being out of work.



The factors associated with testing are a key consideration when reviewing case rates across the pandemic. Hospital admissions and deaths from Covid-19 provide a better measure of the impact of Covid-19 across the County and explore how some population groups have been disproportionately impacted by the virus.

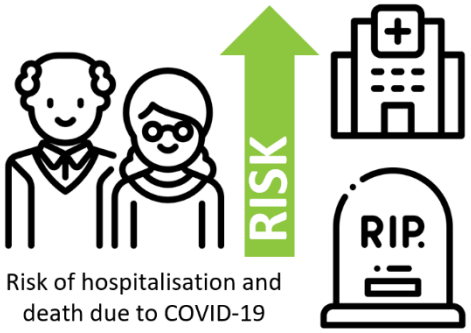
How were health inequalities a factor throughout the pandemic?

The pre-existing inequality divide is replicated in exposure, susceptibility and consequence of Covid-19 and, in some cases, has increased across age, sex, ethnicity, deprivation, occupation, and vulnerable groups. The diagram to the right summarises some of the impacts:



Age

Age is the biggest risk factor for hospitalisation and death from Covid-19. In Derbyshire the chances of hospitalisation in 2020-21 from Covid-19 was 1.7 times higher in those aged over 85 years old compared to the next oldest age group (75 to 84 years) and 21 times higher compared to those under 60 years old. The chances of dying from Covid-19 was 3 times higher for those over 85 years old compared to those aged 75 to 84 years old.



Risk of hospitalisation and death due to COVID-19 increases with age

Gender and Sex

Gender and sex are different concepts that are often used interchangeably. Sex is usually categorised as male or female and refers to the biological attributes of an individual. Gender is a social construct that is an internal sense of self whether an individual sees themselves as a man or a woman, or another gender identity. Covid-19 has had an unequal impact across gender and sex.

COVID-19 mortality rates in males were 1.6 times higher than the female rate, the hospital admission rate was 1.4 times higher.

In Derbyshire, hospital admissions and Covid-19 mortality rates were higher for males than females. Hospital admissions in males were 1.6 times higher than the female rate and the mortality rate was 1.4 times higher in males. This is a similar picture nationally and while evidence is limited, it is thought to be attributed to numerous factors.

Genetic makeup, immune response and hormone differences between males and females could be a factor, however, this does not fully explain the difference. Research suggests males are more likely to have lower rates of hand washing, social distancing, mask wearing and seeking help when compared to females and are less likely to avoid gatherings.

Occupation and gender are often associated, ONS reported men working in certain jobs had significantly higher rates of death from Covid-19, including security guards, taxi drivers, bus and coach drivers, chefs, sales and retail assistants, construction and processing plants as well as people working in social care. An ONS study looking at the different effects of Covid-19 found women were more likely to be furloughed and spend more time on unpaid household work and childcare compared to men, while this may be associated with lower exposure to the virus in women, it also affected women's general wellbeing more negatively.

Ethnicity

National data suggests that Covid-19 disproportionately impacts different ethnic groups with ethnic minorities being at more risk of exposure, hospitalisation and death. These inequalities are not solely a result of ethnicity alone, it is likely to be a combination of factors associated with ethnic groups, including occupation, social and economic status. Derbyshire has a predominantly White British population, 96% of Derbyshire residents are White British, 2% are White Non-British, 1%

are Asian/Asian British and the rest are spread across a range of minority ethnic groups. It is difficult to identify inequalities by ethnic groups within Derbyshire Covid-19 data due to small numbers affected, however, it would be expected that many of the impacts identified nationally would also disproportionately affect Derbyshire residents from a minority ethnic group.

Occupation

The type of work people do is associated with the risk of contracting Covid-19. Derbyshire case data showed that those working in health and social care, manufacturing and construction experienced higher numbers of cases, these are settings that were more likely to be unable to work from home and have higher levels of testing.

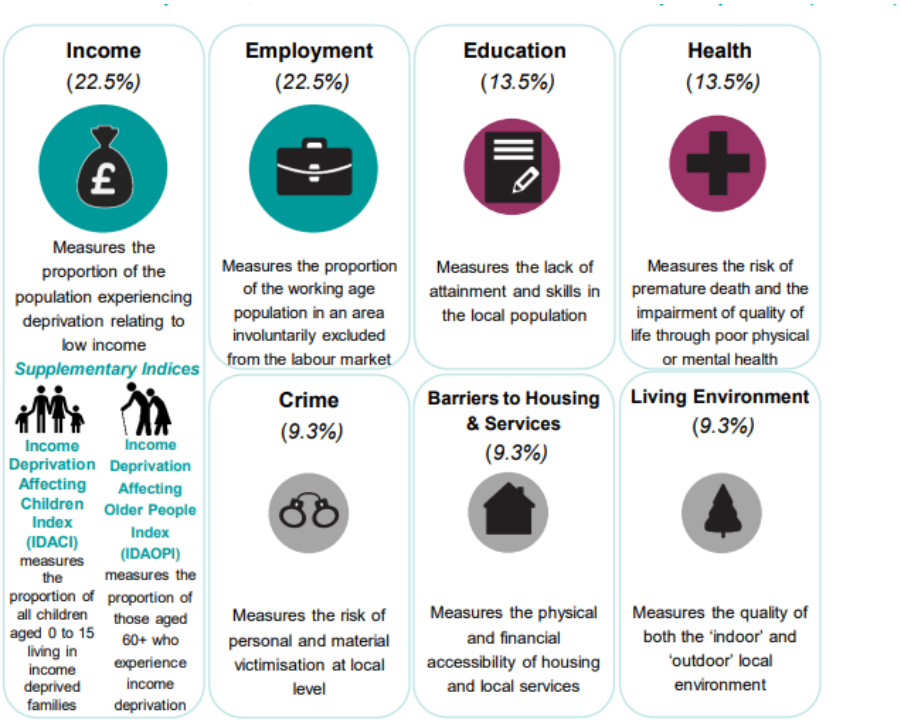
Covid-19-related mortality rates across the nine major occupational groups used by the Office of National Statistics has been considered, for men and women the highest mortality rates were seen amongst workers in three groups:

- Caring, leisure and service: This group covers occupations that provide services to customers, whether in a public protective or personal care capacity. Examples include childminders, teaching assistants, care workers, hairdressers, veterinary nurses and ambulance staff.
- Process, plant and machine operatives: This group covers occupations that operate and monitor industrial plant and equipment, and those that drive for a living. Examples include forklift truck drivers, bus and taxi drivers, scaffolders, sewing machinists and quarry workers.
- Elementary occupations. This group covers occupations that involve routine tasks, often involving simple hand tools and have a degree of physical effort. Examples include cleaners, farm workers, postal workers and security guards.

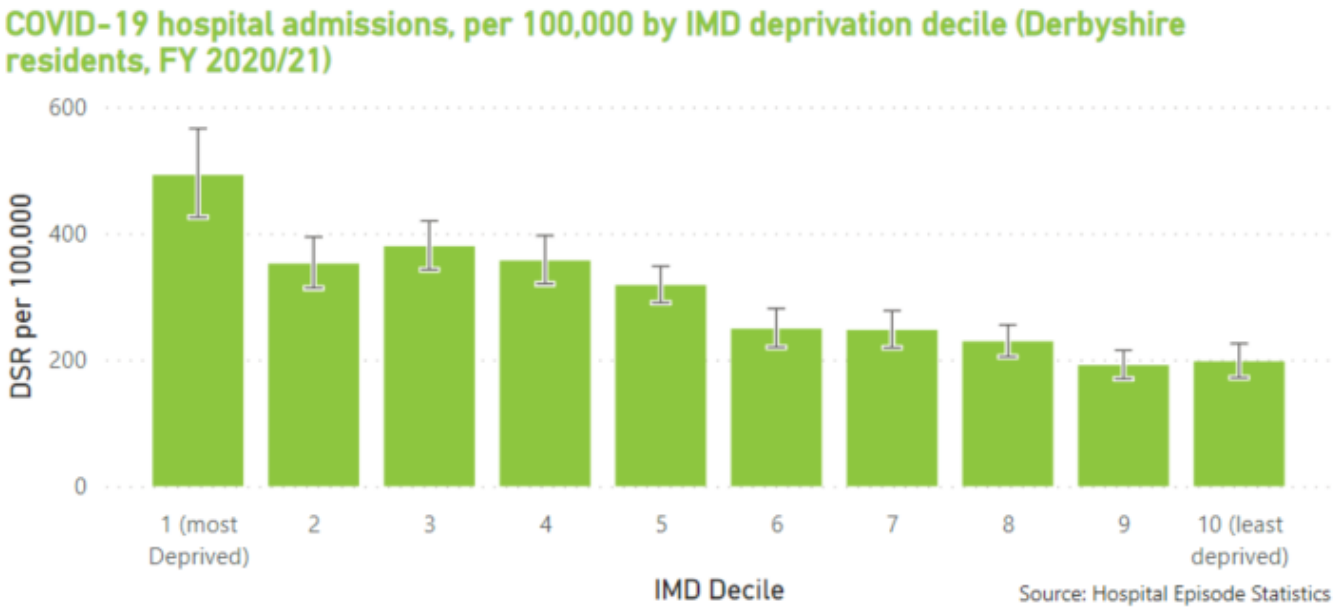
These occupations are often associated with lower wages and are physically demanding, and do not allow home-working, increasing the risk of exposure to the virus among workers in these groups.

Deprivation

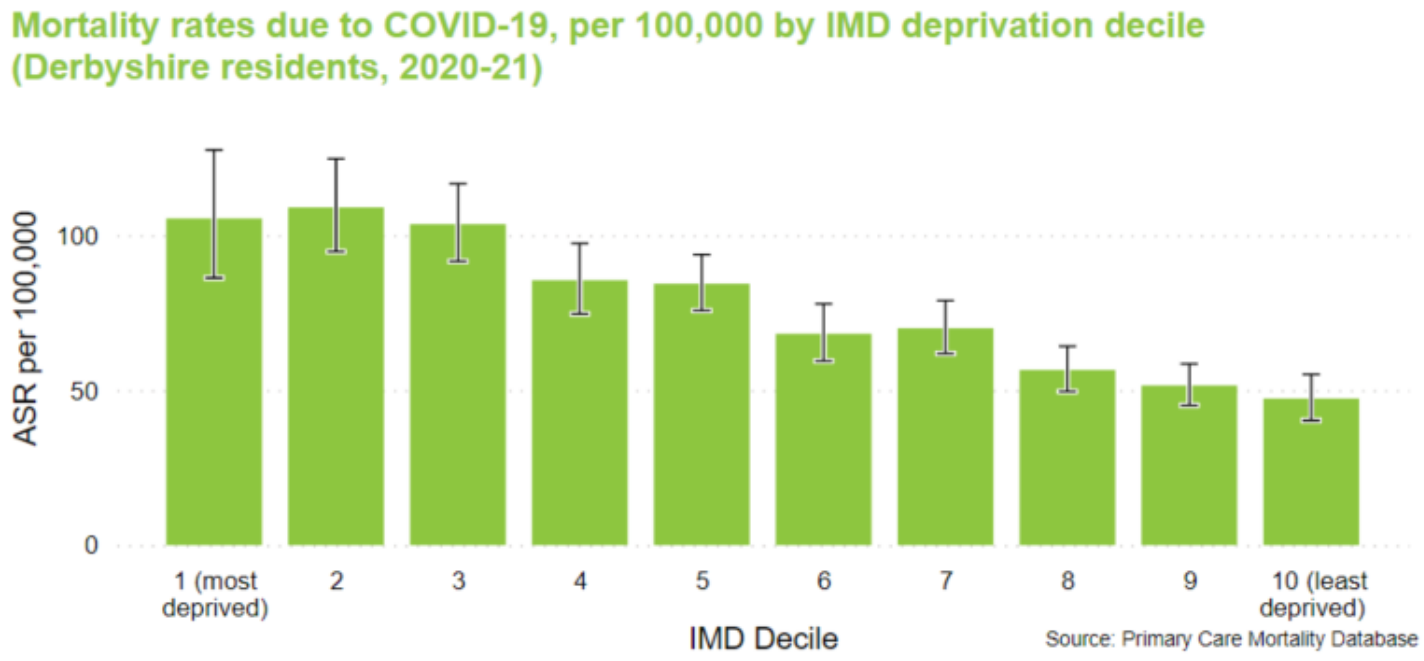
The Index of Multiple Deprivation (IMD) is a relative measure for summarising how deprived an area is, it is derived from multiple components including:



There is a strong association between Covid-19 infections, deprivation, risk of hospitalisation and death. Hospital and mortality data highlights a significant gradient by deprivation decile.



Those living in the most deprived areas of Derbyshire are 2.5 times more likely to be admitted to hospital for Covid-19 and 2.2 times more likely to die as a result of Covid-19, compared to those living in the least deprived areas. These differences are attributed to multiple factors associated with deprivation. Individuals living in more deprived areas are more likely to be in poorer health, live with disabilities and long-term conditions, and be associated with unhealthy behaviours such as physical inactivity and smoking which could increase the severity of Covid-19 outcomes. Individuals are likely to live and work in settings that put them at more risk of exposure to Covid-19, living in households with overcrowding and financial difficulties, and work in occupations that had less opportunity to work from home.



7: Covid-19 - stepping up to the challenge

What Public Health Derbyshire did locally?

The Health Protection Team within the Derbyshire Public Health Department is dedicated to reducing the number and impact of communicable diseases and the pandemic saw the work of the team increase. The team offered an enhanced service to care homes, schools, and workplaces. Individuals who tested positive for Covid-19 have also been supported through Derbyshire's contact tracing team. The team worked alongside many other colleagues from within Derbyshire Public Health, but also across the council and from wider partner agencies. Over the course of the initial waves of the pandemic to April 2022, the team supported the following:

- **294** incident management team meetings held to manage the impact of Covid-19 outbreaks at a local level
- **1** new outbreak management system created to track cases
- **15** Covid-19 marshals employed who supported local communities
- Tracked **100's** of changes in national guidance
- **310** questions answered via Covid–19 community forums

Supporting educational establishments

In December 2020 Public Health England passed responsibility for the management of education outbreaks of Covid-19 to the Public Health Department in Derbyshire. This allowed a full support package to be available for education settings. Public Health Derbyshire were able to carry out full risk assessments to help settings identify any further actions to be taken. Where necessary onsite mobile testing units were deployed to test staff, pupils, and families onsite to prevent further transmission. The Health Protection Team monitored the number of cases in each setting to offer support when required and to monitor cases across the county, spotting trends and areas of higher incidence. Education settings were provided with localised support 7 days a week. National guidance was communicated to settings alongside useful guidance and advice. In summary, Public Health Derbyshire supported:

- **60** Education Outbreak Control Team meetings
- **266** education settings with one or more risk assessments completed
- Over **6,500** case history reporting forms received and processed
- **620** educational settings received personalised support

Workplaces and events

Working alongside environmental health officers from district councils and trading standards officers, Public Health Derbyshire provided advice and information to workplaces across Derbyshire, including the management of Covid-19 outbreaks within workplaces. Public Health Derbyshire also worked with colleagues to review and support the safe delivery of events such as festivals, sports events and food and drink festivals.

- **325** workplace incidents supported
- **9** event risk assessments reviewed

Care home advice and support

Working alongside national Public Health colleagues, NHS and Adult Care colleagues, Public Health Derbyshire provided support and advice to all care settings in the county, including identifying actions in settings that were experiencing Covid-19 outbreaks.

- Over **50** risk assessments and letters for social care were reviewed
- Over **300** queries answered from colleagues in adult social care

Local Contact Tracing in Derbyshire

Public Health Derbyshire set up a local Contact Tracing Team early in the pandemic using redeployed staff and soon recruited a dedicated team of 20 specialist contact tracers.

Calls from a local team were soon more successful than the national contact tracing service.

Residents appreciated knowing that the contact tracer was familiar with the area, and it allowed us to gather more accurate information.

The information from the contact tracers came directly into the Health Protection Team to enable links between cases to be made quickly and action taken.

Contact tracers could ask more detailed locally specific questions to get the information the Health Protection Team needed for planning and monitoring including information about vaccination views/status and wider symptoms.

The Contact Tracing Team were also able to put residents in touch with local services, such as the Community Response Unit or for financial support, which you can read more about in section 11 of this report. In total the Contact Tracing Team:

- Made **35,656** local contact tracing calls
- Successfully completed **20,973** or 58.82% of local contact tracing calls
- Undertook **1,087** enhanced contact tracing calls supporting specific outbreak response
- Made over **600** referrals to the Community Response Unit
- Saw **72%** of local case contacts completed successfully

8: Vaccinations and health inequalities

When Covid-19 vaccinations were rolled out from December 2020, they were offered to everyone, gradually working through the population starting with those who were most at risk of being seriously ill with the virus. Yet despite this universal offer, they are not universally accessible.

Accessing the vaccination can be harder for some people, for example those who have fewer resources to get to a clinic (e.g., those who don't own a car, where regular public transport links are limited, or who don't have funding for transport), for those who work long hours or who have caring responsibilities, for those with serious mental illness, or for those with needle phobia.

People may also be less likely to accept their offer of vaccination if they do not feel they need the vaccine or do not have confidence in it, particularly if they have been exposed to misinformation about it online or elsewhere.

Public Health Derbyshire worked closely with NHS and other partners to try and ensure that everyone had equitable access to the vaccine through providing a tailored approach for many groups of individuals, to help everyone make an informed decision on whether to take the vaccine, based on accurate information.

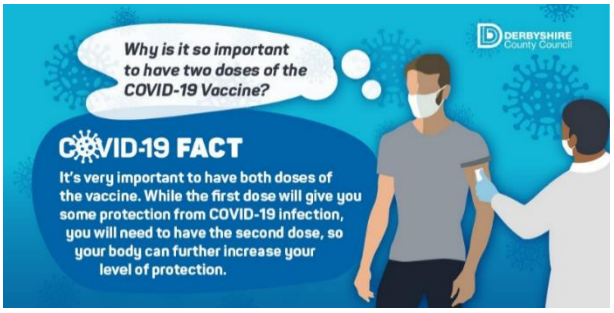
This included bespoke communication campaigns, pop-up clinics and working with existing services to offer outreach to settings such as homeless shelters, phone calls from clinicians, and offering home-based conversations and vaccinations to certain groups.

Using data and intelligence to focus efforts

The Derbyshire Public Health Knowledge and Intelligence Team developed a dashboard for data on vaccine uptake that allowed the identification of geographical areas or demographic groups that were not taking up the vaccine as quickly as others.

This, alongside data on the number of Covid-19 cases and feedback from local communities, helped to focus efforts where people may be less confident about the vaccine, more complacent about its benefits, and/or be less able to access vaccine clinics.

Sharing reliable information through trusted voices in local communities



Information on the Covid-19 vaccines was included in the Covid Facts Campaign, which brought together reliable, accurate and up-to-date information

The campaign used behavioural science insights to combat misinformation that was circulating online and via flyers in some local areas.

22 vaccine awareness training sessions were delivered to health and care professionals, community groups, residents and others.

These sessions explained the history of vaccines and their role in preventing infection, how they work, what's in them and how they are made.

This training equipped trusted voices in the community to have conversations with local people about vaccinations, so they could challenge misinformation and people could make an informed decision based on facts.

Derbyshire County Council's Communications Team ran a highly successful social media campaign targeted towards young people to encourage them to take up the offer of vaccination, in response to lower uptake in this group initially.

This campaign reached over 160,000 people across all social media channels, resulting in 101,000 video views and 18,000 click-throughs to the NHS book a vaccine webpage.

Working with local communities, and whole-system efforts

Derbyshire Public Health and colleagues from across the wider council supported NHS partners in planning where vaccines should be delivered from, by listening to local people, community groups, the voluntary sector, local workplaces and local services.

Locally gathered insight was combined with data on where uptake was lower to identify where people might need extra support to access the vaccine.

As a result, more community pharmacies were approved to offer the vaccine in local areas, so people didn't have to travel as far.

In 2022, the roll-out of the Covid-19 Vaccination Flexible Response Service saw roving vaccination clinics operating out of local community venues.

In response to feedback from local communities, these venues also offered a place for people to go and ask questions or talk about the vaccine with an experienced clinician before they have decided whether to have it.

Data was used to show what proportion of people had already had their vaccination and identified areas where people might need a more localised service.

Working alongside local people, suitable venues were identified, and local community groups worked with Derbyshire Public Health to raise awareness of clinic times via social media and printed information in appropriate languages.

This resulted in:

- **71** clinics were delivered by the Flexible Response Service

- **32** local areas, where uptake of the vaccine was lower between January and May 2022, saw specific vaccination update activity
- **18** clinics were supported with face-to-face community engagement between January and end-March 2022, chatting with local people to understand how they felt about vaccination, answering any questions and informing them about the clinics (see graphic on next page)
- **1 in 3** people attending heard about the clinic as they were walking/passing by, and word of mouth and social media were the other main sources of hearing about the clinics

This approach to taking vaccination out to local people has resulted in a significant number of people coming forward to have their first and second doses of the vaccine in areas where people have previously found it harder to get to a vaccination site or have been more hesitant about taking up the offer.

The Derbyshire response to addressing vaccination inequalities is a collaborative effort, drawing on a range of departmental expertise.

As part of the approach to increase uptake across population groups, behaviour change theories were used.

This was important, as it enabled the team to develop tailored interventions to address emerging patterns of inequalities in the local vaccination data.

For example, an information campaign was developed with the aim to ensure all residents had the opportunity to access information from a trusted source which would enable them to make an informed choice about Covid-19 vaccination.

To do this, behavioural science was used to understand the impact of misinformation on uptake locally, and to shape an evidence-informed intervention that did not repeat misinformation “myths”, used health literacy friendly language, and took an empathic tone to reduce defensiveness.

The table below summarises how we supported communities to access the vaccine

27,130 leaflets were delivered to local households in areas with lower COVID-19 vaccine uptake to promote local clinics and help people who aren't online know where they can go.

Local communities were engaged with infection prevention advice as well as discussions around vaccination. Face masks, sanitiser and lateral flow tests were given out to people at stalls that supported the vaccination clinics and opened conversations about COVID-19 and staying safe.

Information sessions were held for specific community groups where requested. Participation in Radio Derby promotion of a clinic in Somercotes.

Service Development Officers engaged with businesses in pre-vaccination clinic scoping work to understand whether a local clinic would be worthwhile, and hear about the barriers to taking up the Covid-19 vaccination for their staff.

1,513 clinic posters were shared with local businesses to promote the clinics in areas with low vaccine uptake and high footfall. Emails and calls were made to nearby businesses to raise awareness of clinics so they could promote them to their staff and customers.

Engagement via local health and wellbeing networks to share Covid-19 vaccine communications with specific groups and settings took place and included Schools and Colleges, The BME Forum, districts and boroughs, Carers groups and staff groups.

9: Undertaking local testing in Derbyshire

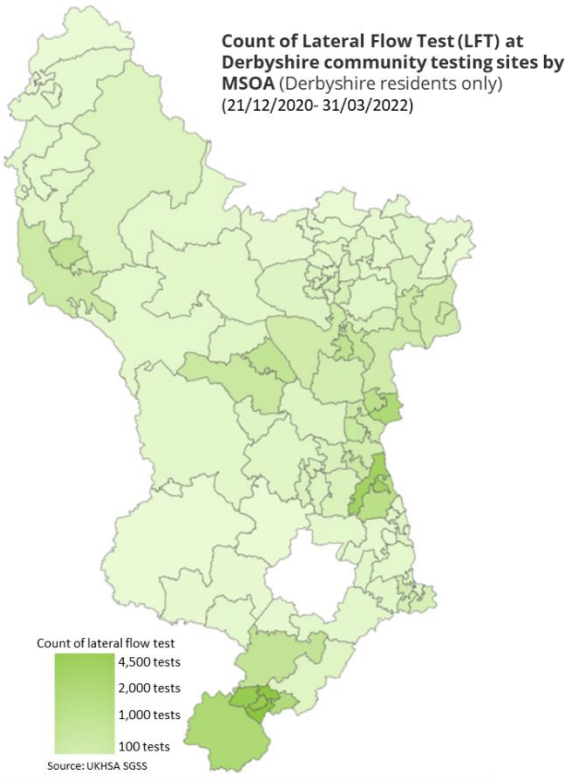
Derbyshire developed a comprehensive local testing offer throughout the pandemic. Testing is the process of offering a diagnostic test to either symptomatic (has symptoms) or asymptomatic (has no symptoms) individuals to identify the presence of infection. Rapid testing is an essential component of prevention and outbreak management to enable early identification. We worked with national partners to deliver testing in care homes, schools and other settings.

Symptomatic testing

Derbyshire Public Health linked with national partners to set up a range of symptomatic mobile or walk in testing sites across the county, which individuals could book via calling 119. Regular assessment, local intelligence and data, ensured these sites were located in the most suitable locations to maximise uptake by the local population and that if required they are moved to deal with a specific issue or increase in cases in a locality.

Community testing

Community testing helped us to identify asymptomatic cases locally and helped reduce the spread of disease and protect more vulnerable people in the local community.



In December 2020, Derbyshire was the first local authority in the East Midlands to establish an asymptomatic community testing offer.

Initially, the local testing capacity was utilised to target key workforce groups who could not work from home whilst restrictions were in place, and local residents were encouraged to get tested on a regular basis to reduce the risk of spreading the disease via asymptomatic transmission.

Targeted testing activity helped reduce potential health inequalities by specifically targeting those who were more at risk due to their occupation.

A network of fixed community testing centres was established in conjunction with local partners, and these ran until the early summer of 2021.

Then, in line with changing national requirements, the approach shifted to an agile approach which saw mobile vans visit a variety of locations across the county.

The agile testing approach allowed us to target areas where there were potential health inequalities in both urban and rural areas and enable access to testing for hard-to-reach groups.

The local testing sites were really valued by residents and the Clay Cross testing team were nominated for a Derbyshire Beacon of Hope award.

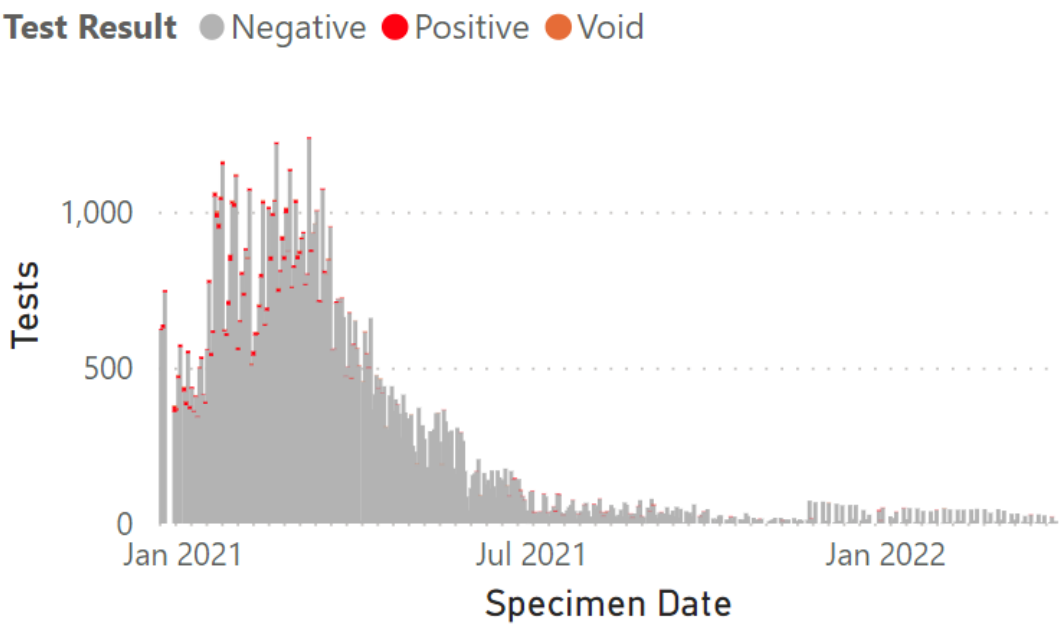
Working with colleagues in the Communications Team and local partners, Derbyshire Public Health was also able to target communications via social media advertising and messaging to encourage participation.

For example, targeted social media activity in the Bolsover area, where testing rates were lower, encouraged people, who do not have English as a first language, to get regularly tested.

Derbyshire also became a partner for the Community Collect testing model at an early stage which allowed people, who do not want to take a test at one of the community testing centres, to do so at home.

Community Collect testing also allowed people who could not attend a testing centre, perhaps due to age or frailty, to participate in testing and reduce potential inequalities.

Count of tests by Specimen Date and Result



Case Study: Establishing a dedicated business focused testing centre

As part of Derbyshire's pathfinder project for asymptomatic testing Public Health Derbyshire established a small business-only testing centre in a portacabin on an industrial estate. Derbyshire Public Health approached local businesses and offered them a block of appointments every week to enable their staff to regularly access testing.

The appointment booking system gave businesses confidence that their employees would only be away from work for a short time and allowed the use of the testing centre capacity to be maximised.

The initial pilot engaged over 30 businesses, with over 4,000 tests completed by employees. This approach successfully helped to identify asymptomatic positive cases preventing further potential workplace outbreaks.

Targeted testing

In summer 2021 targeted testing activity took place in the Glossop area due to a spike in Covid-19 cases, and emergence of the Delta variant in the locality. Partner action enabled targeted, door-to-door testing to take place and additional communications activity to encourage participation in testing.

A local doctor agreed to share information about the importance of testing and the symptoms of Covid-19 which helped build trust and confidence in the activity taking place.

Over the course of the weekend the following activity took place:

- **852** people tested over two days
- **40** additional test kits were distributed
- **405** people vaccinated

In summary community testing between 21 December 2020 and 31 March 2022 saw:

- **72** community testing sites utilised
- **22** mobile sites operated in Derbyshire
- **159,266** PCR tests delivered at Queen's Park testing site and mobile units
- **128,120** test kits distributed to Derbyshire residents
- **102,256** Derbyshire residents were tested at a community testing venue within Derbyshire
- Of the 102,256 lateral flow tests completed, **719** (0.7%) were positive, 110 were void and 101,427 were negative

Derbyshire Residents Attending Community Testing Sites in Derbyshire, by Age and Sex

10: Stepping out of the pandemic: Impact on inequalities

During the Covid-19 pandemic many policies were put in place by the Government which impacted the whole population, or specific groups across the whole population both locally and nationally. However, the impact of these policies was not the same for everyone. For some people:

- pre-existing inequalities resulted in more challenges because of the policies adopted
- for other people the additional policies created new challenges

These different experiences for some people were short-term while the policies were in place, for example communication barriers while mask-wearing.

For others there may be more long-term effects, for example if the policy affected their access to education or employment, which impacted health and wellbeing over the life course.

Below are some examples of these impacts:

Closure of schools

Pupils from low-income backgrounds had lower access to adequate digital devices for learning and reported lower time spent on learning at home, compared to those from middle-income backgrounds.

Special Education Needs school closures, led to many children with complex needs being cared for at home without additional support provided to parents or carers.

The voucher scheme to replace free school meals did not adequately serve children who could not attend school.

Use of 'Clinically Extremely Vulnerable' list for prioritising support

Access to support for a range of services was prioritised on a medical basis, with people identified as clinically extremely vulnerable.

However, this classification missed many people who needed help accessing services, such as people with disabilities including limited mobility or sight impairments.

This created challenges for these people to access services they relied upon before the pandemic, such as online deliveries.

Furlough

Black and Minority Ethnic (BAME) people Ethnic minorities, particularly people from a Bangladeshi, Pakistani or black African background were more likely to work in jobs not supported by the furlough scheme and led to higher rates of people losing employment.

Women were more likely to be employed in sectors that were shut down which led to them being more at risk from loss of employment.

Stay at home during lockdown

Women were more likely than men to take on increased childcare responsibilities, increasing the gender gap in childcare and affecting employment.

Many lesbian, gay, bisexual and transgender (LGBT+) people reported living in environments where they felt isolated, unsupported or at risk from harm, and without access to social networks for support.

Domestic abuse victims reported increased severity of abuse and lack of available coping and support mechanisms.

Key workers and essential frontline roles

Throughout the pandemic key workers in health care, social care and other essential services remained attending work. Those attending work in these essential roles were more likely to be at risk from Covid-19.

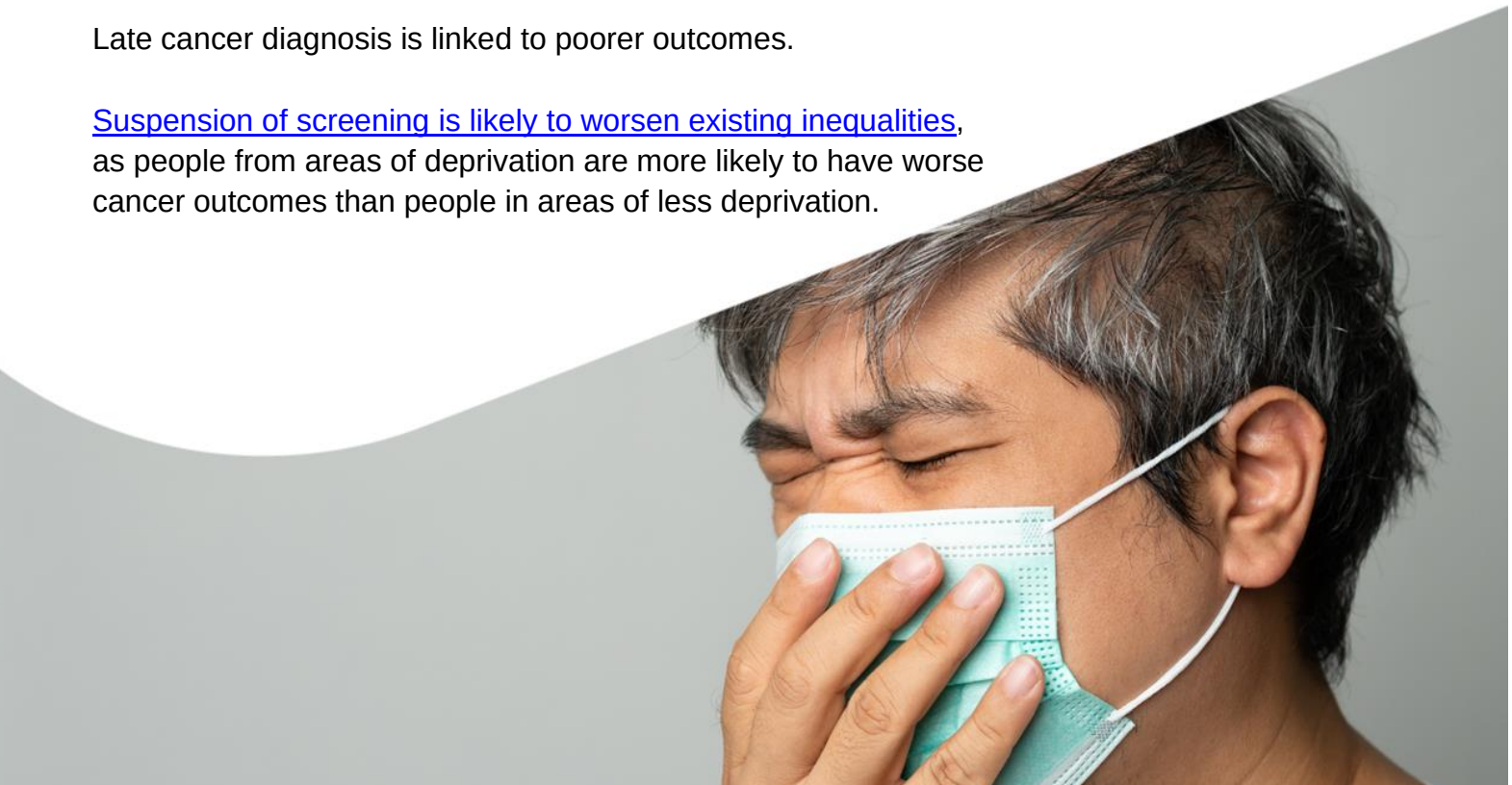
Women, people from a black or Asian background and those earning less than the UK average income were more likely to be these key workers. Within health care, staff from an ethnic minority background were more likely to be in lower-paid frontline roles, than in managerial roles. These groups were therefore more likely to be at risk from Covid-19.

Suspension of cancer screening

To cope with pressures on the health service, some cancer screening services were suspended. People living in areas with higher deprivation experienced a larger reduction in urgent cancer referrals and first treatments for new cancer.

Late cancer diagnosis is linked to poorer outcomes.

Suspension of screening is likely to worsen existing inequalities, as people from areas of deprivation are more likely to have worse cancer outcomes than people in areas of less deprivation.



11: Community action – stepping up together

Throughout the pandemic, Derbyshire Public Health have been able to utilise additional funding to strengthen local response activities – this has proved to be vital for the council and partners to undertake additional or enhanced activity to support health and wellbeing outcomes. Many of the projects that utilised this funding also targeted health inequalities and built community resilience. Here are a few examples about how this additional funding made a big difference locally and complimented other community led action across Derbyshire.

Providing housing advice and support via local law centres

£42,000 funding enabled Derbyshire Law Centre to increase housing advice and eviction prevention support in High Peak, Chesterfield, North-East Derbyshire, Bolsover and Derbyshire Dales as nationally there was concern that there was a significant increase in people facing housing vulnerability due to the economic impact of the pandemic. Working in the south of the county, Derby Law Centre also received £22,000 and increased housing advice and eviction prevention support in Amber Valley, Erewash and South Derbyshire. From October 2021 to March 2022:

- Derbyshire Law Centre dealt with **687** housing enquiries, which led to **219** housing cases, resulting in **70** cases of homelessness being prevented and a further **14** cases reaching a successful conclusion. Eight people were given advice and one client declined the service
- Derby Law Centre supported **163** people with housing concerns, including mortgage advice, rent, housing debt, homelessness and arrears. **109** people supported were unemployed

Supporting local action through the Covid-19 Emergency Fund

The pandemic has seen many organisations across Derbyshire working to ensure the basic needs of the most vulnerable residents are met. Local groups and organisations supported people who were shielding to live well, prevented social isolation and ensured activities complied with social distancing and health protection guidance. Organisations had to quickly adapt to keep operating and provide the much-needed support. The Derbyshire Public Health Covid-19 Emergency Fund was set up and distributed funding to enable them to keep doing what they do during this most challenging of times. Here are just a few examples of the difference made:

Support for new Mums

£1,000 funding from the Emergency Fund enabled Stay and Play to be restarted to reduce isolation and increase peer to peer support for new mums, many of whom had a baby during the first lockdown.

By adapting the approach, the group were able to maximise the potential for this whilst still providing an environment which was ‘Covid-Safe’ and fully risk assessed. One parent attending the group stated “This is perfect. I haven’t spoken to anyone in my position since x was born and x certainly hasn’t seen other children playing like this. We’ll definitely be back in September.”

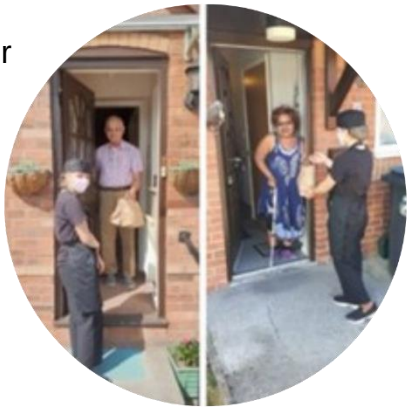
Keeping young people Safe and Sound

As the Covid-19 pandemic developed, the risk of child exploitation had never been greater with children not in school, changes to their routine, increased stress, and isolation. In 2019 the group supported 100 children through one-to-one support and this increased significantly through Covid-19.

The £2,000 funding enabled an additional 50 hours of specialised one-to-one support for children and young people affected by exploitation in Erewash and South Derbyshire. The outcomes seen are:

- **100%** stated they had a reduced risk of exploitation
- **96%** said they were listened to, treated with respect, and could rely on staff
- **90%** stated they had increased confidence
- **85%** said they had improved their sexual and / or mental health
- **88%** said we made a difference to their overall lives
- **70%** said they had improved relationships with peers, family, or school

Asian Association of Chesterfield and North Derbyshire



As most of the members of the Asian Association identified as an older and/or vulnerable person, the organisation decided to support meal delivery throughout the pandemic.

The fresh and nutritious food was provided by Saffron Kitchen and door-step delivery enabled the delivery team to have a quick socially distanced chat with people receiving the food to check on their health and wellbeing. Any concerns were fed back so individuals could be directed to the right kind of additional support.

Using digital apps to provide health and wellbeing support

Derbyshire Public Health invested in the ORCHA digital platform which enables people across the county to access a range of health and wellbeing apps to support them on their health and wellbeing journey.

This platform was found to be a really useful tool that enabled people to stay well when face to face support wasn't running as normal.

For example, over the Christmas period in 2021, alcohol-related health apps were promoted utilising the apps available. Derbyshire Public Health also helped to set up the employee ORCHA survey to encourage more frontline workers to use this when working with partners and service users.

A link to a video about ORCHA can be found here

Using new technology to promote wellbeing messages across Derbyshire

Derbyshire Public Health purchased eight digital display boards which could be updated remotely with a range of key communication messages linked to the pandemic. These signs were put in prominent positions within libraries, so they could be seen when the libraries were not open and encouraged people to stay safe, get a Covid-19 vaccine and build awareness of mental health, health and wellbeing MOTs, gambling issues and digital apps.

Banners on street lighting columns were also installed on key roads across the county to share key Covid-19 related and vaccine related messages. This non-traditional form of advertising reached more people in a wider range of communities across the county and formed a key element of the non-pharmaceutical interventions utilised to promote positive behaviours and actions by everyone in Derbyshire.

Supporting local partnership action during the pandemic

The Derbyshire Public Health Localities Programme developed a rapid community response and enabled the swift mobilisation of support to some of the most vulnerable residents. Utilising long-established partnerships, Covid-19 forums were swiftly created across the county at the beginning of the pandemic to enable the coordination of food and medicine distribution at a local level from the Food Distribution Hub which had been set up in Chesterfield to coordinate provision across the whole county. The forums met weekly throughout the first wave to understand the local need and feed information in and out of the Local Resilience Forum.

The scale of the community response to Covid-19 was significant and local coordination of activities was vital to enable support to reach those that needed it.

Supporting local Covid Community Champions

In 2021 the Covid-19 Community Champions Network was established. The local networks have enabled Derbyshire Public Health and the wider council to communicate Covid-19 and vaccination messaging directly to communities, for example the South Derbyshire Covid-19 Community Champions Network directly reaches 47,000 local people in the South Derbyshire district via social media and other means. A Community Champions Forum enabled regular two-way interaction between local Public Health, NHS Communications and lead partners. Hyper-local issues were also discussed and fed back. Oversight was maintained on the process through the Derbyshire Local Resilience Forum.

Community Champions
Supporting Derbyshire in the fight against coronavirus

Case Study

"Mr C was referred by his GP practice into the Community Navigation Team in the High Peak in November 2020 following the death of his wife due to Covid-19. Mr C was finding it very difficult to cope with day-to-day tasks, was very lonely, and found it difficult to eat and sleep and hated the fact that he could not see other family members due to the lockdown. Mr C felt very unsafe being alone and hated being in his house and described himself as feeling very vulnerable.

The Community Navigation Team contacted Mr C daily following his referral to combat the feelings of loneliness and isolation. The team offered support with daily tasks such as having medication delivered and ensuring he had food supplies. Mr C was later referred to the befriending service for a weekly session. Mr C also took part in weekly Zoom meetings where he could take part in quizzes, mindfulness sessions, and chat with other people.

Mr C also took part in a weekly walk and talk group, when restrictions were lifted, and was able to meet others in the local park for a gentle stroll and natter. Mr C has fulfilled his main goal of returning to his job within the NHS supporting other people. The call companion scheme was funded via the local health and wellbeing partnership to support people in the Glossop area."

Helping vulnerable residents in extraordinary times

The Community Response Unit (CRU) was set up in response to the first national lockdown, which was announced in March 2020 to provide a range of help, advice and support to Derbyshire's most vulnerable residents. Individuals were able to contact Derbyshire Public Health and discuss issues of concern with them, they would then be linked to a local response organisation in the voluntary sector.

The CRU also supported with the delivery of food boxes and prescriptions to individuals. In the later stages of the pandemic response, the Health and Wellbeing Team provided ongoing support to individuals who needed a higher level of support. Lastly, the Winter Pressure Single Contact Point operated for a second year throughout autumn and winter 2021 and early 2022 supporting 74 people to leave hospital safely and receive appropriate housing support, advice and information.

Case Study

"Mr T is a person with a learning disability, and he was introduced to the Health and Wellbeing Coach (HAWC) by a local community member. Mr T was his partners full-time carer and he was struggling due to their recent death from Covid-19. The coach took time to get to know the person, build up a trusting relationship to help identify how the person wanted his life to be improved. The coach provided practical help with organising the funeral and advised Mr T so he could organise his late partners affairs.

Mr T was living in his partner's rented home and the housing provider said he needed to move, so the coach supported Mr T to register for housing and start to look for his own property. The coach supported Mr T to manage his correspondence and found a letter from his utility company was uncovered which stated he had £4,000 in credit. This money was reimbursed and used to help pay funeral expenses.

The coach helped Mr T access benefits advice and income maximisation. The coach and Mr T has progressed the conversations onto what life could look like into the future and help identify his skills, passions and talents. Mr T is now regularly volunteering in his community. ”

Providing additional support for financial advice

Derbyshire Public Health has a long-standing partnership with Derbyshire Citizens Advice organisations, who were provided with additional funding throughout the pandemic to enable advice and support services from Citizens Advice to be located in local Foodbanks from July 2021 onwards. This was in addition to GP and community-based locations were the service normally operates. The service saw

- **11,404** people across the county were supported
- **55,770** different issues were given advice for
- **£13.4 million** in additional income was secured for individuals
- **£4.6 million** debt was rescheduled or written off

“ Mr W is a 70-year-old single male who was living in a privately rented flat. He has mobility issues caused by arthritis but has not recently consulted his GP. Mr W received no support to help maintain his home or personal care.

He had approached staff at his local foodbank in July 2021 as he has been told in a letter from his landlord's representative that they were giving 6 months' notice for him to leave his property.

A support worker at the foodbank linked Mr W with the Citizens Advice Adviser at the drop-in session to assist with a housing application. Mr W was accepted onto the housing list and awarded a full care package due to his care needs.

The adviser also supported Mr W to complete a Derbyshire Discretionary Fund application for key items of furniture. Working alongside a social worker they were also able to get Mr W Attendance Allowance and Pension Credit payments. Mr W also successfully secured tenancy to a level access bungalow in the local area. ”

Mr W accessed the Derbyshire Discretionary Fund which has issued:

- **1,156** Covid-19 support payments between May 2021 and February 2022
- **153** winter Covid-19 grants in Winter 2021/22
- **18,851** emergency cash payments to Derbyshire residents in 2021/22

Of those surveyed as part of an annual applicant survey in April 2022:

- **85%** agreed their award “made me feel less stressed”
- **66%** agreed their award “helped me to eat healthier”

Distributing food and essential supplies to those who need it most

Feeding Derbyshire aims to reduce the negative impact of hunger by working to ensure projects are inclusive and reach the most vulnerable people in the county.

In response to Covid-19 a batch cook delivery scheme was set up by Rural Action Derbyshire involving 12 projects across the county. This involved provision of ready meals to some of the most vulnerable across the county and the scheme provided a much-needed service to those who were shielding or self-isolating.

The foodbank network from August 2021 became part of a trusted partner network of 48 different agencies that supported the distribution of key items, such as cleaning products, hand sanitiser, PPE and lateral flow tests to vulnerable populations. To date the network has distributed:

- **536,000** face masks
- **8,208** boxes of lateral flow home test kits through food banks and other partners
- **12,480** hand-sanitisers
- **8,124** bottles of liquid soap

Preventing rough sleeping in winter months

Derbyshire Public Health have supported two schemes to enable people sleeping rough in winter to be housed and to provide wrap around health and wellbeing support.

During the national lockdown in winter 2020, a partnership scheme at the Mount Cook Adventure Centre in Wirksworth was utilised. In winter 2021, the scheme used accommodation from across the county.

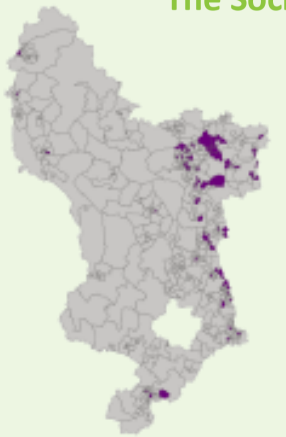
The programme was coordinated by Derbyshire and Staffordshire Moorlands Rough Sleeping Partnership supported by Derby City Mission who had already secured £100,000 of funding from the Government to provide winter services for people sleeping rough.

This funding was supplemented by £54,000 from Derbyshire Public Health and funding secured by Pathways of Chesterfield. Together with voluntary sector partners P3, the service was delivered from 1 December 2021 to 31 March 2022. Over this time:

- **59** referrals were made to the service with **54** referrals accepted - a **95%** acceptance rate
- **60** unique individuals were placed into the service, including 6 couples
- **15** different accommodation sites were used, consisting of hotels, B&B's and local authority stock
- **Three** individuals from a Target Priority Group of 41 were accommodated in the service. All three had been rough sleeping prior to their referral
- **54%** of placements resulted in a positive move-on outcome, with **11** individuals securing social or council housing

The Social Gradient exacerbates the effect of viruses on individuals

The Social Gradient



64 areas * in Derbyshire fall into the 20% most deprived areas in England. **101,737 individuals** live in these areas (MYE 2020).

The lower an individuals social and economic status, the more likely they are to be impacted by health inequities, putting them at more risk from communicable diseases.

The Social Gradient exacerbates the effect of viruses on individuals

Exposure Risk: Greater risk of being exposed to a virus

Those in lower social economic status are at more risk of contract the diseases due to:

- Poor quality housing
- Multi occupancy/overcrowded homes
- Unsecure work
- Less likely to work from home
- Working in sectors at more risk of exposure
- Less likely to take time off work due to financial pressures

Underlying risk: More likely to experience severe illness

Individuals in lower social economic status are likely to be at more risk of severe illness due to:

- Risk factors such as smoking and not regularly exercising
- Living with one or more limiting health condition
- Behaviours which put people more at risk, such as not wearing a face covering in an enclosed space.
- or, living with a disability

Treatment Risk: Less likely to engaging with health services

Individuals in lower social economic status are less likely to seek help due to:

- Barriers to accessing care, support information and advice
- Caring for someone else
- Being more likely to engage with services later

* The map presented Lower Layer Super Output Areas that fall in the 20% most deprived areas nationally from the ONS Index of Multiple Deprivation (IMD 2019). Lower Layer Super Output Areas (LSOAs) are a census based geography used in the reporting of small area statistics in England and Wales. The minimum population is 1,000 and the average is 1,500.

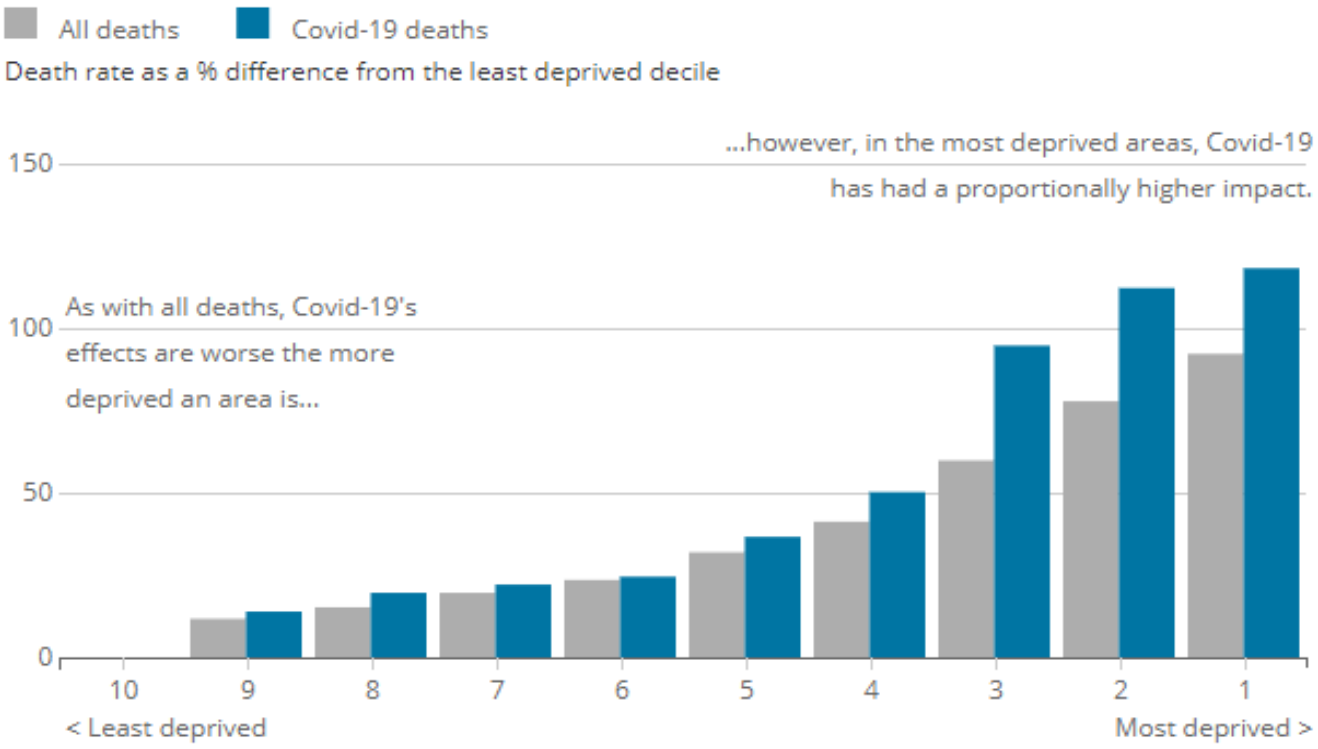
12: Building the next steps together

An unequal pandemic locally and nationally

The pandemic has had an unequal impact nationally and locally and the infographic on the previous page shows some of those impacts locally.

Research from the Health Foundation demonstrates how those living in the most deprived areas experienced higher mortality rates than the least deprived areas for both males and females.

However, the full impact of the pandemic on communities across Derbyshire may not yet be fully understood.



Source: Office for National Statistics – Deaths involving COVID-19

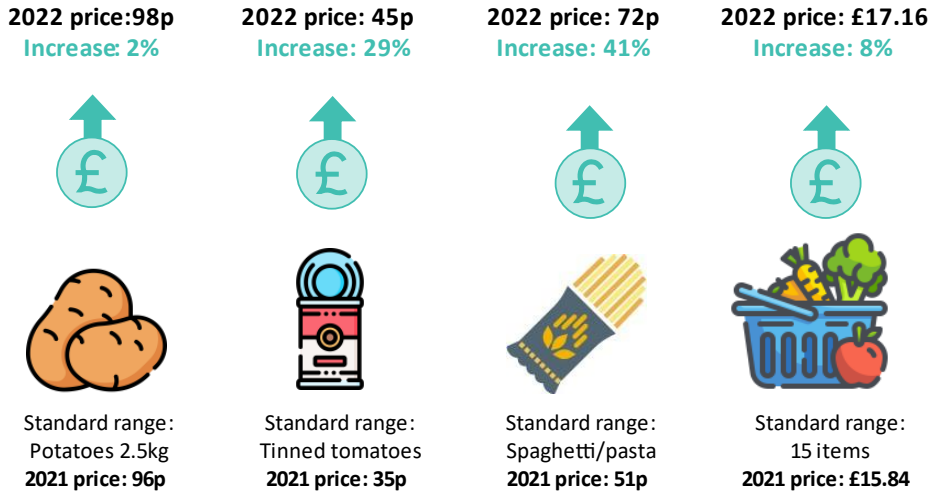
National and local data is still being published, including the Build Back Fairer: The Covid-19 Marmot Review which outlines how some health inequalities have widened as a result of the pandemic and it calls for concerted action to ensure that fairness is a key consideration in recovery.

Locally, should Covid-19 significantly return in the short or longer term, or a new pandemic takes hold, many communities continue to face the same, if not increased risks due to health inequalities.

It is vital that partnership action continues to act now and drive forward work programmes that reduce inequalities.

Cost of living compounding health inequalities locally

Through autumn and winter 2021 - as the main lockdown restrictions eased, but guidance was still in place due to the ongoing high case rates from the Delta and Omicron variants - a clear theme was emerging locally and national of a looming cost-of-living crisis.



The cost-of-living crisis and longer-term impacts of the pandemic will present a range of additional factors which may adversely impact on health inequalities within Derbyshire.

Taking steps together to tackle health inequalities

The levelling up agenda locally provides a huge opportunity to take some of these long-standing health inequalities in the county.

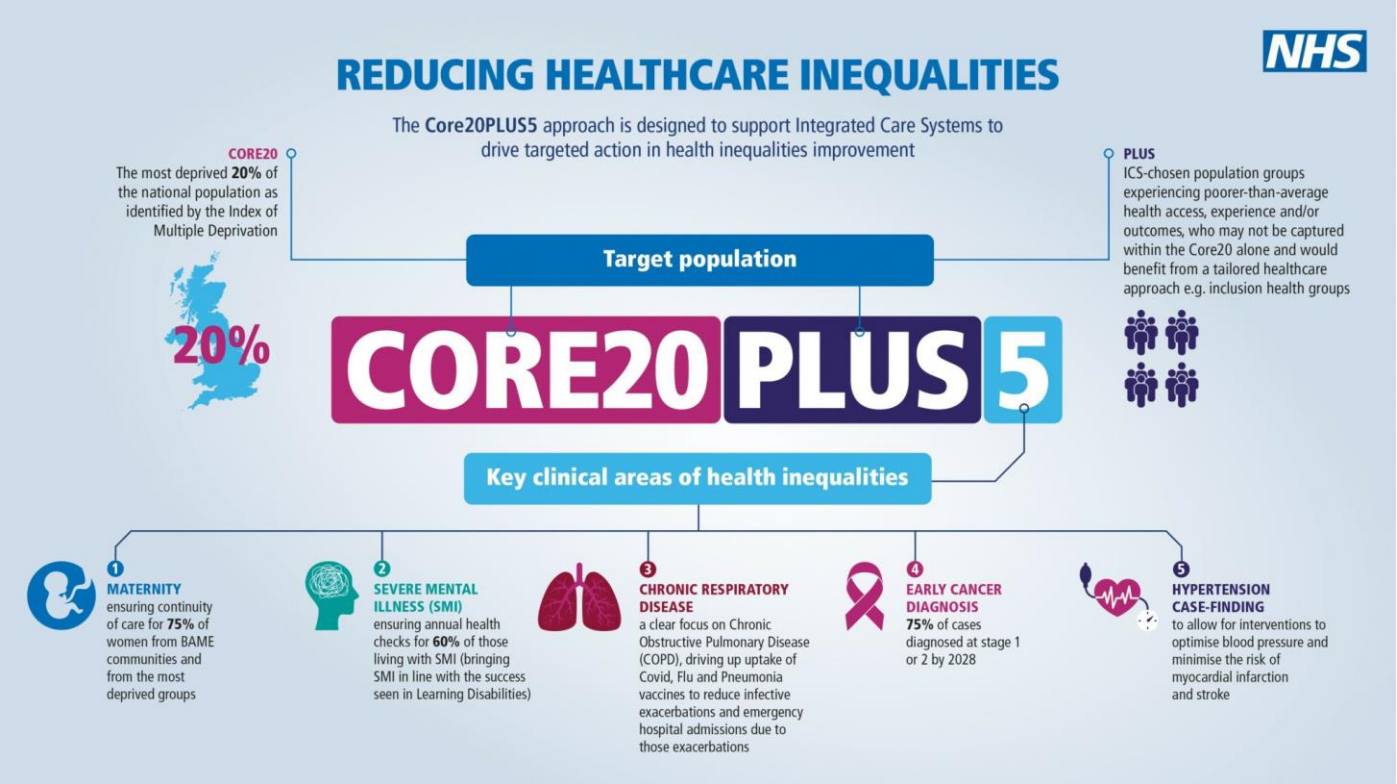
However, to achieve the ambition to reduce the healthy life expectancy gap (HLE) between local areas where it is highest and lowest so that by 2035 HLE will have risen by 5 years, partners across Derbyshire must integrate economic growth and regeneration with the health and wellbeing agenda.

The forthcoming Health Disparities White Paper from the Department of Health and Social Care will also help set the context nationally for local action.

The Derby and Derbyshire Integrated Care System (ICS) referred to as Joined Up Care Derbyshire, the new structures for the NHS, has come into effect at the start of July bringing together commissioners, service providers and other local partners.

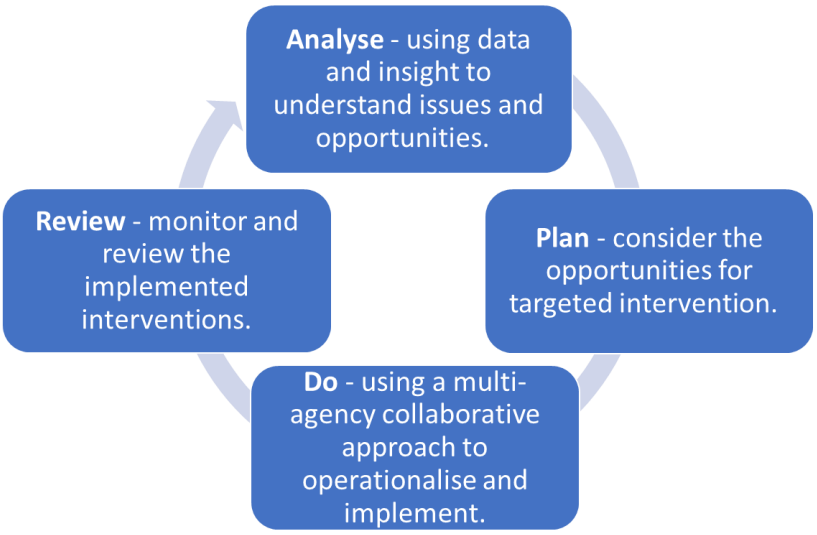
The ICS provides a space for health inequalities to have a higher profile in the health and social care system and through partnerships with local councils and the voluntary sector.

The ongoing and continued use of the CORE 20PLUS5 approach, summarised in the diagram on the next page, will be one-way systematic changes can be delivered to reduce and mitigate inequalities within the NHS.



The health and social care system needs to work alongside wider partners at neighbourhood, place and system level to drive change which will help mitigate inequality and unmet need through approaches such as Population Health Management (PHM).

PHM enables the greater use of data to 'analyse, plan, do and review' interventions that target specific population groups to help address complex health challenges through a range of clinical and non-clinical preventative interventions that address the wider determinants of health and considers health behaviours and lifestyles.



Health and social care are increasingly co-producing solutions with the people that will use the services and shifting power to communities.

Co-production is something to be encouraged and further developed in Derbyshire as in the longer-term it will help address health inequalities.

These practical day-to-day operational arrangements need to be balanced with the long view and all partners in Derbyshire need to ask frequently and routinely 'what can we do to reduce health inequalities for when the next global health crisis or pandemic comes along'?

It also needs to be acknowledged that event could be in 5 months, 5 years or 50 years-time – but it will happen.

13: Next steps and recommendations

Derbyshire's Public Health Department alongside a whole host of partner agencies, local organisations and communities themselves stepped up to the biggest local health challenge of a generation.

In 2022, Derbyshire Public Health continues to undertake a collaborative leadership role to protect and support communities across the county from Covid-19 and other factors which negatively impact the health and wellbeing of the residents of Derbyshire.

This report has highlighted that journey and detailed just some of the projects and pieces of work that has taken place across Derbyshire to demonstrate how this has been a huge team effort where everyone stepped forward together to do what they could to help.

This report demonstrates how partners all stepped up to the challenge together and the need to continue to do that as we learn to live with Covid-19 over the next 12 months by:

- Embedding ongoing prevention activity from Covid-19 as part of an all-hazard approach to prevention of infectious diseases
- Utilising information known about pre-existing inequalities and impact of Covid-19 to focus on improving health outcomes for those groups that have experienced the greatest impact in Derbyshire
- Retaining learning from the Covid-19 pandemic to ensure Local Authority Public Health is in a position to hit the ground running again in the event of a future pandemic, Covid-19 or other disease
- Maximising the opportunities created of the positive role of Derbyshire Public Health to influence pieces of work that improve health outcomes

More broadly partners will make a step change in communities in the next two to three years by:

- Working collaboratively with system partners to build a shared understanding of health inequalities across the system to make sustained progress in reducing these longstanding and worsening inequalities
- Co-producing solutions with partners and communities to help design initiatives and services that contribute towards reducing health inequalities
- Maximising the opportunities created by the launch of the Integrated Care System to ensure there is a renewed focus on health inequalities within NHS, the broader Public Sector and voluntary sector
- Working with partners to place health inequalities into their work and tackle social deprivation at route cause, via investment from upstream preventative interventions
- Facilitating the more systematic use of a population health management approach within Derbyshire to systematically identify and target health inequalities

14: Acknowledgements

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