

COVID-19 in Warrington: response, resilience and recovery

Director of Public Health -
Annual Report 2021/2022

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WARRINGTON
Borough Council

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Foreword

It gives me great pleasure to bring to you the Director of Public Health Annual Report for Warrington for 2021/22. The Public Health Annual Report is a statutory requirement and is a statement from the Director of Public Health on chosen aspects of the health of the population.

This is my first Director of Public Health (DPH) annual report for Warrington and the focus is, unsurprisingly, on the COVID-19 pandemic. I was interviewed for the DPH post in March 2020, at a point when the virus was spreading quickly across the globe, but before the World Health Organisation (WHO) had declared a pandemic, and before any of us realised the scale of the impact, devastation, loss and disruption this new virus would cause.

Although offered the position in March, with the national lockdown later that month, and the closure of everything in society considered non-essential, it was August before I was actually able to relocate my family and take up post. Starting a DPH role in such exceptional times was challenging, but the welcome I had from the people in Warrington was amazing. I was quickly able to settle in and support the council leadership team, our public health team and wider system partners with the on-going acute response to the pandemic, and set our public health priorities for Covid-recovery and wider health improvement.

Writing the Public Health Annual Report at this point allows for reflection on the past two years. This reflection is important for us to ensure that we draw on learning and experience which will guide us in the future, and help identify the opportunities which will support Warrington to continue to recover from COVID-19 and improve health for all.

Responding to, and recovering from COVID-19 has been, and will continue to be, a long term endeavour. At each stage of the pandemic, the immediate focus has been to support residents and businesses across the borough, and to protect vital front line services as we have collectively responded to the acute situation and on-going crisis. Effective

partnership working and the can-do' spirit of residents and staff in Warrington was evident when, on 20th January 2021 during the national lockdown, Storm Christoph hit Warrington resulting in unprecedented flooding. Over 400 properties were damaged by the floods. Council staff worked closely with partner agencies and many volunteers who rallied together to ensure that residents who had been affected had the immediate and longer term support they required in a COVID-secure way. A major operation was undertaken to protect as many properties from the floods as possible, to temporarily accommodate those that had been directly affected and to ensure that vulnerable people were identified and supported. The amount of support and the timely and effective way that it was offered, to help those residents and businesses to recover from the devastating impact of the flood at a time when we were already dealing with the pandemic, was truly moving.

Looking to the future, I know that the community spirit in Warrington remains strong and all partners remain committed to ensuring we build on the effective partnership working and true collaboration that has been evident throughout the past two years. It is through these strong partnerships and place-based working that we will help ensure we are successful in mitigating the longer-term impact of the pandemic on local population health and on health inequalities.

The commitment of senior leaders in Warrington to truly addressing health inequalities is one of the many things that attracted me to this post. Steven Broomhead, both as Chief Executive and as previous Chair of the Health and Wellbeing Board, speaks passionately about the Council's commitment to tackling the underlying causes of ill-health and inequalities in our borough. As does Councillor Maureen McLaughlin, Cabinet Member for Public Health.

“Within Warrington, we have long recognised the important role local government plays in improving the health and wellbeing of our residents. The pandemic has shown us that local authorities are also key in protecting the health of residents too. Thara and her team have helped guide us through what has been a very challenging two years, and I have every faith that she will continue to provide excellent leadership as we move to ‘Living with Covid’ and beyond.”



**Steven Broomhead, Chief Executive,
Warrington Borough Council**

“Our vision in Warrington is for better health and wellbeing for all. We know that access to good education, secure employment and appropriate housing, along with having sufficient income are some of the main determinants of health and of health inequalities. But we also know that the pandemic has really exacerbated many of the inequalities we grapple with in our borough. Properly addressing this is a long-term challenge, which requires long-term commitment to a system-wide preventative approach, and to working with our resilient and resourceful residents to build back from this crisis better and fairer.”



**Cllr Maureen McLaughlin,
Cabinet Member for Public Health**

As both Steven and Maureen have indicated, addressing health inequalities has been the top priority in Warrington for many years. It is

central to the current Health and Wellbeing Strategy and is a core component of the Warrington Borough Council Corporate Strategy. National and international evidence has identified that COVID-19 has disproportionately affected those who already experienced disadvantage and discrimination. These groups include those living in deprived areas, people from ethnic minority groups, older people, and those with learning disability and others with protected characteristics.

The work of the Northern Health Science Alliance (NHSA) highlighted that the pandemic hit the country unevenly with a disproportionate effect on the North of England - increasing regional health and economic divides. The report shows the unequal health and economic impacts of COVID-19 on the North with higher rates of COVID-19 related mortality and unemployment.

I read the NHSA report as I was starting to think about my first annual report and I have used the work to help tell the story of the pandemic in Warrington and its on-going impact. With the emergence of a new integrated Health and Social Care System in 2022, it is an opportune time to draw on the learning of the past two years and harness the strength of partnership working that has been evident through the acute phase of the pandemic. This effective collaboration has been key in our work in undertaking detailed surveillance and monitoring, preventing and responding to outbreaks, rolling out the vaccination programme, establishing local testing centres and working collectively to protect our most vulnerable residents. We will strive to ensure that, moving forward, our place-based strategies address the fundamental causes of health inequalities and build better care systems to support the most vulnerable residents of Warrington.



**Thara Raj, Director of Public Health,
Warrington Borough Council**

Health and wellbeing in Warrington pre- COVID-19

Introduction

Warrington is an economically thriving borough which offers a wealth of opportunities. Much partnership working pre-COVID-19 had focussed on how to ensure that everyone living within Warrington can enjoy the benefits these opportunities bring.

A lot of people in Warrington experience good health and wellbeing. Many have a great start in life and are able to take advantage of the opportunities that living in an ambitious and prosperous borough brings. However, this is not the case for all. One of the biggest challenges that has faced Warrington is the inequalities caused by socio-economic deprivation and the impact this has on the health and wellbeing of individuals and communities.

It is widely accepted that health and wellbeing is affected by a range of broader social, economic and environmental factors such as money and resources; level of education and skills; availability of good, fair work; the quality and security of housing; and general surroundings. These factors are at the root of inequalities in health and wellbeing between groups of people.

Within Warrington these inequalities are perhaps most starkly demonstrated by the gap in life expectancy between the most and the least deprived areas of the borough. Although Life Expectancy (LE) in Warrington has increased substantially over past decades, with a rise since 1991 of 6.5 years for men and 4.4 years for women, LE for both males and females in Warrington has been consistently lower than the average for England. In addition, internal inequalities in life expectancy are stark and linked to socio-economic deprivation.

Comparing the highest and lowest life expectancy at ward level, there is a gap of 9.7 years for males, and 10 years for females. This pattern has not changed significantly in recent years.

System leaders across Warrington recognise that these inequalities are the result of layers of disadvantage and that tackling the root causes, whilst not easy, is crucial in order to effect long-term change. The Health and Wellbeing Strategy 2019-2023 for Warrington articulates this, and identifies that there are marked inequalities across a range of areas such as educational attainment, income, employment, the experience and fear of crime, poor lifestyle, general health and mental wellbeing. In 2019 all system partners signed up to a Health and Wellbeing Strategy that committed to ensuring genuinely inclusive growth and an economy which benefits all. These aims were considered vital in tackling the deep-seated inequalities in health and wellbeing which exist in the borough.

The health and wellbeing of the residents of Warrington is monitored through the Joint Strategic Needs Assessment (JSNA) Core Document produced by the public health knowledge and intelligence team. The document is an annually produced compendium of health and wellbeing data indicators that describes the health status of the population. It should be noted that, given the time period that the majority of indicators cover, the impact of the pandemic is not reflected in the analysis presented in the most recent JSNA.

This chapter summarises some of the findings from the latest JSNA¹ for Warrington and provides an overview of some of the key inequalities challenges across the life-course that were evident pre-pandemic. This is important context and, along with the insight from other chapters on the challenges COVID-19 has left, forms the basis on which we take forward our long-term recovery plan.

¹JSNA Core Document 2021

Wider determinants of health:

- The number of working age people in employment is approximately 106,400, equivalent to 81.6% of the working age population. The percentage of Warrington residents in employment is significantly better than England and the North West. There are however significant differences within Warrington, and inequalities are also evident in the employment rate amongst vulnerable groups.
- The number of homelessness households living in temporary accommodation in Warrington is significantly lower than the average for England.
- In 2020/21, Warrington had 1,752 households who were either threatened with homelessness, were within 56 days from becoming homeless, or already homeless and required help to secure settled accommodation. This resulted in a rate of 19.6 per 1,000 households, significantly higher than both England (11.3 per 1,000) and the North West (11.9 per 1,000) (PHOF 2022).
- Latest data suggests that levels of fuel poverty in Warrington have decreased and remain lower than the average for England and for the North West. However, the latest available data does not take into account the recent fuel cost rises so it is likely that the picture may have worsened and, again, there is substantial variation within the borough.
- The overall crime rate has decreased during the previous year (10% reduction); driven by falls during the periods of national lockdown. National comparators are available for rates of reported violent crime; this shows that rates within Warrington are higher than national in terms of reported violent crime.
- In relation to air quality, Warrington has a slightly higher rate of mortality attributable to exposure to poor air quality than the North West average and other parts of Cheshire.

Evidence is clear that a good start in life is key to long term health and wellbeing. Key findings from analysis of some of the **headline indicators for children and young people** is summarised below.

- Rates of child poverty in Warrington have seen small but steady increases over time, however the percentage of children aged under 16 living in poverty in Warrington remains lower than England. As with other indicators there is substantial variation within Warrington. (Latest nationally comparable data is for 2019, and therefore does not include any impact from COVID-19).
- Breastfeeding in Warrington is consistently significantly lower than the England average, and there are stark inequalities between areas of high and low socio-economic deprivation.
- Participation in the National Child Measurement Programme (NCMP) over previous years has been very high, however the NCMP programme paused in March 2020 when schools were closed to most pupils due to the COVID-19 pandemic. Prevalence of excess weight amongst Reception and Year 6 children in Warrington is lower than the average for England.
- The long-term trend for teenage conception rates in Warrington shows a substantial reduction. There are however, wide inequalities within Warrington, in keeping with the pattern of deprivation.
- Alcohol-related hospital admissions amongst those aged under 18 years are currently significantly higher in Warrington than the average for England. However, the long-term trend shows substantial reductions in the rate of admissions.
- The rate of hospital admissions due to substance misuse amongst young people aged 15 to 24 years in Warrington is also significantly higher than the average for England.

The health and wellbeing of adults of working age in Warrington shows a mixed picture. In terms of health-related behaviour:

- Estimates suggest that smoking prevalence in Warrington continues to be significantly lower than the average for England. Previous local lifestyle surveys showed that prevalence remained high in areas with higher levels of deprivation (areas that fall into the 20% most deprived areas nationally, based on deprivation scores from the Index of Multiple Deprivation (IMD) 2019) and amongst certain population groups.
- Nationally derived estimates for Warrington as a whole suggest that the percentage of Warrington adults drinking to unsafe levels is in keeping with the average for England, as is the proportion for binge drinking. However, rates of hospital admission due to alcohol are significantly higher in Warrington when compared to England overall.
- Obesity prevalence is an issue locally. Estimates suggest that almost two-thirds (64%) of the Warrington adult population are at an unhealthy weight. This is slightly higher than the average for England.
- Estimates suggest that just over half of Warrington adults eat the recommended 5 portions of fruit or veg per day. This is slightly lower than the average for England.

In terms of burden of disease:

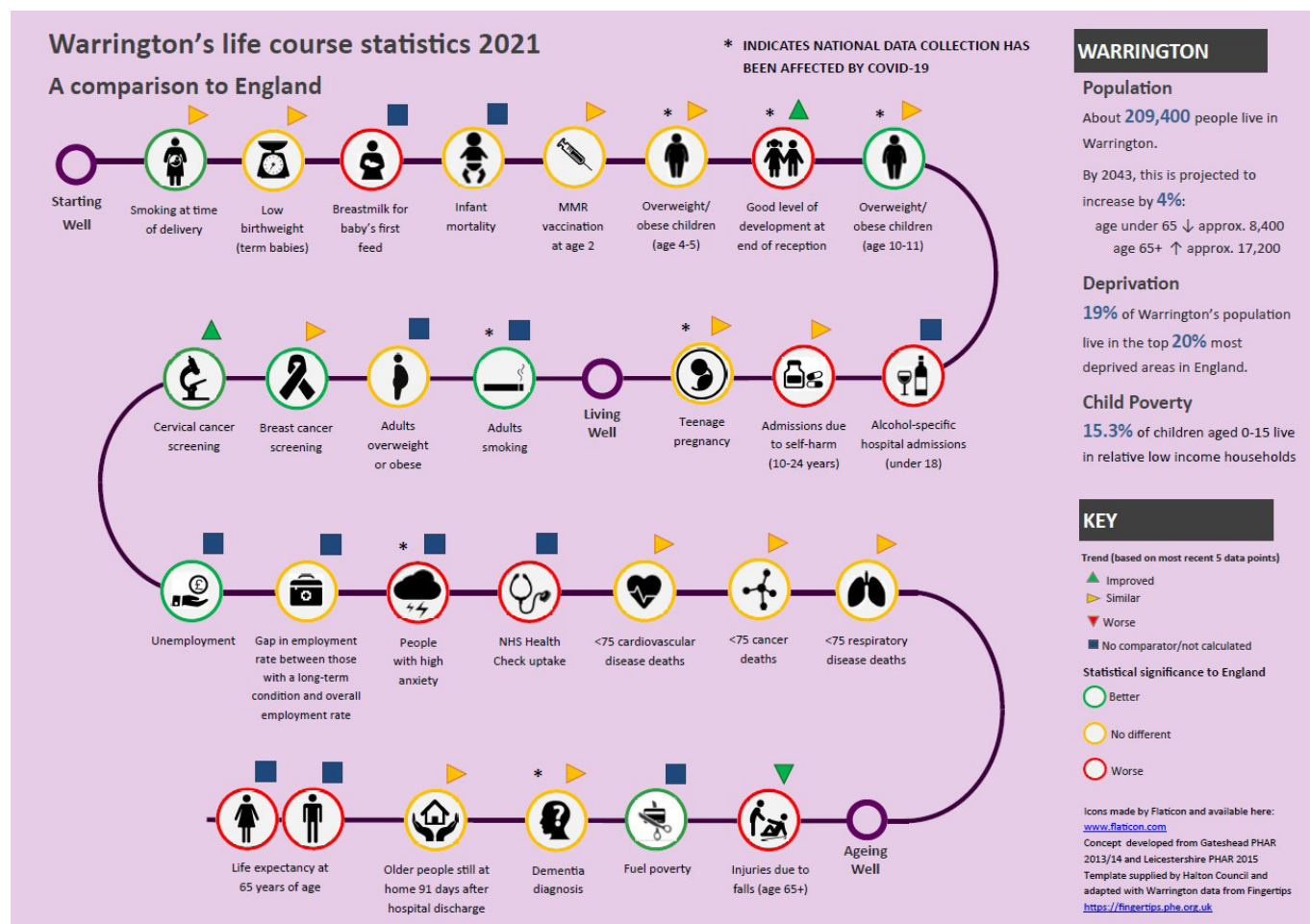
- There are approximately 2,080 deaths per year in Warrington. Around two-fifths of deaths in the under 75's locally are considered preventable.
- Both all-cause mortality, and mortality from causes considered preventable, have decreased considerably over the past ten years. Despite these reductions, all-cause mortality rates remain higher than the average for England. (Mortality analysis presented here does not include the impact from COVID-19).
- Within Warrington, mortality rates are significantly higher in the more deprived areas of the borough when compared to the remaining areas.
- The premature death rate from heart disease and stroke has decreased considerably over recent years and the rate is now in keeping with the England average.

- Long-term trends show that premature cancer death rates locally have been reducing steadily and are in keeping with the average for England.
- The rate of new cancers in Warrington is slightly higher than the England average.
- Hospital admissions due to self-harm are very high in Warrington when compared to England and the North West, especially so for females, with year on year increases in admission rates.

In terms of the health of older people in Warrington, many health indicators suggest that the health of older people in Warrington is worse than the England average, and so improving the health of older people and investing in long-term prevention is crucial.

- Life expectancy at age 65 for both males and females remains significantly lower than England.
- The rate of death from cardiovascular disease (CVD) and respiratory disease for those aged 65 and above has seen a downward trend, although rates in Warrington remain significantly higher than England.
- Warrington has a very similar death rate to England for deaths due to cancer. Since 2013-15 the mortality rate has reduced by 7%, but the rate of reduction in recent years has stalled.
- The rate of hospital admissions due to falls in the 65 plus population continues to be significantly higher than England. During 2019/20 the rate of admissions increased by 7%.
- The rate of admission due to a hip fracture was slightly higher than England.
- There was a large increase in the percentage of people in Warrington aged 65 and above who received their flu vaccination during 2020/21, exceeding the national target of 75%. This increase was most likely fuelled by the pandemic. However, the percentage vaccinated against PPV and shingles did not meet the national target.

Figure 1.1 Warrington's life course statistics 2021

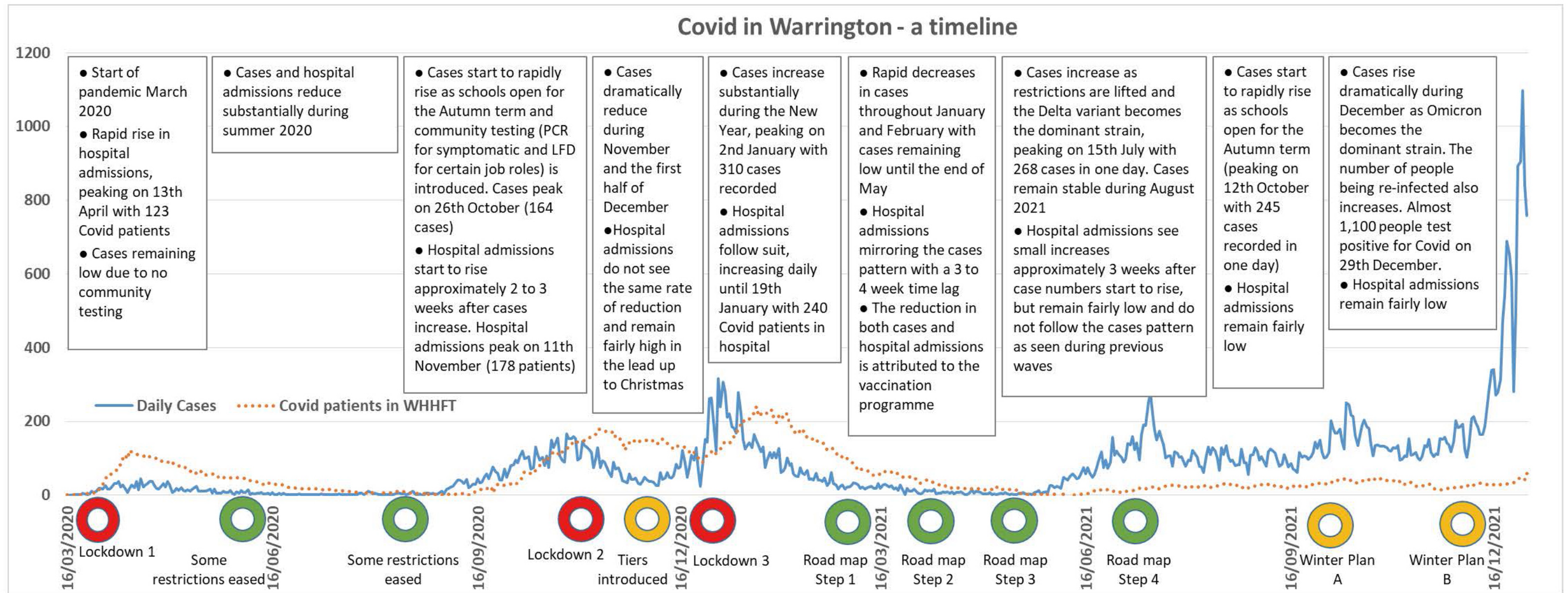


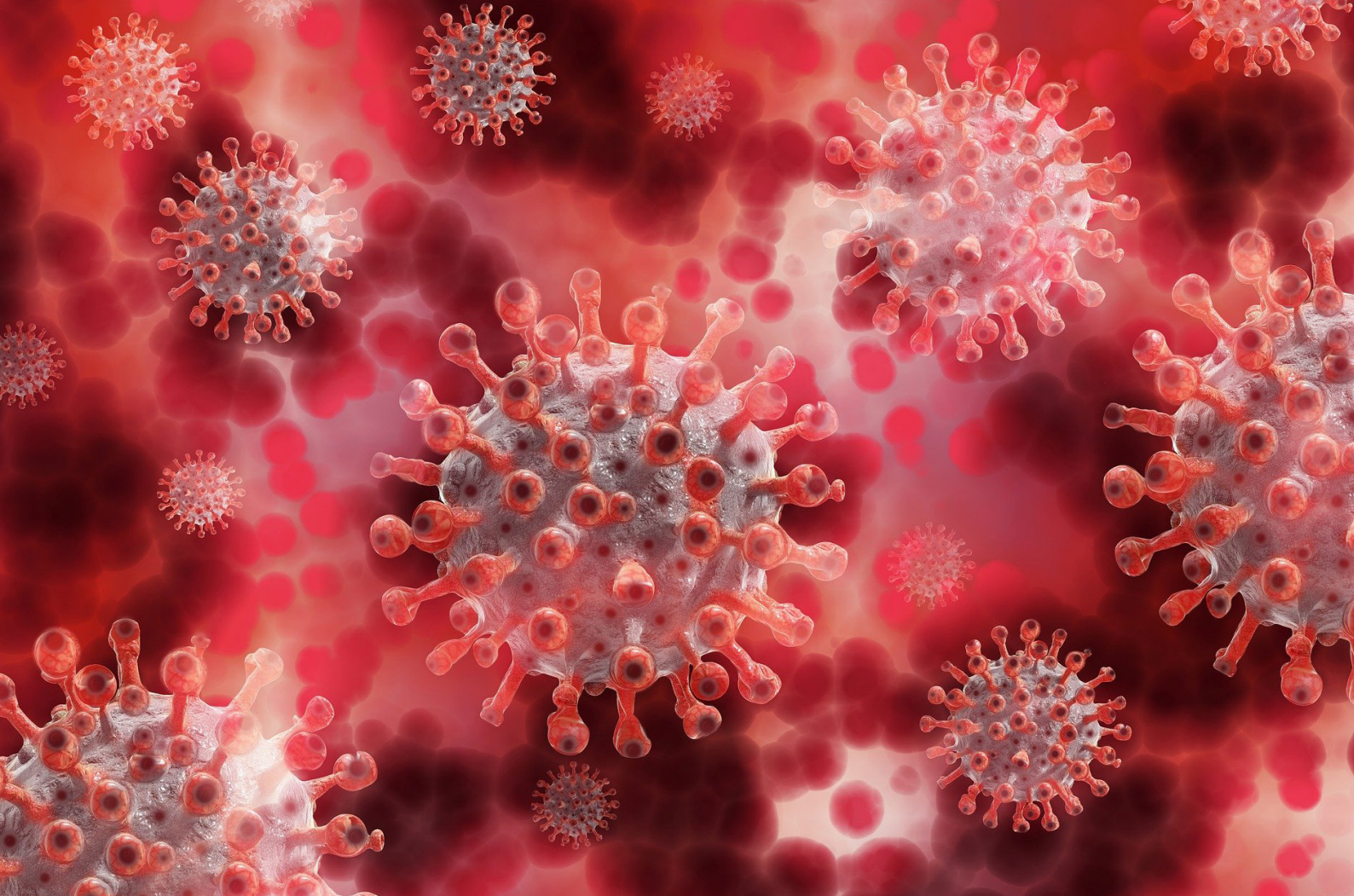
Overview of COVID-19 in Warrington

The UK has been responding to COVID-19 since the end of January 2020. Warrington experienced its first case on 11th March 2020, the same day that the World Health Organisation (WHO) declared a pandemic. Since then, there have been over 65,000 cases in Warrington and sadly 642 deaths where Covid was mentioned.

- On average, since widespread testing was made available to the public, the PCR testing rate for Warrington has been higher than both the North West and England averages.
- Over the course of the pandemic, bed occupancy at the local Halton and Warrington Hospital has been higher than both the regional and England average.
- Warrington as a whole has experienced 14% higher COVID-19 mortality rates than the England average.
- There is a strong association between level of deprivation and COVID-19 mortality, but deprivation alone does not explain the variation in rates across the country.
- Although there has been a slight drop in employment rates locally, unemployment in Warrington remains lower than the England average.
- Warrington has achieved good uptake of the COVID-19 vaccination. The percentage of eligible people vaccinated in Warrington cannot be accurately compared to the published figure for England due to discrepancies in denominators, but local analysis suggests uptake is at least similar to the uptake in England.

COVID in Warrington - A Timeline





Healthcare response

COVID-19 has placed huge pressures on health and care services across the country. Staff were redeployed to manage the increased demand, normal services were disrupted and residents avoided seeking care for fear of adding to the burden and not wanting to risk exposing themselves to the virus.

At peak periods of the pandemic our intensive care unit was stretched far beyond its normal capacity along with our other wards and services. Our frontline health and care professionals worked tirelessly and selflessly throughout the pandemic to reduce the impact of this crisis on the lives of our fellow citizens. There were numerous examples of innovative practice and new ways of working that were implemented almost overnight.

Unfortunately many of our frontline workers regularly witnessed the devastating impacts of COVID-19 first hand and had to cope with many other challenges such as staff shortages. Their remarkable dedication and innovation has had, and continues to have, a vital impact on reducing the COVID and non-COVID harm.

The first wave of the pandemic brought incredible, never before experienced, challenges for the NHS in three key ways, they needed to:

- Prepare to receive and treat an unknown number of patients with a highly infectious, potentially deadly disease
- Free up all available beds by safely discharging long-stay patients to community locations
- Pause all elective procedures to redeploy staff to the front line in response to the impending pandemic and uncertainty of the impact on the NHS

This was a high intensity, complex ask, overlaid with a major overhaul to infection and prevention control infrastructure, policies and personal protective equipment (PPE). Furthermore, augmentation and adaptation to workplace occupational health and wellbeing services was required to support the workforce to stay in work.

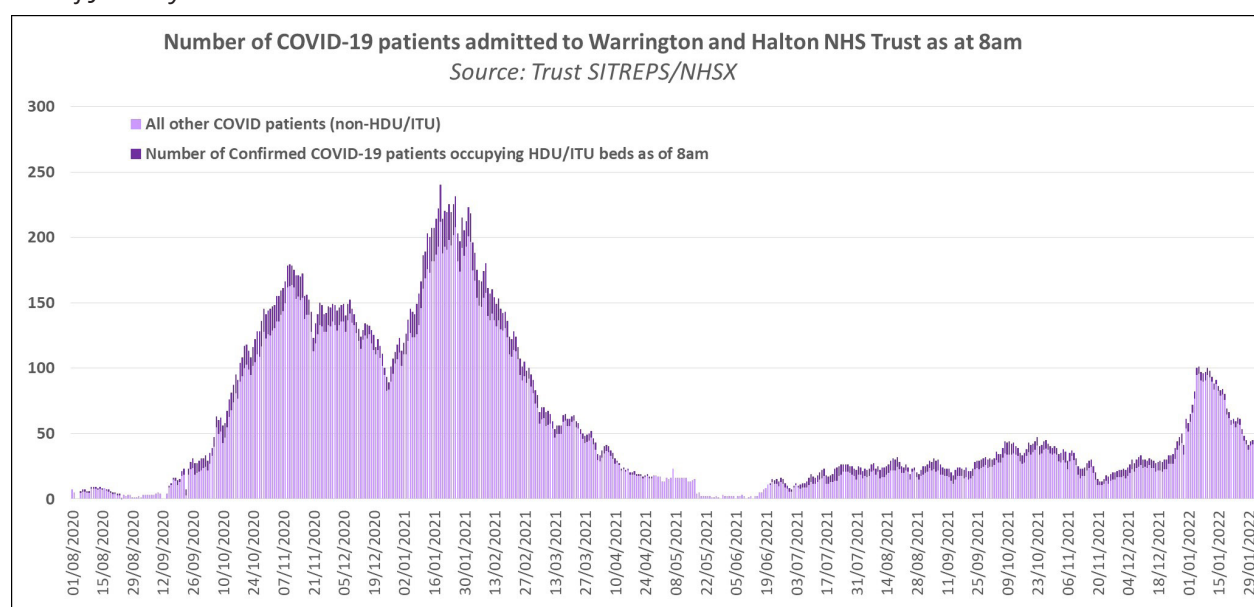
Key Headlines

COVID-19 admissions:

Since the start of the pandemic there have been approximately 3,400 admissions to Warrington and Halton NHS Trust (WHHT) with COVID-19 (see chart below), of these about 69% have been Warrington residents. As figure 2.1 illustrates, the number of COVID-19 patients in hospital has varied significantly over the course of the pandemic, with considerable numbers admitted during the peaks of earlier waves. The successful vaccination programme has led to a significant reduction in the number of people with the virus requiring hospital treatment, as demonstrated in number of people in hospital with COVID-19 during the latest wave of winter 2021/22.

The Hospital Trust played a significant role in protecting staff, patients and the wider community in delivering first, second and booster doses of the COVID-19 vaccine with nearly 65,000 doses administered to date. The Trust also has one of the highest staff uptake rates in England with more than 92% vaccinated.

Figure 2.1: Number of COVID patients admitted to Warrington and Halton NHS Trust between August 2020 to the end of January 2022.



The impact of COVID-19 on planned care

There are a number of high level indicators used to measure the performance of NHS Trusts:

18 week referral to treatment: The national target is to get 92% of patients requiring non-emergency consultant led treatment within 18 weeks. Pre-COVID-19 this target was consistently met by the NHS Trust, however during 2021/22 performance reduced to 70.2%.

Performance has begun to improve slowly post lockdown, by 2021/22 mid-point, 75.7% of patients were treated within 18 weeks. This percentage was slightly lower for those patients registered with Warrington GP practices (74.7%). If this trend is to continue, it may take at least 2 years to return to the pre-pandemic national standard.

52-week waiters: The national target is to have no referral to treatment patients needing to wait more than 52 weeks (1 year) to receive treatment. Unfortunately the number of patients waiting more than 52 weeks to receive treatment has increased dramatically during the course of the pandemic. Pre-pandemic the Trust had no patients waiting more than a year for treatment, however as at September 2021 over a 1,000 patients at the Trust were waiting in excess of 52 weeks.

104-week waiters: The number of patients waiting over 104 weeks has been increasing throughout 2021. As at September 2021 there were 21 patients waiting for more than 2 years to receive treatment.

Recovery

Like all NHS Trusts, full restoration and recovery of all services, for both planned and unplanned care, is front and centre of the Hospital Trust's priorities. At the time of writing HM Government and NHS England had recently issued its 'Delivery plan for tackling the COVID-19 backlog of elective care' comprising:

- Increase in workforce staffing and support
- Greater use of digital technology to free up capacity
- Safely adapting infection prevention and control measures
- Making use of independent sector capacity

One year of COVID-19 at Warrington Hospital

Kimberley Salmon-Jamieson –Chief Nurse and Deputy Chief Executive at Warrington and Halton Hospitals(WHH) reflects on one year of COVID-19 at Warrington Hospital

"So much has changed, and as a chief nurse there are some experiences I will never forget. The first is the sheer level of loss experienced as a result of this pandemic. It has been and still is incredibly difficult to assimilate, and we are still caring for some very sick patients.

Some colleagues have been severely ill with COVID-19, some still live with the effects of 'long COVID' and colleagues across the trust have experienced the loss of loved ones and friends. For staff looking after patients at the end of their life, there have been incredibly difficult conversations with relatives unable to say their last goodbyes in person.

One of the most difficult aspects, which many staff have shared with me, has been the relentless nature of this pandemic.

Since March 2020, we have continually admitted patients with COVID-19 to Warrington Hospital and the respiratory ward, and critical care have constantly cared for very sick patients. The situation has been unrelenting and stressful for staff.

The infection prevention and control team and microbiology team have been working incredibly hard to make sure that patients and staff are protected.

At the height of the last wave, they were managing the challenge of ensuring we could care for 243 patients with COVID-19 in Warrington Hospital and preventing further transmission of the virus.

Even the simple things like taking a comfort break have taken on a new dimension in some units. If you are wearing full PPE, it can take 15 minutes to safely and correctly put on or remove, and staff need to plan for this.

A huge amount of effort has gone into planning for recovery from this pandemic, with a new post-anaesthetic care unit allowing more patients to be operated on at our Halton site and setting up an effective COVID-19 vaccine clinic, virtually overnight.

All this has been bolstered by the backdrop of support and gestures of goodwill from our local communities and businesses, which has kept us going in the most difficult of times. We are so thankful for this support.

This pandemic has challenged and changed our NHS in far more ways than perhaps we imagined one year ago.

There are many experiences and effects we would rather leave behind, but there is much that we have learned about ourselves and our communities that we should and must take into the future.

Thank you to all the staff at WHH and our partners, who have worked so professionally and been so very committed to supporting our patients, families and each other throughout this pandemic."

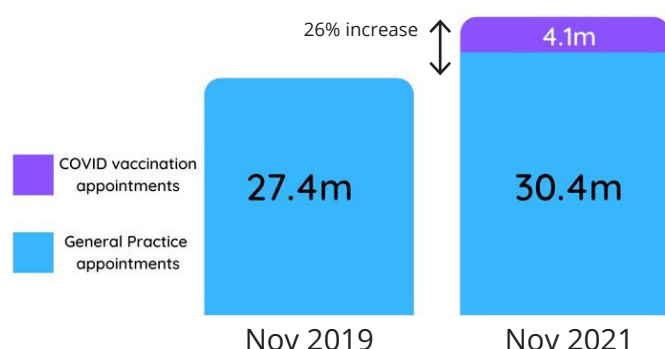


Primary Care and Pharmacies

Primary care has seen significant increases in their workload and saw a 26% increase in general practice appointments between November 2019 and November 2021 (see *Figure 2.2* below), (NHS Digital, 2021). They have adapted their practices throughout the pandemic to ensure that our most clinically vulnerable residents were supported with their non COVID-19 healthcare needs and provided support to prevent people from becoming ill and needing to attend hospital. They have also played a huge role in the vaccination and testing programmes, details of which are presented in separate chapters. Some of this innovation is highlighted in the case studies within this chapter.

Figure 2.2

Appointments in General Practice 2021



Source: NHS Digital

Adam Irvine MRPharmS, Chief Executive Officer, Community Pharmacy Cheshire & Wirral

“Our Community Pharmacists have worked phenomenally to quickly adapt to the challenges of the pandemic to ensure a safe supply of medicines, advice and support for the communities they serve. The hard work and effort put in to keep pharmacies open as other services closed has shone a light on the valuable role that pharmacies play in their communities across the country. Throughout the pandemic, pharmacies have been the accessible healthcare service and many people’s first point of contact with the NHS, providing a buffer for the NHS, helping local communities and reducing pressure on other NHS healthcare providers such as GPs and NHS Trusts. Nationally, more than 600,000 people have sought advice from pharmacies in England on

medical symptoms each week, with a further 185,000 needing help with an existing medical condition (PSNC Pharmacy Advice Audit, September 2020). These pharmacy consultations meant avoiding nearly 500,000 patient GP appointments and 57,000 weekly accident and emergency and walk-in centre visits every week (PSNC Pharmacy Advice Audit, September 2020). Provision of this advice is critical for patients and the NHS, but pharmacies receive no specific funding for it. Pharmacy teams have also had to make adaptations to work in a COVID-19 safe way, and quickly implemented a number of new services to support patients. This list of new services introduced within the pandemic period includes:

- COVID-19 Vaccinations – many pharmacies are taking part in the vaccination programme ranging from between 100 to 4,000 vaccinations per week. We had several very early adopter sites in Cheshire & Merseyside serving Warrington residents and a significant proportion of the booster doses were delivered by this strand.
- The Pandemic Delivery Service was to initially support shielding patients and later to support residents advised to self-isolate by the NHS Test and Trace service.
- We became a COVID-19 Lateral Flow Test Distribution service, and provided lateral flow tests to the public at accessible locations.
- The Discharge Medicines Service was provided, helping reduce medication errors by ensuring discharged patients understand their medications along with any changes to prevent avoidable readmissions to hospital.
- The general practice referrals into the Community Pharmacist Consultation Service where a practice can refer patients contacting them into pharmacy for more appropriate treatment, advice and reassurance was implemented.
- We implemented rapid deployment of both the palliative care scheme as well as a COVID-19 palliative care scheme with urgent 1 hour delivery.

At the same time, pharmacies had to contend with the disruption to their workforce that COVID-19 brought about, regulatory changes that were brought in with the emergency

provisions and a huge volume of displaced patients with higher than usual acuity of conditions who turned to pharmacies when other providers were not able to serve them.

The flu vaccination figures this year have been truly spectacular given the context of everything else going on with pharmacies taking an ever increasing amount of the vaccination burden year on year."

The Baths Health & Wellbeing Centre Pharmacy



"We modified our service so that people could still access Emergency Hormone Contraception (EHC) when needed. We took consultations over the phone to reduce face to face contact and allowed clients to administer themselves.

We delivered blue scripts when necessary to patients testing positive for COVID-19.

The needle exchange service continued throughout COVID due to the importance of this service. We are lucky in this branch, we offer the safe exchange of equipment through a hatch minimising contact - protecting both clients and colleagues.

We offered the flu jab through the 2020/21 season as well as 2021/2022 - this offered added protection to many of the vulnerable service users.

Throughout, we supported clients offering hand sanitiser and masks where needed.

Observed consumption was offered when Pathways to Recovery (Warrington's drug treatment service) deemed it necessary. Most clients lived locally so safe storage allowed for them to be issued with a number of days, if not weekly.

Blood pressure services were paused due to face to face contact however the new hypertension case-finding consultation service now offered is trying to identify those patients who have not had their blood pressure monitored recently and so is enabling us to support GP's and other health agencies.

Good communication between agencies and the pharmacy has been paramount in the safe delivery of the services mentioned and hopefully this will continue as services return to a new kind of normal for us all."

How GP Practices adapted to the pandemic

Pam Broadhead,

Chief Primary Care Officer, NHS Warrington CCG

"The primary focus for GP practices during 2020/21 and 2021/22 has been to provide a practice COVID-19 response and prioritise the delivery of essential services to patients. Responding to the COVID-19 pandemic has meant that many of our routine activities and priorities for primary care were suspended or paused. Our ambition for general practice in Warrington in 2020/21 was to remain fully open and accessible to all patients, whilst recognising the additional workload of COVID-19 which has required practices to prioritise clinical activity.

A 'COVID-19 patient advice line' supported local residents and took the pressure off primary care when the coronavirus (COVID-19) pandemic was declared. Phones were ringing off the hook in GP practices and the CCG swiftly recognised that a different service was required to support the local population, across a range of topics and concerns. This was set up in 3 days and operational from April 2020 to June 2020.

Whilst it is the GP practices' responsibility to facilitate Patient Participation Groups (PPG), as practices started to hold virtual PPGs in July 2020, the CCG supported the PPGs and practices by offering to supply Microsoft Teams links, guides and support.

During the first six months of 2020/21 'health forum' meetings were paused but they re-commenced in September 2020 online via Microsoft Teams and have continued in this format supported by the CCG.

Warrington CCG commissioned 'COVID-19 face to face assessment centres' and a 'home visiting service', for patients who were confirmed as COVID-19 positive or suspected COVID-19 positive so that they could be seen face to face by a clinician in a COVID-19 secure environment so that infection prevention control could be maintained in all the practice sites.

Home scheme-pulse oximeters are being provided to patients as part of the NHS response to COVID-19. The 'COVID-19 Oximetry service' supports people at home who have been diagnosed with coronavirus and are most at risk of becoming seriously unwell."

Case Study

Bridgewater Community Healthcare NHS Foundation Trust

**Sarah Quinn – Chief Operating Officer -
Bridgewater '**

"The COVID-19 pandemic will certainly be a time in the provision of healthcare that will never be forgotten. The demands for community services have been high throughout the pandemic and our staff have had to adapt quickly to constantly changing guidance and adhere to infection, prevention and control guidance to keep themselves and patients safe. In order to deliver care, we have had to think creatively using technology to deliver video and telephone consultations, utilise outdoor spaces and allow visitors to visit their loved ones through windows.

Many of our staff were redeployed in the first wave of COVID-19 and they had to learn new skills at pace which they willingly did to support patients to be discharged from hospital and to care for patients in their own homes. Podiatrists supported district nurses, physiotherapists from our musculoskeletal services provided therapy in patients own homes and in our intermediate care bed base, children services staff supported several services and our corporate clinical staff worked with our front-line teams.

After the first wave there were long waiting lists in many of our services and staff who had been redeployed were returned to their own services to deliver the ambitious recovery plans. These recovery plans have been revised several times over the last 12 months, and we have been able to make significant progress, but this has been hampered by further

outbreaks of COVID-19 and the need to redeploy our staff and focus on supporting discharge from hospital and the provision of community-based services. Our children's services staff were not redeployed after the first wave as we recognised the significant impact that the pandemic had on our children and families with the closure of schools and increased support our teams needed to provide.

Community services have worked in conjunction with all our system partners and together we have been able to manage the significant challenges and pressures which we have experienced on a day-to-day basis and it has been a truly collaborative response to supporting patients in Warrington.

I am personally really proud of all of the staff and staff from partner organisations and all the effort that they have made to deliver care to the communities we serve, and I would like to thank them for all their hard work."



Warrington Healthy Child Programme: Public Health Nursing (0-19 service)

The 0-19 service has continued to triage children and young people throughout the pandemic in order for a clinical decision to be made as to how the service can be safely delivered. All core contacts, packages of care and clinics have been delivered face to face where safe to do so and in line with social distancing measures.

The service has introduced a virtual / web based support option via a video call which can be used for families who may require a contact whilst the household is isolating. To aid care delivery in a timely manner, this is used in conjunction with face to face contact with face to face contact carried out when the family's isolation period ends.

For all children on a child protection plan, health visitors and school nurses have continued to provide reports for conferences and core group meetings. For school health, this has been for those young people who have active health needs and school nursing staff have been involved in the core group.

Child protection conferences have been completed via telephone conferencing. The 0-19 service has liaised with the social worker and where health needs have been identified, the 0-19 service has continued to offer face to face support if it is safe to do so and/or telephone or virtual support has been provided. All cases have been triaged and a clinical decision made about the support required. The 0-19 service also liaised with the safeguarding nurse for advice and support, if required. For a face to face contact, the 0-19 service has asked the relevant COVID-19 screening questions before visiting. If face to face contact was not possible, the service rearranged the visit/contact for a date when this was safe to do so. Telephone or virtual contact has been maintained if required during the period of social distancing and isolation.

Within each of the three 0-19 service teams; a central list for safeguarding and vulnerable families has been maintained. The 0-19 practitioner responsible for triage, monitored

this list on a daily basis and ensured any pending actions were tasked appropriately or flagged to 0-19 Team Leaders. This was monitored by the 0-19 Team Leaders on a weekly basis.

All child in need and early help referrals were triaged and offered a face to face contact. The service has also completed health visitor looked after child reviews face to face.

Merseycare NHS Trust



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

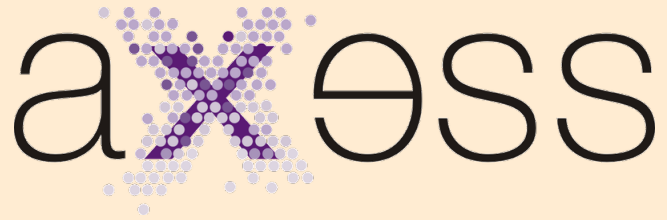
A Digital Response to COVID-19 - Myles Hodgson, Media Manager

"Mersey Care NHS Foundation Trust acquired the former North West Boroughs Healthcare NHS Foundation Trust on 1 June 2021 to provide an enlarged range of mental health and community health services across Warrington, Merseyside, Cheshire and the North West region. During the pandemic, digital solutions were deployed to support the response to COVID-19, including a significant number of consultations completed online and 'virtual wards' where patients were monitored from their own home by clinical staff using monitors. Telephone triage and appointment systems were also introduced and, as more services resume face to face, Mersey Care are now moving towards embedding digital channels as part of clinical pathways where patients are provided choice for their consultation medium. 24 hour mental health crisis and text lines were also introduced in response to the increased demand during the pandemic."

Case Study

axess Sexual Health Service

Sian Davies - Service Manager - Liverpool University Hospitals NHS Foundation Trust



"The axess Sexual Health Service has responded to the challenges of the pandemic with new and improved ways of working so that patients could continue to receive a wide range of confidential full integrated services. These services include sexually transmitted infection (STI) testing, STI treatment, contraception (including long-acting and emergency), pregnancy testing, HIV pre-exposure prophylaxis PrEP and PEP (tablets which prevent HIV either before or just after you've been exposed to it). The service also offers a postal STI testing and treatment service and postal contraception & emergency hormonal contraception through their digital partner SH:24.

The service has operated a daily phone triage between 9am and 1pm, where patients have been given call-back consultations, appointments or advice where appropriate, throughout the day from clinicians and nurses. Face to face appointments generated from

triage calls have been offered on the same day or within 48hrs depending on urgency and clinical need. Appointments have been offered at times throughout the day from 9am depending on availability and safe measures and evening appointments have been available on Mondays and Wednesdays in Bath Street.

The service has operated a 'book-on-the-day' appointment system, unless a scheduled visit is clinically necessary (Monday - Friday). Alternatively clients have been signposted or directed to other services appropriately.

Under 18's and vulnerable groups have been prioritised and given a direct appointment if necessary (they might just need advice).

More recently axess Sexual Health Warrington Service Young Person's Clinic (under 19s) has re-opened Thursday 3.30-6pm at Bath Street as a walk in clinic."

Research and Innovation into COVID-19 treatment

We are proud that Warrington and Halton Hospitals NHS Trust has been at the forefront of research and innovation into COVID-19 treatment under the most difficult of circumstances ever faced in the history of the NHS. Thank you to the team and to our residents who participated into the ground breaking research and innovation which saved lives.



CASE STUDY

Warrington Hospital's COVID-19 'Black Box' scoops prestigious national innovation award

"In the early phase of the pandemic, aware of the expected national shortage of ventilators, the Warrington and Halton Teaching Hospitals NHS Foundation Trust team of clinicians wanted to find a way to assess the response to other forms of treatment before mechanical ventilation was considered. They decided to try to modify the community continuous positive airway pressure (CPAP) devices for high-flow oxygen use. CPAP is a well-established therapy for conditions that cause significant breathing problems and low oxygen levels and is used widely in the community to increase airway pressure in patients with chronic sleep apnoea. They made a simple change to the mask and added a filter which also allowed oxygen to be supplied via the mask and then tested the devices on themselves, using anaesthetic gas analysis to confirm the levels of oxygen being delivered. This transformed a simple medical device into a potential life-saving therapy for some of the most seriously ill COVID-19 patients. Testing on patients in a controlled environment followed and the team were delighted when most patients found their breathing easing and oxygen levels rising. Patients that did not adequately oxygenate after a few hours on the CPAP 'Black Box' were escalated to intensive care for ventilation.

As a result of this innovation, the mixed team of doctors, nurses and allied health professionals working across intensive care, high care respiratory ward and the cardiorespiratory team were recognised for the remarkable impact of their innovation. The team were named as the inaugural winners of the new 'Innovating in Adversity' category at the LBS Awards. This significant development was the focus of a Sky News documentary during the first wave of the pandemic.

"Receiving such a prestigious national award, in a field of some of the nation's most accomplished innovators, means that everyone can feel justifiably proud and it is a welcome boost many months into this pandemic.

There is no doubt that whilst COVID-19 infection remains a serious threat for many - leading to serious and life-threatening complications for some - these devices continue to improve outcomes for many patients who would otherwise require much higher risk ventilation procedures."

Former Medical Director Dr Alex Crowe



Jo Thomas, Clinical Lead Physiotherapist for IP Respiratory and Critical Care and was instrumental in the use of the black box



Suresh Arni Sukumaran, Deputy Head of Medical Engineering who was involved in supporting the sending of black boxes to India to help them in May 2021.

RECOVERY

Randomised Evaluation of COVID-19 Therapy

The RECOVERY trial is the world's largest clinical trial into treatments for COVID-19, with more than 40,000 participants across 185 trial sites in the UK. The RECOVERY Trial was set up as an emergency response in March 2020 and has since identified several effective treatments for patients hospitalised with COVID-19.

www.recoverytrial.net

Warrington and Halton Teaching Hospitals NHS Foundation Trust was involved in the Oxford RECOVERY trial which began in March 2020 to investigate the use of dexamethasone for COVID-19 treatment. In June 2020, RECOVERY showed that dexamethasone significantly reduced deaths from COVID-19 by up to one third in the sickest patients. Low dose dexamethasone immediately became part of standard of care for patients admitted to hospital with COVID-19 in the UK, a move that was replicated all around the world, saving hundreds of thousands of lives.

What's next for Warrington

The Healthcare sector enters 2022 faced with significant challenges of unprecedented weight. They face a huge backlog for treatment, a significant increase in demand for services alongside the workforce challenges and system issues described within this chapter. This will be with the backdrop of 'learning to live with COVID-19' whilst remaining vigilant of any new variants that could destabilise even our best laid plans. We have also learned a lot along the way to help maintain our resilience. We have embraced new opportunities, ranging from digital innovations, new ways of working, providing care and support creatively, and we proudly developed new partnerships and strengthened existing ones across the health, care, independent and voluntary sectors.

The developing Health and Social Care Partnership together with the recently announced government funding to boost capacity for recovery provides strengthened hope that partners will be able to continue to work together to address these challenges to improve our population's health and reduce health inequalities.



Impact on our marginalised and at risk residents and communities

Introduction

From March 2020, as COVID-19 spread through our societies and communities, it became clear that the virus was disproportionately affecting certain population groups. Some groups, such as older populations and those living with underlying co-morbidities, began to bear a higher burden of severe illness from COVID-19. Furthermore the pandemic shone a greater spotlight on the uncomfortable truths about existing inequities in health and access to support. For those of our population who already face challenges in accessing health and social care services, the measures put in place to mitigate risk to the population exacerbated these access difficulties. These *marginalised communities*, such as people experiencing homelessness, have deeply experienced the health impacts of societal inequalities. Our vision of a universal right to health for all has been exposed and challenged like never before, making clear the need to continue to make health inequities a central part of our agenda for the future.

The populations who have been disproportionately impacted by the COVID-19 pandemic include:

- People with certain underlying co-morbidities
- People experiencing homelessness
- Survivors of domestic abuse
- Ethnic minority populations
- People living with disabilities
- People living in the most deprived areas
- People in certain high-risk occupations and insecure employment

Ensuring that the right support has been in place for the most marginalised and at risk within the borough has been central to the Warrington approach.

Health and care settings

The pandemic has had a profound impact on people living in health and care settings. Throughout the first wave, people living in care homes accounted for an estimated 30% of all deaths from COVID-19 across 25 countries, despite making up only 1% of the world's population.

Alongside many other areas of the country, health and care settings in Warrington have been significantly affected by COVID-19. The disruption to wider systems has had significant implications for their care and support. Many residents have missed out on face-to-face contact with loved ones for extended periods due to outbreak restrictions. Social interactions have been altered in a significant way, which has had inevitable impacts for the wellbeing and resilience of people living in health and care settings. Wider system pressures, including staffing levels across services, have caused disruptions to the quality of care. This in turn has caused significant pressures for frontline services and health and social care workers. Managers and service providers have been forced to make complex, difficult decisions with consequences for the wellbeing of their residents, due to balancing the need to protect from COVID-19 with the need to sustain systems of support.

Collaborating to support our care sector

In the context of these pressures, close collaboration with relevant partners has been key to our local authority approach to sustaining the capacity of services across Warrington. This shared approach has promoted service resilience and supported delivery of care during particularly challenging periods of the COVID-19 pandemic. There are several examples of collaborative work which has taken place across the sector.

Care homes have been supported by the collaborations between our local community infection prevention and control (IPC) nursing team, our local COVID-19 prevention and outbreak team and adult social care team in preventing and managing the consequences of cases and outbreaks of COVID-19.

All care settings experiencing outbreaks across Warrington have received tailored support from the IPC or WBC's prevention and outbreak team. This support has also been provided during significant winter peaks through the initial months of both 2021 and 2022. During these periods, IPC were managing up to 40 outbreaks across Warrington in health and care settings, involving in-depth collaboration with the public health team to ensure all settings were supported and complex outbreaks were prioritised. 'Situation review' meetings were organised where appropriate, to ensure care providers were supported in their decision making processes by partners from adult social care, public health and IPC. These meetings have provided an open, collaborative space to work through complex issues in depth such as managing communal spaces, supporting residents with complex needs, closing to visitors and approaches to new admissions. The attendance of WBC's adult social care team also allowed staffing issues to be flagged and appropriate support mobilised.

Wider support has been provided in collaboration with our community testing team, who have carried out mass testing sessions in supported living and social care settings. These sessions have also provided an opportunity to deliver important, up-to-date health information and education sessions to service users about COVID-19. Our prevention and outbreak team have also worked to ensure that prevention and resilience are embedded within health and social care across Warrington. Support has included tailored updates on changes in guidance, training and guidance on infection prevention and control, training and support with supplies of lateral flow tests and support on vaccinations for staff and service users. They have been a point of call for service providers who have had any queries around safely operating during COVID-19. Colleagues in health improvement and mental health teams have also provided support to care home staff to maintain their physical and emotional wellbeing.

Stories from Health and Care

The personal stories below, told by social care colleagues, care home staff, relatives and loved ones convey the profound impact on some of our most vulnerable residents and communities. These stories also highlight the resilience, dedication, compassion and understanding of staff, residents and families alike.

Case Studies

A relative's perspective

"My grandmother was residing in a care home during the pandemic, the home closed and she had to be moved. She has had COVID-19 at both care homes. She is 91 years old. The hardest part was not seeing her although staff did facilitate video calls when they had the time and created a Facebook page showing pictures of loved ones. My grandmother has dementia, I was afraid that she would not remember me or the family. It was very important to keep speaking to her on the phone but this was difficult especially when there was an outbreak in the home and staff were not as responsive to communications with relatives. It would have been nice to have daily updates of my grandmothers COVID-19 status as telephone lines became continuously engaged and all I wanted to know was whether my grandmother remained COVID free.

Initially we did not see her for 5 months and it was hard. The staff were good, some even talked about moving into the home permanently to keep looking after the residents. When residents had to isolate I found it difficult...to think of my grandmother in her room all day, alone...but the home did put a television in her room.

I feel like my grandmother's dementia is worse since the lock down, perhaps through lack of stimulation- no outside visits with family or community activities with the blind society. All this stopped. In some ways her Dementia was a blessing in disguise, as she lacked capacity to understand the gravity of the situation.

My grandmother ate liquidised food for the majority of the pandemic as her dentures had been lost. We were informed that dental appointments were not considered a health emergency and so my grandmother continued to eat what she described as 'baby



food'. There was confusion in relation to whether or not my grandmother could go to the hospital for her cancer check up with the hospital saying yes and the care home saying if she did go she would have to self-isolate for 2 weeks. My grandmother did not go. When I look back at pictures of my grandmother before and after the pandemic she looks like she has aged 10 years.

My grandmother is happy in her new care home and the family now get to visit more frequently. She is happy and has lived through another world war."

A relative's perspective

"My Nan went into a care home following a 3 week stay in hospital in June 2020. She was 98 years old and had been living with dementia in her own home with carer support. The family were unable to visit due to the pandemic. My Nan declined quite quickly, I think because she was unable to see the family, she kept calling out for her daughter. The family were unable to give her the reassurance she needed to help her settle into the new environment. We are a big family and nobody saw her for months then, when visitors were allowed, my Nan did not recognise any of the family members.

The care home staff were great, when we were able to visit, Nan was holding one of the carer's hands. Despite wearing PPE for 8 hour shifts in a warm environment the care staff looked after my Nan. Unfortunately my Nan suffered another stroke and was placed on end of life care. The home were accommodating and let the family visit providing testing was done and PPE was worn. The staff were brilliant they looked after my Nan and the family during this difficult time. They deserve a fairer rate of pay for all the work they do."



A care home's perspective

"Initially it was very difficult, with the guidance causing much confusion. The weekly council meetings were good, they kept us ticking over and up to date. We also took our registered managers forum online and used this time to share our frustrations and support one another. Initially, lots of homes lost residents as hospitals were discharging to care homes without testing, bringing COVID into the homes.

I lived here for 7 weeks with my duty manager at the start of the pandemic. We both now have a bag packed in the car and we have our own room should we need to stay overnight. We had an outbreak in October and, from a management perspective, this was the most difficult thing I have ever seen in all my years in nursing. I watched staff work really hard whilst watching people die. This had a significant emotional impact on staff wellbeing. We set up anxiety support groups for staff as well as open forums for staff. We didn't know whether we were coming or going with guidance and it's still like this to some extent.

Standing at the door and turning relatives away was very hard. I sympathised with them.

Staff used their personal mobiles to communicate with relatives and we created a Facebook page with photos of loved ones. Eventually, we facilitated window visits and had a visitor centre built outside in the garden. This is heated and has tea and coffee facilities. We book this out on an appointment basis and provide the necessary cleaning and sanitising regime. We also purchased microphones, so it is now like talking face to face as it was difficult for some residents to hear through the screen.

We are fortunate that we have not lost any staff. When staffing levels were low, we had staff on hand in the building to clean and cook as well as providing nursing care. The majority of staff are vaccinated and have had their boosters, they never really questioned getting the vaccine. Staff attitude has been positive, if anything the pandemic has brought us closer together as a team. We are now a tight-knit family which has been a positive of the pandemic. Staff have worked 6 hours on and 6 hours off and relatives have described us as the Pyjama Angels as we have supported residents whilst in our pyjamas!"



A social worker's perspective

"Over the past two years, more than ever before, we have adapted and changed the way we work. At times, we were unable to access care homes to carry out assessments and reviews, or look into safeguarding concerns and care quality issues. We developed ways of working remotely with the support of care home staff and partner agencies through telephones, video calls and other creative alternative methods to gather all the information we needed.

The overall response within adult social care was collaborative. Emergency response hubs were set up and many of us volunteered to take on different roles to support priority areas. A single duty team was set up across the whole department which led to a real team spirit and kept us communicating even when many of us were working at home. Another positive to working remotely is that we have found new, more effective ways of working closely with health colleagues and integrated care teams as part of a multi-disciplinary approach to supporting residents.

Working with distressed families has, however, been challenging for social workers,

particularly when family members were unable to visit their loved ones residing in a care home. For many of us, this has been a point of real professional conflict - as a core principle of social work practice is to promote family life and provide opportunities for people to maintain their personal relationships. Throughout the pandemic we often also had an important but difficult role, supporting end of life care, by acting as a link person between care homes and family members.

From a social work point of view, commissioning care home placements has been difficult during the pandemic for various reasons, including: increasingly limited availability of beds; and changing regulations and guidance, (such as the rules around testing) adding a layer of complexity to our work.

Social workers work hard to support people to live as independently as possible at home. Unfortunately, we have not always been able to do this due to a lack of capacity in the care sector. At times we have had to arrange short stays in care homes because people were

increasingly at risk, when we couldn't source the home care they needed or their day centres were temporarily closed.

Unfortunately, a number of these people became more dependent during their short stays and were unable to return home. The problems in finding suitable care has also placed an increased burden on families and friends, in some cases leading to carer exhaustion and breakdown. These ongoing pressures have led to many social workers feeling tired, worried and struggling to maintain their morale.

The response from some care homes in Warrington can be described as 'above and beyond' with care staff moving into the homes permanently in order to continue to care for residents in the early days of the pandemic. Staff in social care and health maintained regular contact with care home managers through phone calls and conference calls (which were also attended by CCG and IPC Team). We supported care homes to access the necessary PPE, particularly when there were difficulties with supplies at the early stages of the pandemic and kept them updated with the regular changes in guidance, offering support where any issues arose."

Community Support

Outreach has been key to our local approach to ensuring wide ranging support is available and accessible across our community in Warrington, including for groups who experience barriers to accessing services. A range of outreach and community-based support mechanisms have helped us sustain this approach:

Safe and Well: At the start of the pandemic the council refocused its neighbourhoods service to establish a 'Safe and Well' service, which became the coordinated point of access for supporting residents at risk, including those on the 'Shielding', and subsequent 'Clinically Extremely Vulnerable' list. These services provided a resource for those who needed extra support with elements such as emergency supplies, shopping, food bank support, collecting medications or other practical needs. With the support of other council staff and departments and partners from the third and business sectors, the service provided both a proactive and a reactive response to over 9,000 residents in the first six months. As mainstream services adapted and became more responsive the service was scaled down. Partnership work continues and support is still coordinated through the council's 'Warrington Wellbeing' service. Pathways have been established to connect people to partners in the public and voluntary sector to meet existing and emerging needs.

Supporting people to self-isolate: Whilst most people have been able to self-isolate without any additional or external support, financial worries and practical needs or concerns over job security have been considerable obstacles

for some people. A comprehensive range of services have been provided in supporting individuals through self-isolation during the reporting period. The council assessed support needs as part of every contact with community members who are self-isolating, this could be contact with our contact tracing team, the door knocking team or the council's Wellbeing Service. General information, advice and signposting around self-isolation messages and support available was published on Warrington's council website. Signposting and contact details were also provided on the website for those who needed to access additional, bespoke support available to meet financial, practical and social or emotional needs. Again, the 'Safe and Well' service have supported those self-isolating with their practical needs with outreach services to ensure everyone had access to their basic necessities while self-isolating.

Support to the most disadvantaged areas: National evidence has shown that those living in areas with highest deprivation suffer worse outcomes from COVID-19, from both direct and indirect impacts. The six wards in Warrington with highest levels of deprivation are within the Central Neighbourhood Renewal Area. Our public health knowledge and intelligence team analysed localised data which was used to target and prioritise strands of work in these areas at different points during the pandemic. This work has included surge testing, additional support for vaccinations and prioritised calls from the local contact tracing team to those testing positive. We have also provided outreach using our community testing and outreach team in areas with the highest levels of deprivation and need.

Services for people experiencing homelessness

Protecting and supporting our homeless population has been a priority since the start of the pandemic. For people experiencing homelessness in Warrington, the impact of the pandemic has, and continues to be, significant. This diverse population has deeply experienced the impact of societal inequities. Measures such as self-isolation, testing and social distancing have been wrought with complexities, whilst existing health issues and clinical vulnerabilities have left many exposed. This in turn has caused significant pressures for frontline services and health and social care workers.

Despite this, the story of the years 2020-22 and the COVID-19 pandemic within homeless services in Warrington is one of collaboration and resilience. In the context of unparalleled change, local services have responded and adjusted superbly. At a local level, health and homeless services have reported an unprecedented level of engagement and collaboration during the pandemic. The exceptional impact of COVID-19 has required services to reorganise, regroup, adapt and work together to ensure systems of support in Warrington are sustained, or even enhanced, in the face of this significant challenge.

As part of the initial response to the pandemic in March 2020, the Warrington street homeless population were offered hotel accommodation as part of the 'Everyone In' national campaign from end of March to end of June 2020. Thereafter the local authority, working with partners, devised new accommodation provision consisting of 22 units providing accommodation for up to 24 people. The Council approached the local Travelodge in the town centre who were tremendously supportive of our work. All those people in shared room space were given single rooms, as well as any new presentations to the Homeless and Housing Advice Service being placed there. During the 3 months of "Everyone In", 75 homeless people accepted the offer of the Travelodge. Afterwards, the Council with partners were able to reconsider the needs of this group. The direct access beds were no longer required and a new offer of 22 rooms at Museum Street was launched in August 2020.

Furthermore, hotel accommodation continued to be provided using local hotels after the Travelodge contract ended in June 2020. In addition, the Homelessness & Housing Advice Service assisted people to move-on into further accommodation building on from the 'Everyone In' scheme:

- 10% were assisted into private rental accommodation
- 10% were assisted to return to their former family home
- 38% were assisted into social housing
- 41% were assisted into supported housing
- 1% had no recourse to public funds and were reconnected to their home country

Collaborations in Homeless Services

We have established our 'Homeless Service SITREP', a bi-weekly call involving the Council's homelessness team, commissioners, the COVID-19 outbreak team and representatives from all the homeless support services in Warrington. The call was designed to allow services to come together, share their experiences, discuss best practice examples and seek support from one another. Those attending the call have been right on the frontline throughout this pandemic. Their cheerfulness and openness made the 'Tuesday group' a welcoming and trusting space, where participants knew they could share and work together to solve problems. Whilst working through some extraordinarily tough issues, attendees have also supported one another through some particularly challenging weeks, with offers of support and words of encouragement when things haven't been going so well.

Working together in this way has also brought new dimensions to service interventions. Responses to positive cases and outbreaks have been prompt and synchronised due to the regular interaction between services. Collaborative outbreak meetings have brought about a shared decision making process, allowing services to work through their outbreak response in a supported and methodical manner. Among services, we have coordinated the use of resources such as PPE,

testing kits, promotional resources, as well as local and national guidance resources. We have also carried out in-depth interventions within services. The use of our community testing outreach team has allowed us to identify a number of positive cases across services, prompting internal outbreak measures and preventing the further spread of COVID-19. We have maintained supplies of testing kits when national supplies were disrupted, delivered onsite training and demonstrations on testing within services, and established onsite testing programmes through training and support, allowing services to screen staff and service users onsite for COVID-19. This has also allowed services to safely return to the delivery of some essential health-promoting and support activities.

The shared approach has also allowed us to organise vaccinations for homeless service users with the exceptional help of our trusted partners at Eric Moores Partnership (GP practice), who delivered vaccination sessions onsite at each of our homeless services. They managed to significantly improve uptake in this client group who experience significant barriers to vaccination, as well as providing the opportunity for those individuals with concerns to discuss these with a trusted healthcare professional. At the time of writing:

- over 80 homeless people had had their first dose,
- over 40 have received their second
- over 20 have received their booster vaccine

Verve Place

Our local Prevention and outbreak team worked very closely with Verve Place, our accommodation centre in Warrington designed to equip young people from difficult circumstances with the skills to live independently. This partnership working has seen through some real challenges, including a particularly complex outbreak situation. During this outbreak our outbreak team arranged a number of 'situation review' meetings with Verve Place and the relevant partners to provide collaborative, wraparound support during the outbreak period. The community testing team carried out mass asymptomatic testing and identified more positive cases, triggering internal outbreak response measures. Our Community Champions have undertaken group engagement sessions with young people in Verve Place to have open and supportive discussions about COVID-19 and vaccination.

"The support from the WBC public health team has been great throughout the pandemic. Verve Place service has been supported in various ways including advice, guidance, mass testing of our community, arranging priority vaccinations for the staff team and agreeing local partnerships to assist and promote the vaccination programme to our community of young adults."

Paul Storey, Verve Place

James Lee House

There has also been close working with James Lee House, a facility run by the Salvation Army that provides accommodation for adults experiencing homelessness. Our community testing and Prevention and outbreak teams have spent a lot of time supporting the service in various ways; providing guidance on their approach to Covid-19 prevention, ensuring a continuous supply of lateral flow tests, demonstrating how to conduct a lateral flow test accurately, holding Q&A sessions on all things COVID-19, and actively supporting with the management of complex outbreak situations. Work has been undertaken to help coordinate use of James Lee House's isolation unit between homeless services, and advice has been provided on how best to respond to individuals who are unable or unwilling to self-isolate. The support has helped ensure the services are supported in their decision-making and that they have clear collaborative support resources they can access when needed.

"It is fair to say that the last two years have been the most stressful and demanding of my career so far and it has been useful as professionals to be able to share the experience, advice and even a bit of humour to get us through the hard times. The burden of responsibility never lightened but knowing partners were there and willing to share resources was a great reassurance"

Matt Davenport, James Lee House

Prison population

Our public health team have worked with UK Health Security Agency (UKHSA) and NHS England to ensure Covid-safe practices within the two prison establishments within the borough; HMPs Risley and Thorncross. This has included supporting the management of significant outbreaks across both prisons through engagement with Incident Management Team meetings and supporting decision making on their outbreak response procedures. Furthermore, training and lateral flow tests were provided to prison staff to support during a complex outbreak period. Our dedicated prisons health improvement practitioner has continued working with the Warrington Wellbeing service to support wider health improvement work within the prisons, and supports with programmes to support those with long COVID.

Where are we now?

In terms of the care sector, there remain considerable pressures:

Finances – the care sector's finances have been supplemented in 2021 through a range of short term funds from the Government. The funding has been prescriptive and targeted to cover additional cost pressures associated with workforce and infection control. These additional monies have largely been distributed on staff or service user funding formula and all have been strictly time limited with tight timescales. The temporary supplementary grants have, whilst supporting the COVID-19 response, also masked the demand for fee increases from providers following the in-year rise in base costs of care linked to staffing, supplies, utilities and insurance etc.

The sector is also reporting a rapid increase in costs. The primary driver of this is wage inflation, as wages make up around 60-80% of costs in most care homes. The national minimum wage is due to increase by 6.6% from April 2022, which will directly impact on wages in this sector. In addition providers, like other sectors, are reporting difficulties recruiting and retaining staff. This is also exacerbating wage inflation over and above the impact of announced minimum wage rates.

Bed availability also remains an issue. During 2021, residential and nursing homes have seen a significant reduction in bed availability. In particular, there is an immediate and acute shortage of dementia nursing placements, and placements for individuals with more complex dementia (dementia plus). The Omicron variant increased infection rates, impacted staffing levels and some homes closed units to consolidate residents and staff to ensure services remained safe, this further reduced market availability.

Demand for domiciliary care has also increased, and all Homecare providers are continuing to report significant retention and recruitment issues, with many reporting losing staff to retail and hospitality where pay rates are significantly higher.

In terms of the homeless population and other vulnerable groups, the partnerships created and strengthened through the pandemic are being used to drive forward recovery and health improvement action plans.

What's next for Warrington

Strong partnership working at both strategic and operational level is considered key to tackling some of the pressures on services that have been highlighted. The formal establishment of the Integrated Care System in 2022 will help ensure that effective solutions are found, working with system partners at place level. A workforce capacity fund has been allocated to support the recruitment and retention of care workers. Work is ongoing to close the pay gap between the care sector and other sectors, such as retail and hospitality, as care providers have reported losing staff to these sectors who pay a higher rate. The development of a financially sustainable care market, to address the additional forecasted costs of care is key to ensuring the provision of quality and safe care at the right time for individuals, be that in their own home or within a care home or supported accommodation. As part of the recovery phase for the care sector some of the 'business as usual' priorities will resume/continue with renewed focus. The effective partnership working between the care quality teams and the community infection control team will help ensure safe, quality care and high standards within our care homes. Lessons learned will help to build contingency and preparedness plans for public health emergencies.

In addition, across our support services partners are committed to maintaining and enhancing close collaborations that have emerged during the pandemic to help address wider issues. For example, work is on-going between public health and wider social care services to support on wider areas of health protection, such as building resistance to infection, enhancing air quality across services, enhancing vaccination uptake and optimising management of infectious diseases.

Addressing area level deprivation and inequities in health remains a key priority. The Central Area Delivery plan, which was established before the pandemic and aims to create significant housing, environmental, health, economic, employment, community and social improvements over a twenty five year period is being reviewed to take account of the

impact of the pandemic on these underserved communities. Partnership working will continue to ensure that the health of homeless people is considered on a strategic level. We aim to continue to build upon the positive relationships we have developed across homeless services in Warrington to ensure our shared and collaborative approach is sustained and enhanced. Work is on-going to deliver a refreshed health improvement programme in both prisons to ensure it addresses the direct and indirect impact of COVID-19.

Looking forward, what is clear is that the lessons learned about resilience, how to adapt to challenges and how to work together effectively can be carried into our shared work and planning for the future. Services will be encouraged to sustain and enhance the mechanisms which encourage partnership-working and a collective approach to public health and wellbeing.



Impact on the local economy

As the pandemic hit the UK in the spring of 2020, Warrington was enjoying a renaissance with the £142m Time Square development open and reporting strong sales in the newly established cultural and leisure sector.

Across the local economy, Warrington was experiencing some of the highest levels of employment in the north at nearly 80% (ONS 2019) and had welcomed investments from a range of national and international companies.

The national lockdown instantly affected local businesses and led to several high profile corporate casualties. Shearings coach holidays closed its Appleton depot as nearly 2,500 staff lost their jobs nationally. Golden Square's flagship store Debenhams was already struggling financially, and the pandemic expedited its closure in May 2021. Many other bars, restaurants and cafes closed for good as their customers disappeared overnight.

However, there were also impressive innovations, as businesses explored new ways of serving their customers.

Warrington Market introduced a COVID-19 secure 'click & collect' service as customers struggled to secure delivery slots from traditional supermarkets.



Engaging with local businesses

Some restaurants switched to deliveries and office staff quickly adapted to home working. Many local ICT providers benefitted greatly from the extra demand for their services. Alph Bio Labs developed an early lateral flow test for the virus and their success led to their rapid expansion and an additional 11,000 sq ft building at Lingley Mere.

Warrington Borough Council's business rates team quickly diversified from a collector of fees to an awarder of grants.

4,250 companies received a total of £60m from several different funds, including the Additional Restrictions Grant and the Discretionary Grant Fund.

Many customer-facing businesses also put their staff on furlough as the government looked to protect them from the severity of the restrictions. When the country did emerge from lockdowns in the summers of 2020 and 2021, the Centre for Cities urban policy research unit reported that Warrington had benefitted from a 'buy local' trend with patrons returning to the high street quicker than most other places in the UK. By late 2021, key transport indicators for footfall, traffic and parking were up to 90% of pre-pandemic levels.

The pandemic also increased the number of people affected by redundancies but this has reduced significantly since April 2021, as shown in the table below.

Figure 3.1

Companies in Warrington who filed a HR1 form (a statutory notice related to 20+ employees at risk of redundancy)

	April 2019 – March 2020	April 2020 – March 2021	April 2021-March 2022
Number of companies	27	49	10
Number of employees at risk of redundancy	1848	2569	454

The 'claimant count' is the number of people claiming Job Seekers Allowance (JSA) plus the number of people claiming Universal Credit required to seek work, and is used to calculate headline unemployment figures. In March 2020, just before the first lockdown, Warrington's claimant count stood at 3,285. That figure more than doubled very quickly to a peak of 7,070 in May 2020. Subsequently, claimant numbers have steadily reduced to a January 2022 figure of 4,430, although that is still 35% higher than pre-lockdown levels.

This steady reduction indicates that most of those 're-employable' people, whose reason for being unemployed was that their previous job no longer existed, have found work again. However, deeper analysis indicates that the numbers of long-term unemployed people have not reduced and that those people with additional barriers now find it harder to gain employment with many more 're-employable' people or 'job changers' competing for the same vacancies. As an example, the number of Employment and Support Allowance claimants has remained relatively stable with a slight reduction (4%) from its pre-lockdown level of 5,139 claimants in February 2020 to the latest available figure of 4,918 in August 2021.

Support for Businesses

From the start of the first lockdown to the end of 2021 the Council implemented and managed 16 different Business Grant schemes making over 7,300 individual payments to local businesses. From the different grant schemes a total of over £75m has been awarded.

In 2022 the Business Grants team are currently managing a further 3 grant and relief schemes – payments will continue to be made until the end of March 2022 and this further round will see final awards of an additional £7m.



Financial Support for Residents

Whilst our Council Tax Support scheme has remained in place to help households meet their Council Tax commitments, the Hardship Fund continued to make awards throughout both 2021 and 2022. In total, £660k has now been awarded to help households meet their Council Tax payments.

Working alongside the Hardship Fund, the Council's benefit team has managed 3 different funds designed to help households facing increasing costs arising from the pandemic. The three funds (the Winter Grants Scheme, the Local Support Scheme and the Household Support Fund) combined have seen over 26,000 individual payments to low income households totaling £2.1m with further payments of £500,000 due to be made up to the end of March 2022.

In addition, since September 2020 the Council have awarded £510,000 to just over 1000 employed or self-employed people on low incomes who had to self-isolate and would have lost income as a result.

Supporting businesses to implement COVID-19 safe guidance

- The Council has worked collaboratively to support businesses throughout the pandemic, and to promote business recovery. The Council launched a revised light touch licensing policy on granting pavement café licences free of charge with over 11 businesses obtaining licences.
- The Council quickly established a weekly business support group which benefited from the support of both public protection and public health staff. This has successfully dealt with over 400 cases of direct support for businesses, helping to reduce workplace transmission, assistance with risk assessments, helping with implementing revised operating practices and by providing enhanced workplace testing.
- The public protection and prevention team repurposed frontline delivery to support businesses to comply with the national restrictions. This approach has been recognised as a case study by the LGA.
- The team dealt with nearly 500 individual requests for advice on compliance from local businesses. Nearly 800 complaints relating to breaches in compliance were

investigated and businesses supported to achieve compliance. Only 4 fixed penalty notices were served for breaches in the interests of the public where it was necessary and proportionate to do so. This is testimony to businesses acting responsibly and to the work of officers in promoting compliance.

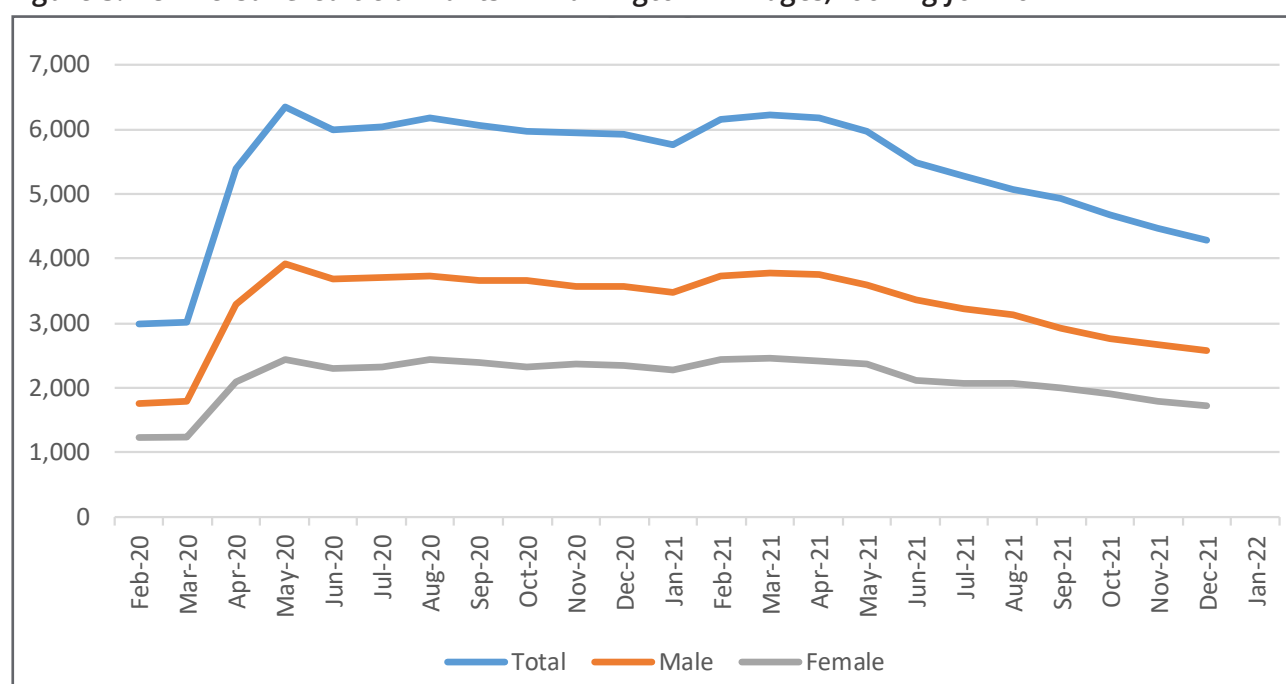
- Over 760 proactive visits were made to businesses over a four month period to provide advice and support undertaken by dedicated businesses support officers.
- Officers continue to work to help businesses to recover and transition following the removal of restrictions.

When the pandemic began, Warrington Borough Council joined several stakeholder groups to ensure that best practice and joint efforts were maximised. The Cheshire & Warrington Local Enterprise Partnership established resilience cells for the economy and workforce, incorporating the three Local Authorities and other important providers such as Job Centre Plus and the Federation of Small Businesses. One important output was the Cheshire & Warrington Opportunities portal which advertises job vacancies across the sub region. Warrington also became a gateway organisation for Kickstart, a national scheme to provide work experience for young people
Kickstart Scheme - GOV.UK (www.gov.uk)

Whilst the retail, hospitality and leisure sectors suffered as badly in Warrington as anywhere else, the wider Warrington economy was protected by the strength of two key sectors. The distribution sector accounts for 20% of the town's economic value, with 10,000 jobs created in the last 10 years. Companies like Amazon and Gousto have prospered during COVID-19 and increased headcount at Omega. Over at Birchwood Park, the UK's nuclear cluster is represented through companies such as Sellafield, National Nuclear Laboratories and Cavendish. They typically deal in 25 year government projects so were also unaffected financially by the pandemic. Indeed, they are currently exploring multi million pound opportunities to help decarbonisation, such as the Rolls Royce Small Modular Reactor initiative.

There have been significant changes to the unemployment profile in Warrington. We saw a significant increase in Universal Credit claimants from March 2020. We initially saw a greater proportion of men seeking Universal Credit, although the rate of men seeking Universal Credit has seen a faster reduction than women.

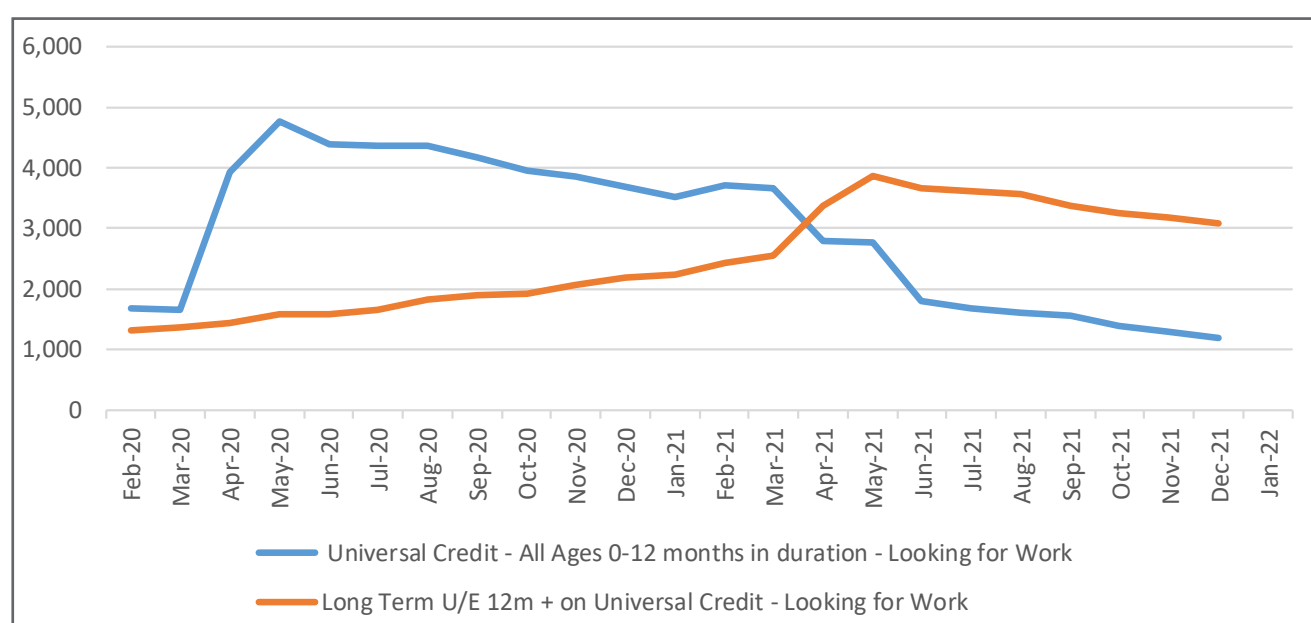
Figure 3.2 Universal Credit claimants in Warrington – All ages, looking for work



The largest shift, however, has been in the level of short term versus long term unemployed. In March 2020 we saw a rapid increase in Universal Credit claimants for less than 12 months and only a gradual increase of Universal Credit claimants for more than 12 months. Predictably those claiming for more than 12 months increased rapidly in March 2021, but at the same time claimants claims lasting less than 12 months rapidly dropped, following a steady decline since May 2020. To date the number of individuals claiming Universal Credit for less than 12 months is at a lower level than February 2020, whereas those claiming for over 12 months is still significantly higher than pre-COVID-19 levels (see Figure 3.3 below).

The government has introduced a range of new employment support programmes, including 'Restart', which is directly targeted towards longer term unemployed and is being delivered in Warrington by G4S who have sub-contracted to partners, including Warrington Borough Council.

Figure 3.3 Universal Credit Claimants in Warrington: comparison of 'less than 12 months' and 'more than 12 months' rates



ONS analysis (2019/20) showed that

- Throughout the pandemic, the average unemployment rate in Warrington was lower (5.0%) than the North West (6.3%) and the same as England (5.0%).
- Furlough rates in the North West were similar to the rest of England with London and Wales having the highest uptake.
- Wages in Warrington remained higher than the North West and England average prior to the pandemic and have recovered to above pre-pandemic levels.
- 15 out of 23 Wards in Warrington have unemployment levels below the England average but there are 7 wards situated in areas of higher deprivation that are above the England average.

Source: CC01 Regional labour market: Claimant Count by unitary and local authority (experimental) - Office for National Statistics (ons.gov.uk)

Furlough scheme

In late March 2020, the government announced that they would introduce a furlough scheme to help mitigate against the threat of mass unemployment. This scheme enabled employers to temporarily stop paying their workforce and the government would pay 80% of their usual wage. The scheme ended in October 2021. There was broad consistency in furlough rates across the nations and regions of the UK when it ended in October 2021. Government figures showed that London and Wales had the highest take-up rates of 10% against the UK average of 8% with retail, hospitality and the recreation industry the sectors with the highest number of workers on furlough. The cumulative number of employments on furlough in Warrington at any time throughout the Coronavirus Job Retention Scheme statistics was 36,200 which is an uptake rate of 27,865 per 100,000.

Those furloughed were

- more likely to be in part-time work than those who were never furloughed (30% of furloughed workers compared with 23% of workers who were never furloughed).
- also more than twice as likely to be on a zero-hours contract than those who were never furloughed, at 5% and 2% respectively.
- more likely to be looking for a different or additional job (7% compared with 5%) and twice as likely to report that they were looking for this work because of the coronavirus (COVID-19) pandemic (21% compared with 12%).
- less likely to have been furloughed were corporate managers, directors, or those in professional occupations.

[An overview of workers who were furloughed in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Figure 3.4 Number of employments on furlough at any time throughout the Coronavirus Job Retention Scheme by local authority:

Cheshire and Merseyside Local Authority Areas	Total number of employments ever on furlough	Rate of total employments ever on furlough aged 16-64 per 100,000
Cheshire East UA	66,200	29,038
Cheshire West & Chester	62,800	30,338
Halton UA	20,600	25,847
Warrington UA	36,200	27,865
Knowsley	25,900	27,302
Liverpool	78,700	23,206
St. Helens	28,700	25,934
Sefton	41,500	25,588
Wirral	47,700	24,727

[CJRS_Statistics_16_December_2021_-_Extension_2_reference_tables.xlsx \(live.com\)](#)

[Coronavirus Job Retention Scheme statistics: 16 December 2021 - GOV.UK \(www.gov.uk\)](#)

[Source: Coronavirus Job Retention Scheme statistics: December 2020 - GOV.UK \(www.gov.uk\)](#)

Wages

Wages in Warrington were higher than England and North West pre-pandemic and have recovered to above pre-pandemic levels, with England and North West also following a similar picture.

However the rising cost of living, driven largely by soaring gas and electricity costs, is forecast to bring further financial difficulties for many of our residents.

Figure 3.5 Gross weekly pay - All full time workers

	2019	2020	2021
England £	587.5	587.4	613.1
North West £	555.8	558.1	578
Warrington £	597.4	558.8	630.1

Source: Labour Market Profile - Nomis - Official Labour Market Statistics (nomisweb.co.uk)

What's next for Warrington?

The pandemic has had a profound effect on the global economy and whilst there are some signs of a recovery in certain areas, the impact of disruptions and challenges of the last two years are likely to be long lasting. It is clear however that, here in Warrington, there is reason to be optimistic about our ability to grow back fairer and better.

Case Study

A new report has found that the resilience of high street spending in Warrington during the COVID-19 pandemic has seen the town outperform most other big cities and towns.

Cities Outlook 2022, the annual health-check on the UK's largest economies, has revealed that Britain's biggest cities have lost almost a year's worth of sales during the coronavirus pandemic, with lockdowns and a lack of visitors causing a collapse in consumer spending.

Focusing on the retail and hospitality sectors, Cities Outlook 2022 has analysed spending between March 2020 and November 2021, compared with the average value for weekly transactions in 2019, before the crisis hit.

According to the report, published by urban policy research unit think tank Centre for Cities, Central London lost the equivalent of 47 weeks of sales between March 2020 and September 2021, due to the impact of the pandemic. Birmingham, Edinburgh and Cardiff all lost almost a year of sales.

In comparison, Warrington has performed well, losing only 11 weeks of sales – more than four times less than London. This places Warrington as the second best performing of the UK's 62 largest towns or cities, in terms of reduced high street spending. This Cities Outlook Report 2022, follows on from Centre for Cities 'High Streets Recovery Tracker' at the end of 2020, which placed Warrington 2nd in the UK for COVID-19 high street spend recovery.

Warrington Borough Council's Cabinet Member for Economic Development and Innovation, Cllr Tom Jennings, said:

"Warrington has a strong, resilient business sector, which – along with a continued desire from our residents to spend local and support local businesses - has put us in a good position to weather the impact of the pandemic. This latest analysis from Centre for Cities shows that in comparison to other major towns and cities Warrington's high street has continued to perform relatively well since 2020. This is good news for Warrington and can give us confidence as our town centre continues on the road to economic recovery."

M E N T A L



H E A L T H

Impact on Mental Health and Wellbeing

Introduction

The COVID-19 pandemic and its unprecedented period of disruption has had a far reaching and wide-ranging impact on people's mental health and wellbeing. As restrictions ease and the economy is gradually and safely reopened, many people will feel their wellbeing improve as they reconnect with family and friends and return to the routines and activities that help to keep them well.

However, we know that some people's mental health has been far more greatly affected by the pandemic. Groups who had the highest risk of mental ill-health before COVID-19, including those living with pre-existing conditions, have been worst affected. The mental health impacts of the pandemic have also been felt keenly by those directly affected by the virus – people who have been bereaved, people who have survived an acute illness, people living with long COVID, and our dedicated frontline and key workers.

Further research shows that the groups most at risk of adverse mental health outcomes during the pandemic include young adults, women, those with pre-existing mental health conditions, those from ethnic minority communities, and people experiencing socio-economic disadvantage.

On average people in the North West had 41 more days under the harshest lockdown restrictions in comparison to the rest of the country. The role that social isolation and loneliness contribute to the prevalence of mental health disorders and suicides is widely recognised and there were therefore, legitimate concerns about the effect of tight restrictions and lockdowns on people's mental health.

The Centre for Mental Health has estimated that up to 10 million people in England, including 1.5 million children and young people under 18, may need mental health support in the aftermath of the pandemic. That is the equivalent of 20% of all adults and 15% of all children.

Impact of COVID-19 on Mental Health and Wellbeing

During the pandemic there were greater volumes of antidepressant items prescribed per person and the North West experienced the second highest increase in the prescription of antidepressants.

For a number of years, the Office for National Statistics have conducted a national survey that measures the level of well-being in the adult population and this has continued to be conducted throughout the pandemic demonstrating marked impacts as set out below:

- Approximately 1 in 6 adults in Great Britain experienced some form of depression during the summer of 2021 (July to August), pre-pandemic this figure was much lower at 1 in 10 (July 2019 to March 2020)
- Levels of self-reported depression were higher in specific population groups including: younger adults, women, disabled adults, unemployed adults, and adults living in the most deprived areas.

- Between April 2020 and March 2021 self-reported personal well-being responses showed that Warrington residents were reporting lower levels of well-being when compared to responses from the North West and England, a pattern not seen in previous years.
- Responses to four questions (life satisfaction, worthwhile, happiness and anxiety) all showed a deterioration when compared to the previous year (a pattern also seen regionally and nationally) as shown in the Figures 4.1 to 4.4 below. However, the rate of deterioration for each of the questions was greater in Warrington when compared to England and the North West. Two of the most concerning results are the 8% reduction (Figure 4.1) in people's self-reported satisfaction with their lives and a 29% increase in people's anxiety score (Figure 4.3).

Figure 4.1

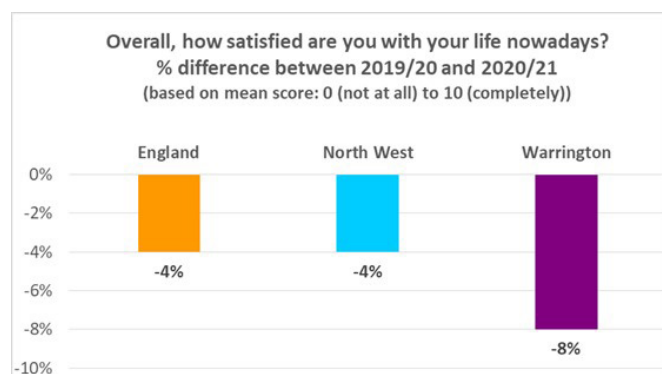


Figure 4.3

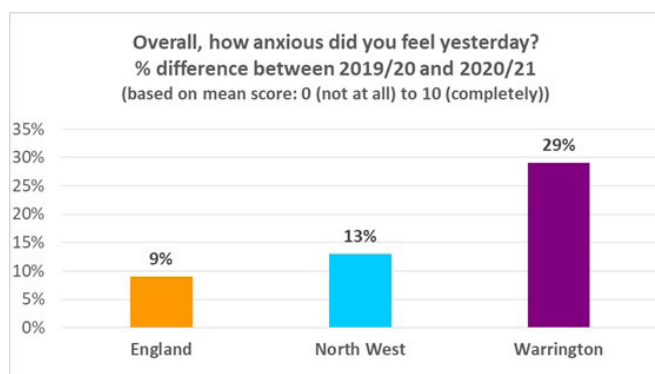


Figure 4.2

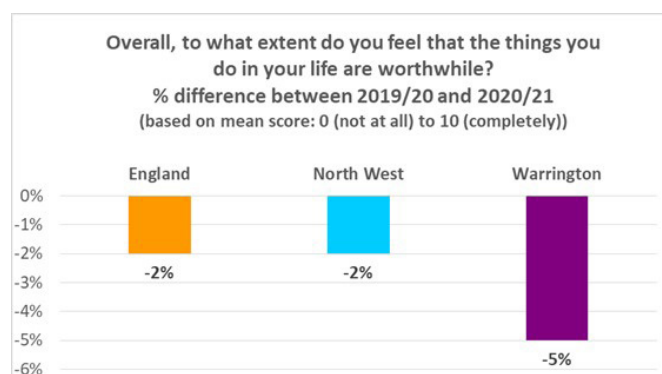
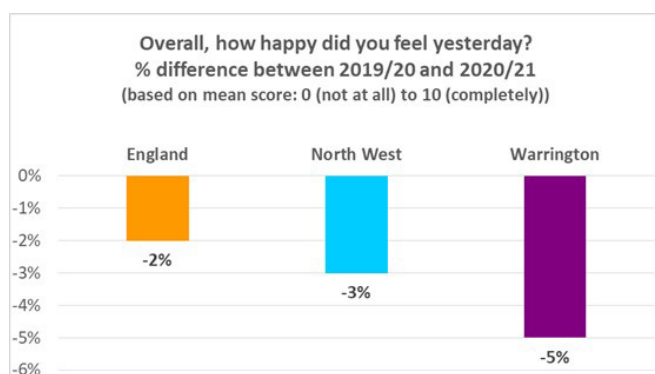


Figure 4.4



How we have responded

People from across the public, private, community and voluntary sector pulled together to ensure support was available for those who needed it. This section highlights just some of the support that was delivered.

Happy Ok Sad Website

A key objective of the Warrington Borough Council public health team and the Mental Health Partnership throughout the pandemic has been to promote the many types of mental health services and wellbeing support and services available. The Happy Ok Sad website provides free resources relating to Warrington's mental health initiatives and services. During the pandemic it provided resources and advice relating to the COVID-19 lockdown and restrictions including practical suggestions for working from home, advice for people going to work, tips to look after your emotional wellbeing including building your emotional resilience and ideas for self-help. The website also kept up to date with listing local (and national) mental health and wellbeing support services including bereavement support. happyoksad.warrington.gov.uk



Safe & Well Service

Warrington Borough Council established a 'Safe and Well' service and worked with community partners to support vulnerable residents, including those who were shielding who could benefit from wellbeing checks and additional support.

The service provided telephone support, offering advice and reassurance to vulnerable people in the community. Where a person was

unable to leave their home and had no family, friends, or appropriate support network, they ensured that they received essential items, such as food and prescriptions.

The service made contact with and supported over 9,000 people.

Do you need help or support?

If you, or someone you know, is isolated and needs support to stay at home, we're here to help. Our safe and well service is available to anyone who might need a bit of extra help at the moment, during the coronavirus pandemic.

It's okay to ask for help

During these challenging times, some people will be okay and will have enough support around them. But some people might need a hand – and that's what safe and well is here for.

We can help make sure you receive essential items, such as food and prescriptions.

We all need a little extra help from time to time. Please get in touch if you, or someone you know, needs our help.

Get in touch

warrington.gov.uk/safeandwell
01925 442441 or 01925 442443



Good Neighbours, Warrington Voluntary Action

This project was coordinated by Warrington Voluntary Action, whereby volunteers supported residents from across the town who were feeling lonely and socially isolated.

More than 320 Warrington residents were supported by this project, with over 120 volunteers helping with simple activities such as making weekly phone calls for a friendly chat, meeting for a weekly walk, accompanying people to community groups and activities to help to build confidence or collecting essential shopping or medication.



Personal story

Good Neighbours

'B' lives alone and has very little contact with other people, which can cause him to feel lonely and unhappy.

'B' started to receive befriending telephone calls through the Good Neighbours project and also transport to appointments and shopping. After a while, 'B' requested some face to face company to join him for a walk and so Good Neighbours arranged for a Walking Buddy to meet with him.

'B' is in his 80's and is a little unsteady on his feet but isn't keen on using his walking aids. The Good Neighbours volunteer managed to source a wheelchair through a local voluntary

group and cleaned it up for 'B'. She then took 'B' for a haircut, and to the local shops.

The volunteer commented: "I took 'B' to the barbers for his first lockdown haircut, he looked 10 years younger. Then we went to the local co-op and he managed to use the trolley to walk round and stocked up on his favourite goodies. He seemed fine when we got back and said he felt 'lovely'."

'B' and his volunteer are now arranging to visit a garden centre. This is having a really positive impact on 'B's' mental and physical wellbeing as he has something to look forward to each week and feels much brighter and better connected with his community.

Warrington Borough Council's mental health outreach team

The team supported individuals with severe and enduring mental illness to attend their annual health checks.

The schools mental health support team

The mental health support team is part of the NHS Long Term Plan (2019) to transform children and young people's mental health services. It is currently available across 40 local schools with plans to roll-out to other schools and colleges in the borough. The service aims to promote the early detection and prevention of mental health problems across the whole school, and strengthen links between schools and mental health services. The team provides direct, ongoing support to schools around mental health and wellbeing. In this way, where specialist support is required, pupils can be referred to local services, such as child and adolescent mental health services (CAMHS).

Bereavement Support in Schools

Bereavement support in schools

Schools can play a key role in the support a child receives after the death of a close loved one. This can help define the rest of their lives. The better that support is, the better the chance that they can find a way to cope with the devastation of their loss.

The Warrington public health team has developed a bereavement policy for schools to adapt and ratify with staff and governors. By creating a clear and robust bereavement policy, a school can provide a framework for staff to support children and young people to address death and the consequences of death.

Case Study

Child and Adolescent mental health service support

A young person was referred to the school nursing service by their GP following concerns around their emotional health and worries relating to their school attendance during the pandemic. The young person had been experiencing difficulties with anxiety since their grandparents had died in the last 18 months. The young person was also a carer for their parent who had poor physical and mental health amongst other challenges, including separation within the family unit, which added to their stress and increased their anxiety.

The school nurse service engaged with the young person, carrying out an assessment which identified potential support options to improve their understanding of anxiety and to explore coping strategies. Some of this was declined by the young person due to anxiety about meeting new people and services. In response, various on-line support options were identified. However, the young person did not want to engage in follow-up appointments.

Based on the evidence of support provided by the school nursing service, a referral to the Child & Adolescent Mental Health Service (CAMHS) was made. Whilst the young person continued to experience separation anxiety, the school reported that they had settled back into school well and had full attendance. In addition, the parent now had a better understanding of how to support them and agreed to encourage positive behaviour to improve their emotional health.

Perinatal and infant mental health support – public health nursing service (0-19)

COVID-19 has impacted the mental health and emotional wellbeing of each and every one of us. The mental health of new parents and their babies is always important and more so when welcoming a new baby into the world in not so normal times such as a pandemic. Added to this, isolation from the social and practical support of wider family and friends and restrictions on outdoors activities have presented new parents with unprecedented challenges. Health visitors and family nurses had to quickly adapt the way they supported families as they transitioned into parenthood.

Since March we have seen support flourish by text, telephone calls and video chats. The relationships that we have built with families in these ways have been more important and precious to them. We were able to continue the named health visitor offer to ensure continuity of care. Contacts and listening visits were completed over the phone, video call or face to face home visits wearing PPE. By the beginning of September, any babies born during the pandemic who were initially unable to be seen face to face for various reasons, had all received at least one face to face assessment.

Suicide Prevention

The Warrington Borough Council Public Health team co-ordinate a multi-agency Local Suicide Prevention Strategy which aims to eliminate suicides by ensuring people do not consider it as a solution to the difficulties they face. Alongside this work, partners promoted World Suicide Prevention Day and have worked to challenge the stigma surrounding mental health.

Men's Mental Health

The Neuromuscular Centre offers a range of services for people affected by muscular dystrophy. In 2020, funding was received from Champs, the Cheshire and Merseyside Public Health Collaborative, for community and voluntary groups/organisations to develop and deliver projects for middle aged men locally – who were identified as being a particular target group within the population impacted by mental health and suicide.

One such organisation that successfully applied for funding was the Neuromuscular Centre, who identified the need to deliver a specific strand of support and activities to men at risk of isolation and marginalisation which could negatively impact on their health and wellbeing and lead to significant mental health issues.

The activities delivered all focus on purpose and wellbeing involving getting out and about as a small group to build confidence. Activities included accessible fishing days, trips on an accessible narrow boat, as well as various other sporting activities. Bringing this group together provides safe platforms for mutual support, the chance to learn skills and techniques from professionals to support mental health and form positive relationships with others with similar lived experiences.



**NeuroMuscular
Centre**

Personal story

Neuromuscular Centre

A gentleman in his 50's who lives in Warrington accessed the group and commented:

"Living alone throughout the pandemic, combined with the need to isolate due to having a compromised respiratory system as a result of having muscular dystrophy, wasn't easy.

I have previously experienced significant mental health issues and whilst I have been living with this successfully the pandemic brought some of these feelings back. I was worried about getting Covid, with not having access to services I rely on to keep my health and wellbeing on track. One of the Neuromuscular Centre team invited me to go to a men's get together, I think they had spotted that I was a bit low and knew my back story. I was reluctant but recognised that I wasn't doing so well.

I've enjoyed meeting some other local folk and I went on the fishing day which was great, as I'd fished previously but didn't have access to the equipment and assistance that I need since my physical condition has deteriorated. Having the opportunity to talk and be around people is definitely making me feel less bleak."

What's next for Warrington?

The Warrington's Health and Wellbeing Board have identified mental health and wellbeing as a priority area of focus during the next 12-18 months in recognition of the impact COVID-19 has had on the health and wellbeing of our residents. We have recently refreshed our mental health strategies and our next steps are to refresh our Mental Health and Wellbeing Joint Strategic Needs Assessment. This will help us understand the changed landscape and inform planning and resourcing. Our commitment is to identify, respond and plan our support and services to meet the short, medium and longer term increase in needs that have been brought about and exacerbated by the COVID-19 pandemic.



Impact on education

Introduction

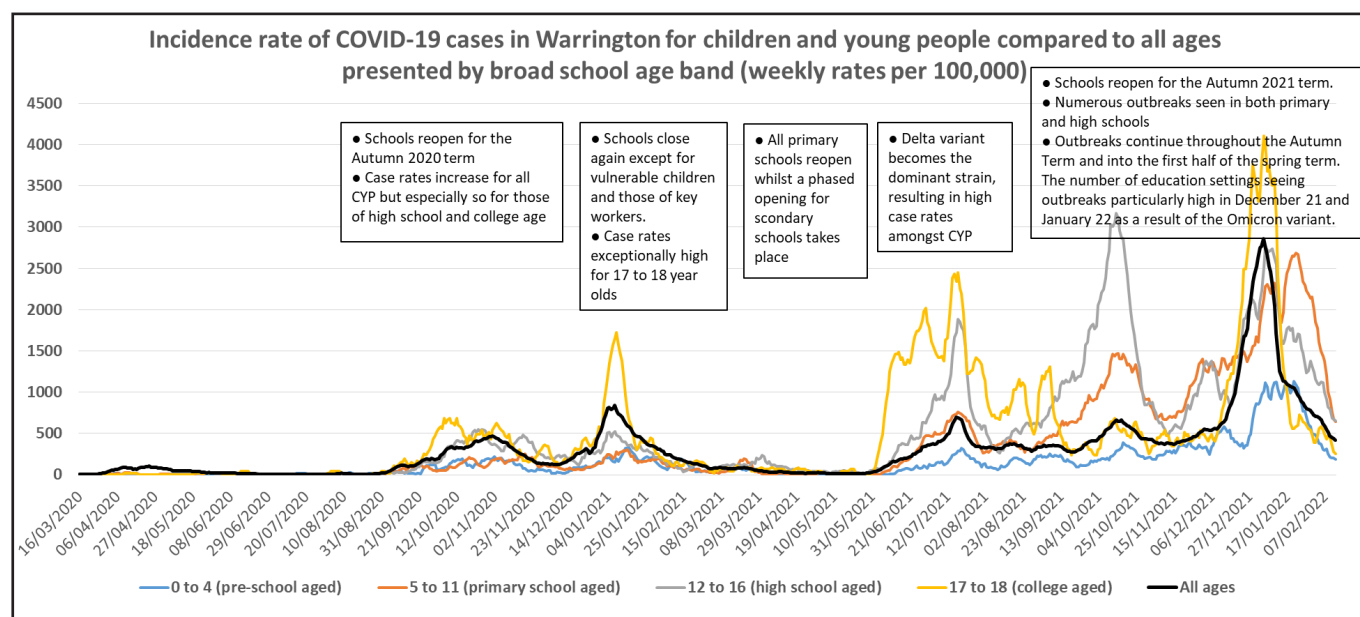
During the course of the pandemic one of the biggest challenges has been to ensure that proportionate measures have been in place to protect children and young people. This has been most keenly faced by educational leaders who have had to balance the risks from COVID-19 with the real harm to education and long-term development as a result of COVID secure measures, closures and lockdown. The social and emotional development of all children will be impacted by the disruptions caused by COVID-19 however, for some children, this impact may be significant and long-lasting.

In early 2020, there was no pre-existing knowledge of the impact that COVID-19 would have on specific populations. Whilst it quickly became clear that older people, some ethnic minority groups and those with pre-existing conditions were more vulnerable to severe disease, the impact on children, and their role in transmission was less clear.

As our shared understanding of COVID-19 has progressed, national public health guidance for educational settings has also evolved over time. This constant review of appropriate responses and measures in light of ever emerging evidence has ensured a proportionate and balanced approach to risk management within our schools.

Throughout COVID-19, Warrington's public health team have supported educational settings, children's homes and other providers to continue, where possible, to offer vital services. This support has contributed enormously to keeping, not just children and young people, but also the wider community safe.

As we start to move into 'Living with COVID-19', addressing the impact the pandemic has had on our children and young people will become a key area of work.

Figure 5.1

Initial Response

In March 2020, prior to large scale testing, vaccination roll out or the development of effective treatments, COVID-19 was circulating at significant levels within the population. At this time, there was considerable uncertainty around transmissibility and severity. As the number of people being admitted to hospital increased and national modelling demonstrated the potential for the NHS to be overwhelmed, the Government closed educational settings for most pupils with learning to be provided remotely. However, schools remained open for key worker children and to some vulnerable cohorts. Alongside this, 'stay at home guidance' for a range of employment sectors reduced the proportion of children attending Early Years settings.

Since the start of the pandemic, the public health team alongside the education team have supported educational settings to manage COVID-19 outbreaks whilst ensuring that national guidance was implemented. This collaborative approach to risk management between local authority teams and educational settings has continued throughout the pandemic.

The uncertainty around the new virus, its symptoms and transmissibility contributed towards school leaders facing a significant challenge in keeping children, staff and the wider local community safe during unprecedented times. At the beginning of the pandemic, school settings were unprepared for the future experiences they would encounter as expressed by one headteacher:

"Leading a large primary school through the pandemic has been one of the most challenging and fascinating aspects of my 17 year career in senior leadership. The words 'unprepared' and 'unqualified' do not come close to the overwhelming feeling of responsibility that has come in waves through each stage of the pandemic from lockdowns to bubbles to being fully open and managing significant outbreaks."

**Lesley Sweeney,
Ravenbank Primary School Head teacher**

The impact of the severe restrictions on education and childcare was significant, with a particular impact on:

- **Educational progress:** Whilst educational providers did their best to maintain a high standard of teaching and learning, the move to remote education did inevitably impact on education. In particular, there were real challenges in ensuring that all children fully participated in learning.
- **Safeguarding:** Educational settings play a key role in the identification and management of potentially vulnerable young people. Whilst schools remained open for vulnerable pupils, difficulties experienced by families will affect willingness and ability to attend even without the challenges which the pandemic presented.
- **Food and nutrition:** For some children the school meal is their main meal and there was significant national attention paid to the campaign of Marcus Rashford to improve the provision of food vouchers.
- **Physical activity:** Whilst exercise was permitted once per day during the initial national lockdown, for many children their main source of physical activity will be within school.
- **Social development / communication:** For younger children in particular, schools and childcare settings play an important developmental role in how to communicate, cooperate and interact with other children.
- **Mental health:** The pandemic has been extremely challenging for everyone and the impact of enforced periods of social isolation and limited opportunities to take part in leisure and other activities has been profound.
- **Inequalities:** Whilst aspects of these challenges have impacted on all children, young people and their families, the impact has not been evenly felt by all groups. For some children and young people the impact of COVID-19 is likely to be fairly time limited, however for others it may have a profound impact on their long-term development.

Case Study

Laptops for Kids

According to the Children's Commissioner, nine per cent of children live in households without a laptop, desktop or tablet computer. The pandemic exposed this inequality with up to 1.78 million young Britons unable to take part in online learning during classroom closures.

Laptops for Kids aimed to increase access to learning for young people from disadvantaged backgrounds across the North of England. The non-profit campaign sourced donations of new and used devices, carried out secure erasure and distributed to schools according to need.

Warrington Borough Council joined forces with Laptops for Kids to support children from disadvantaged backgrounds in Warrington. To December 2021, 271 laptops and 59 desktop computers were donated to local children.

Returning to education

During summer 2020, the main priority for public health and education teams was to support school leaders with the reopening of their settings, working together to implement a robust process for managing positive cases to help ensure the safety of staff and pupils. Warrington Borough Council public health and education teams provided all educational settings with guidance and produced a simplified flow chart based on this information to assist school leaders in following appropriate actions. Additionally, a Minimum Data Set tool was created for reporting individual cases to the local authority which was vital in reviewing the situation in individual settings.

The start of the new academic year in September 2020 saw the return of all children to educational settings. Government guidance was issued outlining the measures required within schools to enable the return of in-person education. These stringent measures to help mitigate the risk of virus transmission included: the implementation of class bubbles; isolation of close contacts; social distancing;

hand hygiene; enhanced cleaning practices and increased ventilation within buildings. Given continuing community transmission regular disruption to education as a result of COVID-19 cases continued.

Local public health staff sought to provide ongoing support to school leaders in a number of ways: Online webinars to discuss the current measures and their implementation. Regular briefings and updates of current guidance were emailed to educational leaders to ensure a consistent approach and message was received across all educational settings, this has been appreciated:

“The updates and briefings have ensured we have been kept up to date with our locality needs alongside the national picture.”

**Rebecca Kayll,
Penketh Primary School Head teacher**

The local public health team have supported settings with the management of outbreaks and active cases. One of the key factors that enabled this approach was having access to accurate and timely data that came from schools' submission of minimum data sets for each case of COVID-19. This ensured the public health team could monitor the number and spread of cases within each setting. Regular Education SITREP meetings were utilised internally to support the Council's role in prevention and outbreak management. The frequency of the meeting varied with the cadence of the pandemic. Regular daily meetings to review case rates in educational settings included senior representatives from education, public health and key leaders within the education sector. The approach was adapted to the differing situations experienced through a rapidly changing environment. Local Authority support was continuous from the outset, but similar to the waves within the pandemic, our resources were concentrated on settings experiencing the highest case rates at a particular point in time. The public health response to schools and early years' providers was also supported by the Bridgewater 0-19 service who provided advice and guidance to educational settings during the escalation of cases.

Testing times in Education

In January 2021, in response to evidence that 1 in 3 infected individuals would be asymptomatic, onsite Lateral Flow Device (LFD) testing was introduced across all secondary and further education settings within Warrington. The main aim of onsite testing was to identify pupils or staff who were asymptomatic and isolate them and their close contacts in order to minimise transmission within school. Leaders within secondary and college settings were tasked to plan and prepare operationally for the implementation of onsite testing. Teaching staff assisted in this process. Further increases of cases due to the Alpha variant following the Christmas period 2020 resulted in additional period of schools closures for some pupils. However, significantly more pupils in Warrington remained in school during early 2021 than had been the case during the first national lockdown in 2020.

In March 2021 there was growing evidence of mild illness from COVID-19 in the majority of those children infected with the virus, but significant harm from children missing out on face-to-face education. A balanced approach between health and education risks was considered, resulting in schools reopening with measures introduced in September 2020 remaining in place. Additionally, face coverings were introduced in communal areas of secondary schools and college settings for both staff and pupils. Primary school staff were also required to wear a face covering outside classrooms unless exempt. The roll out of the asymptomatic testing programme was expanded to home testing which enabled early case finding in staff and students at secondary and college settings. The public health team continued to reiterate the importance of twice weekly testing to school leaders. The Delta variant, identified in May 2021, began to spread quickly in school settings and resulted in school leaders facing another significant challenge.

New year, new approaches

The easing of national measures at the start of the new academic year in September 2021 was also reflected within educational settings with some of the measures adopted in September 2020 removed as the priority shifted towards maximising in-person education for all pupils. An Outbreak Contingency Framework document was published by the Department of Education to assist schools in continuing to manage the virus. Settings were required to consider implementing additional measures as part of their outbreak response whilst continuing to provide face to face education.

The Delta variant, along with a reduced level of legal restrictions, led to significant impact on schools as case numbers increased to the highest levels yet seen. Schools were required to adapt their measures and manage outbreaks in an ever changing environment.

The response of the public health team and their key partners was dynamic, balanced and flexible, adapting to various situations as case numbers fluctuated and national guidance changed. The approach in September 2021 shifted in response to the relaxation of measures as the overall priority was for in-person education. The outbreak contingency framework document was adapted locally and in line with local processes. This assisted school leaders in implementing additional measures once thresholds had been reached.

The Delta variant continued to circulate at high rates within the population and particularly amongst Warrington's secondary school cohort. The vaccination programme was offered to pupils aged 12-15 years in October 2021 which coincided with high levels of infection, providing an additional level of protection for this cohort alongside regular LFD testing. The School Aged Immunisation Team at Bridgewater Community Healthcare played a pivotal role in this with Warrington seeing one of the fastest roll outs of the 12-15 year old vaccination programme in England.

Although the Omicron variant brought with it a steep rise in case numbers, particularly in the younger unvaccinated population, the removal

of 'bubbles' and ceasing to send contacts home in large numbers has significantly reduced the disruption to children's education. As evidence and understanding of the wider impacts of COVID-19 continues to emerge, public health will continue to review its priorities and strategy in working to support the health and wellbeing of Warrington's children and young people.

Reflections from Louise Atkin: Head of Service Quality Education

Reflecting on the last two years, there is no doubt that the relationship between Public Health and school leaders has been strengthened as a result of the close, collaborative working. The response of the Public Health team has inspired confidence and reassured school, college and nursery leaders in the measures they have needed to put in place. Some of the support measures that were particularly valued by education leaders include:

- A Dedicated Education Helpline, termly briefing sessions, daily briefing notes and 'frequently asked question' pages
- A School Leaders group with representatives from all school settings who met twice weekly to discuss key developments and inform decisions about response to policy and practice
- A Vulnerable Pupil's survey to understand the number of cases impacting our vulnerable cohorts and to identify further support for families and children with the aim of reintegrating these pupils as a priority
- Twice weekly Situational Report Meetings with the Director of Education, Director of Public Health and representatives from the Education team, Infection Control Team and Schools
- Data intelligence to understand case patterns, provided by public health and business intelligence teams
- LFT and PCR testing to staff across nurseries and schools before Government initiatives were established; this helped to reduce the number of asymptomatic cases in our educational settings and provide reassurance to the school workforce

The difference this made

- The support offered to schools, colleges and nurseries ensured that only one school was forced to close due to the pandemic and move to virtual learning and a very small number of nursery provisions. This bucks the national trend where 442 nurseries were forced to close as a result of funding and staffing issues during this period. We gave particular attention to the challenges nurseries in less affluent areas faced and on those supporting children with Special Educational Needs.
- Overall absence in Warrington during Autumn 2020/21 was 4.2% which compares favourably with North West overall figures of 4.6% and 4.7% nationally.
- 11.6% of pupils were persistently absent during Autumn 2020/21, which compares favourably with North West persistent absence data, 14.3% and national at 13%.
- Based on Autumn 2021 data, 59% of our pupils in Warrington missed at least 1 session in school due to COVID reasons and 35.7% missed 10% or more (6-7 days of school), this compares with national data – 60% missed at least 1 session and 31% missed 10% or more sessions. It should be noted that cases in the North West were significantly higher than other parts of the country.
- Nationally, there has been a significant rise in the number of pupils being electively educated at home (EHE); Warrington figures reflect the national rise in the number of pupils being educated at home; from Jan 2020 –Jan 2021 there was a 90.4% rise in our numbers.
- We delivered over 400 laptops to children to support their online learning at home during the pandemic and beyond and almost all our schools in Warrington were able to offer online, remote learning. Parents and pupils tell us they welcomed the support for home learning, including the additional resources they received.
- The vast majority of vulnerable pupils attended school during the lockdown periods.

Exams did not take place because of the disruption to students' education caused by the pandemic. Instead, GCSE and A level grades were determined by teachers based on a range of evidence. Teachers and senior leaders in schools and colleges worked incredibly hard to put in place internal quality assurance processes to make sure that judgements were made by the people who know the pupils best. It is important to recognise and celebrate both the dedication of staff and the achievements of our young people in such difficult and changing circumstances and to thank the staff who helped them to get there.

Some of the measureable outcomes include:

- National GCSE and A level data indicates that there has been an increase in outcomes at the top grades and stability at lower grades.
- Overall Warrington GCSE results are higher compared to previous years in line with this national pattern. Based on internal data collections, the percentage achieving grade 4 and above in English and mathematics is above national averages and has increased since 2019 (75.6% in 2021 compared to 71.9% in 2019)
- Overall Warrington A-Level results are higher compared to previous years again reflecting a national pattern; based on internal data collections, the percentage of A level entries achieving A*-A grades was 44.3%, an increase of 15.8% from 2019. A level exam results and the percentage of A level entries achieving A*-C grades has risen to 83.1%, an increase of 11.8% since 2019. The percentage of A level entries achieving A*-E grades has risen to 99.5%, in line with the national average for 2021 and an increase of 1.8% since 2019. Warrington averages remain below national for achievement at the highest levels, A*-A and A*-C

We know that the pandemic has not impacted all children in the same way; the number of disadvantaged pupils attaining at the highest GCSE levels (9-5) has fallen since 2019. Addressing this will be a key area of focus as we move forward.

Where we are now

Schools have continued to manage cases, remaining resolutely committed to the provision of in-person teaching and learning in unprecedented circumstances. Head teachers have become more familiar with infection control procedures and, with the support of public health and education teams have developed the skills and resilience to respond effectively to the continuing challenges of the pandemic.

During a period of high case rates, public health adapted its response based on data, and took a targeted approach to support schools with large outbreaks and those who had not recently been supported. A key element of this was taking a proportionate response and reducing the workloads on educational providers so they could concentrate on delivering high quality face to face education.

Overall, the two years of the pandemic have been challenging times for school leaders within Warrington due to uncertainty, inconsistencies of national guidance and the feeling of sole responsibility in ensuring adherence to the correct procedures. However, the support provided by the local public health and education teams has been instrumental in assisting school settings to manage outbreaks as indicated by a number of head teachers within Warrington:

“Being able to send emails to/phone you and receive responses as clearly, succinctly and promptly as we have has been incredibly valuable. Navigating the raft of guidance has been a ‘challenge’ to say the least, alongside inconsistencies of interpretations from parents, other schools (apparently) etc. So, in summary, our main experience is as everybody else’s - it has been tough. However, your support has been invaluable.”

John Littler,
Barrow Hall Primary School Head teacher

“At times, I felt solely responsible for the children’s, the community’s and also staff members’ health and wellbeing during a time of enormous uncertainty and stress. I am extremely grateful for the comprehensive support from both the local authority and public health teams.

I feel really proud of the school and all that we have done over the last two years, however I am now ready for this time in the school’s history to be well and truly over!”

Lesley Sweeney,
Ravenbank Primary School Head teacher

However, there is also the sense that we are approaching another point of change, one that will perhaps provide educational leaders and settings with the opportunity to move beyond the need to manage COVID-19 as a crisis.

What's next for Warrington?

The pandemic has been challenging for all in ways unique to different settings and cohorts, and this is no different for school staff, children, and educational services. As we transition to 'living with COVID' it will be important for authorities and services to reflect on the approaches taken. Warrington has taken an iterative process to supporting schools in which we have supported with changes in guidance and outbreak management whilst listening to school leaders to understand the practical implications of our recommendations. The team were in regular communication with school leaders and education representatives and could discuss the most effective and appropriate approach to the range of challenges that presented themselves.

One of the most valuable aspects of Warrington's approach has been the development of relationships between public health and educational leaders. The public health team has provided a vital service through the pandemic and has built up considerable goodwill and trust. There is an opportunity to build on this to continue to support education through a range of COVID recovery, public health and health protection priorities. One key strand of this work is likely to be around health education, with the potential for focus around vaccinations.

The knowledge of infection control and ventilation which has been gained through this challenging time will be an essential tool for educational leaders in increasing the long-term resilience of educational settings to communicable diseases. The continued reiteration of messages to promote hygiene and infection control will also serve as a vital tool in health education for children and young people.

The COVID-19 vaccination programme has been hugely successful, however public health recognise that the public discourse around vaccinations has at times become divisive, in particular around children and young people. There are early signs that the uptake in some key childhood immunisation programmes may have fallen since the start of the pandemic. Public Health will therefore be looking at ways in which they can educate and support the principles of vaccination with children and their parents.

In acknowledging the short, medium and longer term impact which this pandemic has had on the social, emotional and educational development of Warrington's children and young people, a core element of the public health agenda will be the continuation of support to optimise outcomes for health and wellbeing.



Testing and Tracing

Introduction

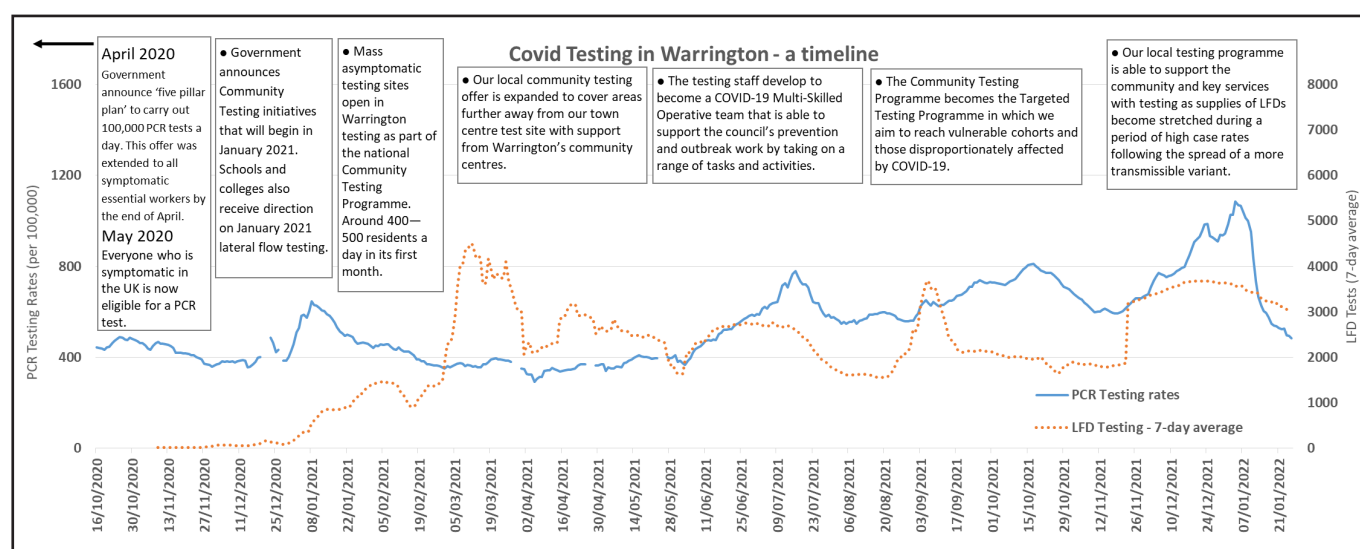
Throughout the pandemic, testing has been a key tool to identify cases and isolate infected individuals and high risk contacts to reduce transmission. The national testing programme has developed at speed since March 2020 and, throughout the past two years, Warrington staff have worked with the national team to ensure availability of testing for our communities and workforce.

There have been various routes through which individuals accessed testing although specific guidance has changed at points through the pandemic based on infection prevalence rates and national policy direction. In the main, since December 2020, there have been two broad strands for population testing: PCR tests for people with symptoms of COVID-19, and Lateral Flow Device (LFD) tests; aimed at detecting asymptomatic cases.

PCR Testing: Warrington staff have worked with the Department for Health and Social Care (DHSC) and with regional colleagues to ensure that accessible PCR testing sites were available to our residents. Local sites include Academy Way in the Town Centre, and Spencer House at Birchwood, with an additional Mobile Testing Unit placed outside Orford Jubilee Hub for the majority of the last 18 months.

LFD Testing: became increasingly accessible from January 2021; with numerous access routes available for members of the public including direct delivery to NHS staff, care homes and schools, along with community supplies via pharmacies and online via LFD direct. Since January 2021, Warrington's role in providing lateral flow testing has adapted to align with national restrictions, the availability of testing and local priorities. Throughout the pandemic we have been keen to ensure good availability of on-site testing and home test kits. In recognising the barriers to health that some people may face, the priority focus for our local community testing team has been on vulnerable populations and communities and those disproportionately affected by COVID-19. The local testing team has had to be flexible and when there have been national supply issues they have been able to respond with supporting our essential workers and the wider community.

Figure 6.1 Covid testing in Warrington - timeline



Establishing Warrington's mass testing centres

In January 2021, the use of lateral flow test kits and asymptomatic testing was introduced for workers unable to work from home during the national lockdown. At this time, home test kits were not available and Local Authorities were able to set up a local Community Testing Programme which members of the public could attend for regular asymptomatic testing. Warrington's testing team moved into an area of Warrington Wolves' Halliwell Jones Stadium and operated a smaller test site at Grappenhall Cricket Club. In the five months that the stadium and cricket club were used as testing sites, over 18,000 tests were carried out which contributed massively to minimising the impact of COVID-19 in the first half of 2021. It was important that this offer was available during this time as, although most people were being encouraged to work from home, vital services needed to be maintained in as safe a way as possible.

Utilising our Community Centres

We evaluated and reviewed our community testing programme on an on-going basis and we recognised that many people were staying local and not travelling into the town centre as 'work from home' was still one of the key government messages. Home kits were not yet available and so we worked to utilise our community centres to offer pop-up test sites and improve access for residents of our outer-wards. This outreach approach was an effective strand to our testing programme, and we found we were engaging with many people who had not yet taken up any asymptomatic testing. We were able to improve accessibility with on-going review and we tailored the pop-up location and opening times to suit essential workers and others who could not attend the town centre site.



Developing the Local Contact Tracing Service

Local Contact Tracing was undertaken in Warrington from September 2020, with local staff initially contacting those positive cases that NHS Test and Trace failed to reach. At the outset, the calls were undertaken by the local Prevention and Outbreak Team, but from December 2020, a dedicated Local Contact Tracing Service was established. The local approach provided many benefits and staff noted that residents seemed more receptive to a call from the service, especially where local staff could better support with access to services and support for self-isolation. Building on the successful local approach, from April 2021 the local contact tracing team contacted all positive cases in Warrington.

That new 'Local Zero' approach enabled a more rapid response to collecting the information needed to help prevent further local transmission and also provided individuals with timely information and advice they needed to support self-isolation. The overarching national aim for contact tracing at that point was to reach over 90% of all cases. By the end of the first month, our local contact tracing operations resulted in a 100% success rate.

Creating our multi-skilled operative team

During May and June of 2021, COVID-19 infection rates fell in Warrington and across the country. This, combined with home test kits becoming readily available via LFD Direct and pharmacies, meant that we had the opportunity to review the role of our testing programme to ensure it was most effectively meeting the needs of our local population at this stage of the pandemic.

Leaders in Warrington recognised the value in maintaining a responsive team that could support flexibly given the unpredictability of the pandemic. The local Community Testing programme and the team adapted, and with additional training for staff we developed a team of multi-skilled operatives who, in addition to staffing the testing centres and undertaking the community outreach work, could support specific settings with prevention and outbreak management, and where needed, support individual cases to self-isolate and engage in local contact tracing.



Prioritising our most vulnerable and hardest to reach

From July 2021, there was a national policy shift and local authorities were asked to focus even greater attention on engaging with vulnerable and hard-to-reach cohorts (see Figure 6.2). With the majority of the public able to source home test kits via universal routes such as pharmacies and online through LFD Direct, we again adapted our programme to carry out proactive outreach with groups most likely to benefit. The targeted programme is informed by national evidence and local intelligence. By looking at data on testing rates, case rates, positivity and vaccination rates we can tailor and target work to those who may be disproportionately affected by COVID-19. Working with local Community Champions the team are able to work within local areas and with key groups to deliver testing and messages around vaccination.

Figure 6.2

Disproportionately impacted groups			Underserved groups
Clinical and exclusion risk factors	Protected characteristics most at risk:	Protected characteristics to keep an eye on:	
Areas of socio-economic deprivation	Men	LGBQ+ people	People with dependencies on drugs or alcohol in contact with services
Occupations with high exposure risk	Black, Asian and minority ethnic groups	Trans or non-binary gender people	Ethnic Minority Groups disproportionately impacted by COVID-19
Areas of high population density	Religions, faiths, and nationalities linked to increased risk	Pregnant people or those who have recently given birth	Gypsy, Roma, Traveller Communities
			Low income households
			Migrants, Asylum Seekers & Refugees
			People experiencing homelessness and rough sleepers
			People with religious barriers to testing
			Sex workers
			Survivors of domestic violence/abuse

Meeting high demand in December 2021

Due to the high transmissibility of the Omicron variant and a change in national guidance to advise daily LFD testing after close-contact with a case of COVID-19, there was significant strain on the national supply of LFD kits in late December 2021 and early January 2022. Universal access routes such as pharmacies and LFD Direct were largely unavailable. The criteria around access to the Targeted Community Testing programme was relaxed nationally, and the local team were able to support dynamically across Warrington to improve access to LFD kits. As case rates increased during December and over the festive period, a considerable number of requests were received to provide LFD kits for employers to distribute to their staff, with particular focus on essential workers, including emergency services. These requests were all successfully met. In addition, 16 care homes were supported during early January 2022 with 775 home test kits and 1225 on-site tests. Forward planning leading into December meant that high risk sectors were fully prepared to prevent and manage cases within their settings. In December 2021, over 14,000 home test kits were distributed from various locations across the borough by the Council and our partners, a significant increase to previous months.

Case study

Warrington Schools participating in national research

Testing has supported schools in managing outbreaks by isolating cases and reducing the number of close contacts and further transmission. Regular testing has been a recommendation for secondary aged children since January 2021. Asymptomatic testing has also been a part of our schools contingency framework, with LFD testing recommended as part of outbreak control measures.

Recognising the significant impact on children and young people from the disruption to their education through 2020/21, the prioritisation of in-person education has been a key strand of national policy since September 2021. Research undertaken by the University of Oxford¹ sought to understand whether daily contact testing could increase school attendance by safely replacing the need for contacts to self-isolate.

Two of our local schools, Woolston Brook and Bridgewater High School, participated in this cluster-randomised control trial. Woolston Brook implemented daily contact testing as an alternative to self-isolation for school-based close contacts of identified cases and Bridgewater High School was used as a control setting.

Thanks to schools like Woolston Brook and Bridgewater High School taking part in research studies, our knowledge and understanding of what are safe and proportionate control measures is furthered. Results from this study informed the change to national policy which saw the use of daily LFDs by close-contacts introduced as an alternative to self-isolation for the majority of people.

¹[Daily testing for contacts of individuals with SARS-CoV-2 infection and attendance and SARS-CoV-2 transmission in English secondary schools and colleges: an open-label, cluster-randomised trial - The Lancet](#)

Where are we now?

The decision was made in June 2021 to retain a flexible and responsive community-focussed team, and the emergence of the Omicron variant and the extremely high case rates during December and January confirmed that this was the right decision for the people of Warrington. Managers in many of the services that support some of our most vulnerable residents, and members of the public alike have been highly appreciative of the support they have received to access and use testing to help keep themselves, their loved ones, staff, and service users safe.

Our aim has continued to be to ensure our residents are able to access testing, and to promote the benefits of testing to increase engagement and aid case identification as early as possible. Throughout the local LFD testing programme, we have undertaken regular reviews and adapted the testing approach where necessary.

Significant work within a range of settings from local schools, to large business, care homes and retail and leisure establishments has helped to embed regular asymptomatic testing into daily life for many. This, in turn, has helped minimise onward transmission by detecting cases early and has helped reduce the significant personal and economic impacts of the requirement for all close-contacts of positive cases to isolate.

Universal access to LFD kits, and good uptake, has allowed people to take greater responsibility around their own COVID-19 status and enabled informed decisions based on their likely infection status.

What's next for Warrington?

At point of writing, all contact tracing nationally and locally has ceased and the national testing offer is changing. Public health teams across the country are facing a transitional period during 2022, whereby the acute response to COVID-19 which has been in place for much of the past two years will be stepped down. Warrington is no different.

As a local authority and as a public health team, as we step down our acute response, we will ensure we have plans in place to quickly mobilise again, should that be needed to best protect the health of our residents. As part of that planning we will consider how and where testing appropriately fits within our COVID-19 strategy. We will continue to evaluate the proportionate need for testing and tracing in Warrington considering the national direction and balancing the support requirements of our residents and workers



Vaccination

Introduction

Vaccination has helped to change the course of the pandemic, allowed society to open up and saved numerous lives. The rollout of the vaccination programme since the delivery of the first vaccine in December 2020 through to the expansion of the Booster programme a year later has been an astounding achievement. A debt of gratitude is owed to the scientists who developed the vaccines, those who worked tirelessly to roll out the vaccine programme across the country as well as volunteers who stepped up to help test the efficacy of the vaccines.

Within Warrington, as with so many other aspects of the pandemic response and management, partnership working has ensured that we had an effective delivery programme and achieved high uptake. The response from the local health system and volunteers to the vaccination challenge has been truly remarkable. The commitment and dedication of those who have worked in such challenging circumstances will long be regarded as

exceptional. However, alongside this remarkable achievement there are elements of the vaccine roll out which are likely to impact how we move into living with COVID and how vaccinations are delivered in the future.

Vaccination uptake

The uptake of the Covid-19 vaccination programme in Warrington overall has been good. As at 15th February 2022:

- 84.1% of residents aged 12 and above have received two doses of the vaccine
- 62.8% have received their booster/3rd dose
- Uptake is higher in Warrington than the North West average (81% two doses and 57.1% booster/3rd dose)
- The percentage of eligible people vaccinated in Warrington cannot be accurately compared to the published figure for England due to discrepancies in denominators, however local analysis indicates that uptake is, as a minimum, similar.

Key highlights in our vaccination journey

On 2 December 2020 the Medicines and Healthcare products Regulatory Agency approved the Oxford University / AstraZeneca vaccine, followed one week later with the UK becoming the first country in the world to administer this vaccine outside of a clinical trial. Shortly afterwards the Pfizer vaccine was also approved for use in the UK and on 16 December 2020, 98-year-old former GP Dr. Philip Leech made history when he became the first person in Warrington to receive the COVID-19 vaccination. This vaccination was administered by Dr. Laura Mount from our Central and West Warrington Primary Care Network and waiting patients and clinical staff broke out in spontaneous applause. Since then, the local vaccination programme has gathered pace and thousands of residents have received their jab. This is an incredible achievement, and tribute must be paid to the many people who have been involved in this success.



First box of vaccinations delivered in Warrington



Dr Laura Mount delivering the first vaccination in Warrington

Vaccinations were initially offered to the public via GP- led vaccination sites at the Halliwell Jones Stadium and Orford Jubilee Neighbourhood Hub as well as large mass sites in St Helens and Manchester. Warrington and Halton Hospital NHS Trust (WHHT) played a key role in the vaccination of the health and social care work force. Additional pharmacy-led sites were also established at the Village Hotel and Warrington Islamic Centre which provided significant vaccination capacity within the town.

The vaccination programme in Warrington followed national guidance from the Joint Committee on Vaccination and Immunisation around the priority order for vaccinations. This provided an evidenced approach to risk minimisation by ensuring those in most need received a vaccine dose as early as possible. The risk group order for the initial cohorts were:

- 1 Residents in a care home for older adults and staff working in care homes for older adults
- 2 All those 80 years of age and over and frontline health and social care workers
- 3 All those 75 years of age and over
- 4 All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
- 5 All those 65 years of age and over
- 6 Adults aged 16 to 65 years in an at-risk group (see clinical conditions below)
- 7 All those 60 years of age and over
- 8 All those 55 years of age and over
- 9 All those 50 years of age and over

The approaches taken to vaccinating each of these cohorts varied significantly as the needs of those living in care homes or people who are housebound are significantly different from a generally healthy 50 year old. Providers in Warrington therefore took a dynamic approach to vaccinations to ensure that the offer remained relevant as the programme progressed. Local people have received their vaccine at GP practices, pharmacies, Warrington hospital, local schools, community buildings, and via care homes, as well as in their own homes. GPs and other clinicians have ensured the housebound were not overlooked.



People have been jabbed at Warrington Wolves, at local festivals and even on 'Warrington's Own' vaccination bus.

The initial demand for the vaccines was exceptionally high with residents coming forward in huge numbers to drive 1st dose uptake in the most vulnerable cohorts above 95%. However as the programme progressed, and in particular once adults aged under 50 became universally eligible, the role of communications became more important to encourage uptake. Activities undertaken by providers and colleagues in communication teams included:

- Targeted social media campaigns via Facebook, Instagram, TikTok and Youtube.
- Geo-targeted adverts and page takeovers.
- Mobile phone adverts, targeted by location/brand engagement/app usage.
- Radio campaigns.
- Videos of members of the community indicating why they got vaccinated, including sport personalities and new mums.
- Street teams booking people in for vaccination appointments.
- Ad walkers, walking around specified locations with a video ad board and other engagement within the town centre.

- Engagement via local gyms, sports clubs, Parkrun social clubs and groups
- Beer mats/posters with QR code direct to national booking page
- Posters in coffee shops with QR code direct to booking page
- Posters/appointment cards in hairdressers. Literature distribution via local takeaways and sandwich bars
- Engagement with businesses and business parks / industrial estates.

The autumn of 2021 brought the twin challenges of vaccinating 12-15 year olds and offering boosters to cohorts 1 – 9. The Warrington school immunisation team at Bridgewater Community Healthcare played a vital role in delivering one of the quickest uptakes amongst the 12-15 yrs cohort in England. The step-up of the booster programme also saw an increase in delivery via primary care sites with additional practice sites delivering the service.

With the identification of the Omicron variant in November 2021 the role of the booster programme became even more significant. On 12th December 2021 the Government requested that all patients eligible for a booster vaccination were invited and in Warrington, the fantastic work of NHS Warrington CCG, providers and partners ensured this target was met. As a result in Warrington between 14th December and 31st December:

- 31,326 people were boosted,
- 1,043 people received a 1st dose,
- 1,278 people received a 2nd dose.

In the first year of the programme. North West vaccinators have used 205 miles of needles to protect us from the virus, which equates to the distance an astronaut would travel from space to earth, and an impressive 1,000 gallons of vaccine. The programme has successfully given 12 million jabs, including 2 million booster jabs in less than 12 months in the region. It is estimated that the COVID-19 vaccination programme has saved around 20,000 lives across the North West.

In December 2021, the Prime Minister Boris Johnson paid tribute to the work of one of the many teams in Warrington who helped to make this fantastic achievement possible.

Inevitably, the essential focus of time and resources on responding to the COVID-19 pandemic had an impact on capacity within primary care. The primary focus for GP practices during 2020/21 and 2021/22 has been to provide a practice based COVID-19 response and prioritise the delivery of essential

services to patients. This has meant that some activities and priorities for primary care were suspended or paused. The CCG's ambition for general practice in Warrington in 2020/21 was to remain fully open and accessible to all patients, whilst recognising the additional workload of COVID-19 which has required practices to prioritise clinical activity.

Inequalities in uptake

Whilst the overall level of vaccine uptake in Warrington has been good, there is a recognition that vaccine uptake is impacted by a number of demographic and social factors. As a result there are inequalities in the uptake of vaccinations within Warrington which reflect the national picture:

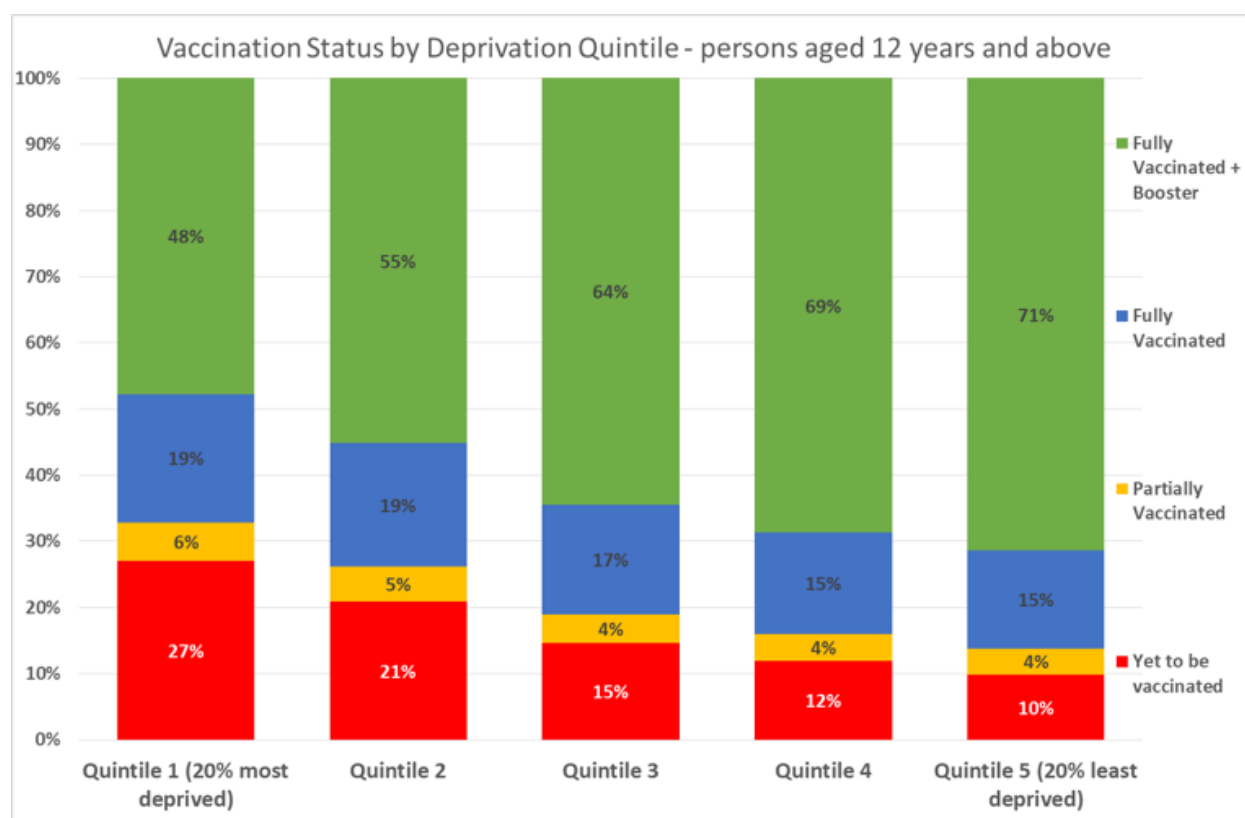
- The percentage of the eligible population vaccinated who live in our more deprived communities is much lower compared to those who live in our least deprived areas, as illustrated in Figure 7.1.
- This is a pattern that is seen both regionally and nationally; as deprivation reduces the proportion of unvaccinated people also reduces
- To date (17th February 2022) over a quarter (27%) of eligible people living in our 20% most deprived areas were unvaccinated.
- Nationally vaccination uptake has been lower amongst some ethnic minority groups, and local analysis has highlighted variation in uptake rates between ethnic minority groups.

NHS

"Across the country, after all they've been through, those teams are going to keep going through Christmas and beyond. Jab heroes like... **Dr Laura Mount and the team at Central and West Warrington Primary Care Network who have been organising pop up vaccination clinics for the homeless...**"

- Boris Johnson, Prime Minister's Address
15 December 2021

Figure 7.1 Vaccination status presented by deprivation quintile



Addressing COVID-19 vaccination hesitancy and inequalities in uptake

A range of work has been undertaken with local, regional and national partners to address vaccination hesitancy and differences in uptake between groups. This has included:

- Imaan pharmacy and Warrington Islamic Association. Working in partnership to encouraging uptake within their local community.
- COVID-19 Community Champions. These are paid staff and volunteers who work directly with local communities to communicate the latest accurate health information to residents. Delivered by a partnership including the Council, Warrington Disability Partnership, Warrington Voluntary Action and Speak-Up.
- Targeted communications. A range of different communications channels have been used to support uptake. Including direct engagement with residents by healthcare professionals.
- Warrington Vaccination Bus. This is a joint project between Central and West Warrington Primary Care Network and

NHS Warrington Clinical Commissioning Group working alongside Warrington's Own Buses and Warrington Borough Council. The bus has supported community events and businesses across the borough.

- Door knocking. A door knocking campaign was carried out by Warrington Borough Council with the support of the National Surge Rapid Response Team and a range of other local partners.
- Engagement with homelessness cohort.

Huge effort was put in by key service providers and the local GP provider to ensure the highest possible uptake in this cohort. The success of this approach has been recognised nationally.





Are you eligible for the COVID vaccine?

The vaccination bus will be calling at:
Warrington Town Hall
Thursday 20 May
9.30am - 1pm

Open to eligible people for first doses only
#LetsGetVaccinated



Case study

Community Champions

In early 2021 the Government allocated £318,000 to help Warrington engage with people in communities identified as experiencing barriers to accessing support, such as ethnic minority communities, people living with a disability, and other groups. Early evidence had highlighted that people from certain ethnic minority backgrounds may experience more adverse outcomes from COVID-19. This evidence also pointed to higher levels of vaccine hesitancy amongst some sections of the population who were from minority ethnic backgrounds. To deliver this engagement focused project, Community Champions were recruited through Warrington Disability Partnership (WDP) and Warrington Voluntary Action (WVA). Dave Thompson and his team at WDP were passionate about the project and secured a team of Community Champions reflective of their service users with many of them having lived experience of disabilities and/or long-term health conditions, ranging from physical, invisible, learning, neuro-diverse and sensory disabilities. Alison Cullen and her team at WVA brought together people from a range of minority ethnic backgrounds with a particular focus on black, South East Asian and Eastern European communities as a reflection of the demographics within areas of Warrington with low vaccine uptake.

The aim of the project is to nurture a relationship of trust between Community Champions and the diverse target communities as well as to build trust and confidence in local services such as testing and vaccination. Themes of engagement have covered COVID-19 facts and information along with practical information relating to support, national and local guidance, and accessing tests, vaccines and wider services. The scope of the Champions work has also widened through the lifetime of the project to deliver advice and information on a wide range of topics relating to health and wellbeing.

The team has undertaken a range of activities including:

Community Champions

- Providing factual advice to enable people to make an informed choice about vaccination based upon accurate information.
- Forming a vital link with people who may have been disproportionately affected by COVID-19. The feedback received from these groups has been used to develop new and innovative ways of supporting those in greatest need.
- Using a range of community events to engage with residents and promote the Community Champions project, delivering tailored health information and education to specific groups.
- Holding 'COVID-19 chat' sessions and coffee mornings with target communities.
- Engaging directly with the public in locations across Warrington.
- Delivering health promotion sessions with service users at a range of settings and businesses.
- Working closely with the Polish Centre of Education and Culture who support local Polish communities.
- Supporting both the Warrington Ethnic Communities Association (WECA) and Citizens Advice Bureau to extend their reach to the most at-risk communities.
- Providing support for people whose first language is not English. Engaging with members, networks and beneficiaries through existing channels, supported local testing and vaccination sites.
- Providing additional telephone and online engagement and sharing relevant messages through social media.
- Sharing COVID-19 vaccine advice and information to boost local vaccination take-up and to provide any necessary guidance and support.

Case study

Surge Rapid Response

Warrington saw significant rises in cases of COVID-19 between late May and mid-July 2021 with case rates increasing from a seven-day rate of 9.0 cases per 100,000 on 18th May peaking at 700.0 cases per 100,000 17th July 2021.

On 14 June 2021, Warrington was designated as an 'enhanced response area' and was offered the support of the national Surge Rapid Response Team (SRRT) to undertake door-to-door activities in target areas.

The SRRT was deployed to Warrington between the 9th July and the 8th August 21. Initially the objective was to carry out surge PCR testing to support case identification of the Delta variant of concern. However, the priority switched to vaccine engagement following the first week of the intervention when it became clear that Delta was on course to become the dominant UK variant.

For the first week of this intervention, comprehensive analysis, undertaken by the public health knowledge and intelligence team, was utilised to target and focus work. Deployment consisted of 48 staff split into 8 teams carrying out one day of leafleting and 2 days of door-to-door testing, dropping off and collecting PCR tests. It involved distribution of 4,437 leaflets in the targeted ward area, alerting residents to the fact that door-to-door testing would be taking place over the subsequent two days and providing information about local vaccination sites. In total 4,472 households were visited, 2,208 kits were handed out, 1,184 kits were returned and a number of positive cases were identified as a result of the intervention.

For the remaining three weeks of the intervention, again informed by local intelligence, the focus of work shifted to concentrate efforts in those ward areas with lowest vaccine uptakes. Additional training was provided by Warrington's public health team to ensure that the SRRT were confident and well equipped to answer questions related to vaccine access. The team were also provided details of a referral route for more complex vaccine enquiries. No PCR tests were distributed. As well as signposting to vaccinations the team collected data relating to potential reasons for vaccine hesitancy within the community. In total, across four weeks, the team engaged with around 5,600 people and 182 people indicated a willingness to be vaccinated. The vaccination rates within the areas targeted saw an increase following the intervention.

As a result of this intense piece of work, a number of valuable pieces of learning were identified, alongside some key insights. These included:

- Additional intelligence on vaccination uptake within communities
- Identification of a number of key themes around barriers to vaccination
- Experience of delivering this type of intervention, with the potential to build into future engagement
- Generally positively received however, it also provided experience on how to engage in difficult conversations around vaccine hesitancy
- Great collaboration with service partners, community groups and residents.

Where are we now?

Vaccines have played, and continue to play, a critical role in breaking the link between infection and severe health outcomes, keeping people out of hospital and reducing the pressure on the NHS.

As this chapter has highlighted, although there is good uptake overall, and rates are at least in-keeping with the national average, as with the national picture there are some substantial inequalities between groups. Fewer people in areas of higher socio-economic deprivation and fewer people from minority ethnic groups have taken up the offer of the vaccine despite the proactive work undertaken.

As we move into 'Living with COVID' the focus is shifting towards a smaller scale 'Evergreen' offer for continuing COVID-19 vaccinations. What this will look like post April 2022 is currently unclear. However, it is likely to be smaller in scale and consideration needs to be given to the potential for a reduced offer to impact negatively on vaccine accessibility.

What's next for Warrington?

Work will continue with partners to promote the COVID-19 vaccine and address hesitancy. Recognising that inequalities in uptake of the vaccine will exacerbate existing inequalities is important as it highlights the additional risk associated with any potential future waves or variants. Knowledge of our vaccination rates and learning from our work to improve uptake will provide us with a vital tool to meet challenges proactively.

A key strand of COVID-19 recovery work is our collaboration with our NHS England colleagues and other partners on the wider vaccination and immunisation programmes. The pandemic has impacted on uptake of other immunisation (and screening) programmes, and has exacerbated the existing inequalities that were apparent.

Building on the strong collaborative and community focused approach that has been evident in the delivery of the COVID-19 vaccination programme, multi-agency action-planning and delivery will continue to be key in addressing vaccination uptake and strengthening place-focused vaccination programmes.



COVID-19 mortality

Introduction

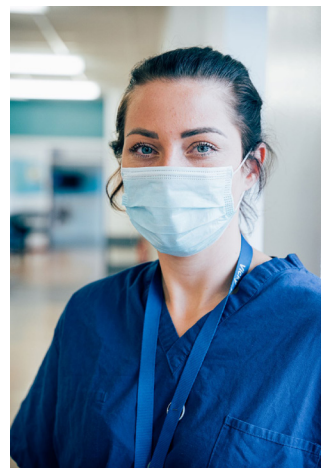
The UK has been responding to coronavirus (COVID-19) since the end of January 2020. Warrington experienced its first case on 11th March 2020, the same day that the World Health Organisation (WHO) declared a pandemic.

Mortality from COVID-19 has been significant locally, regionally, nationally and internationally, particularly during the first wave, but it has not been equally distributed across populations. The pandemic has both exposed and exacerbated longstanding inequalities in society, and national and international evidence has shown that the more deprived the area, the higher the burden of mortality from COVID-19. Evidence and local analysis shows that risk of severe disease and death from COVID-19 is significantly higher for older people. People with certain underlying health conditions were also identified as being at increased risk. Overall, COVID-19 mortality is higher amongst males.

The scale of the impact and loss from COVID-19 nationally and internationally, as well as locally, is difficult to fully describe, and behind each death there are individual stories. For many, the circumstances surrounding the death and the

restrictions in place which often prevented families and loved ones from being present made the loss more painful. The reflection by **Vicky Neville, intensive care unit nurse at Warrington and Halton Teaching Hospitals NHS Foundation Trust** who describes her experience of breaking the bad news to the family of loved ones who died of Covid on the ward, highlights some of this.

"They tell me they can't come in as they are ill with COVID-19 themselves and there is no one else close enough that can come. I explained how we did everything and I was so sorry for her loss, quite possibly the worst call I've ever made. I couldn't hold her hand or comfort her like we could pre COVID-19. One day I'm going to want to talk about the patients I've lost, the ones I couldn't save, the families I heard cry down the phone or the ones I managed to hold through various layers of PPE."





A **Remembrance Garden** has been created in the grounds of Warrington and Halton Teaching Hospitals NHS Foundation Trust to remember the unprecedented time of the coronavirus pandemic. The beautiful space was opened by hospital staff and bereaved families.

The garden forms part of a 'COVID-19 legacy' at Warrington and Halton Teaching Hospitals NHS Foundation Trust, as there had previously been no single place where patients, bereaved families or staff could go to reflect on these unprecedented times and remember those they had lost.

Bereaved members of the public are also welcome to visit at any time and the garden is accessible from the outside of the hospital behind Kendrick Wing.

"Being able to provide such a peaceful, calming garden on such a busy hospital site

has been a great success and all due to the incredible support received by our communities throughout the past 18 months, of which we are truly grateful."

At the centre of the Remembrance Garden is a stone bird bath donated by a family who lost their loved one to COVID-19.



Monitoring COVID-19 mortality

The monitoring of COVID-19 deaths has evolved over the course of the pandemic as more is understood about the virus and the impact this has on the coding of deaths. At present there are two methods routinely reported in the Gov. UK Coronavirus Dashboard; deaths within 28 days of a COVID-19 test and deaths with a mention of COVID-19 on the death certificate.

There have been 540 deaths recorded in Warrington where the person had received a positive COVID-19 test within 28 days of their death (deaths that occurred up to 31 December 2021). Using this definition, the rate of death in Warrington is 257.9 per 100,000 population, this is 12% higher than England (229.4 per 100,000) but lower by 9% when compared to the North West (284.3 per 100,000).

The second method of measuring COVID-19 deaths is broader than the previous method as it includes deaths where there was any mention of COVID-19 on the death certificate. There have been 642 deaths recorded using this broader definition (deaths occurring up to 31 December 2021), resulting in a death rate for Warrington of 298.6 per 100,000 population. This rate is 6% lower than the North West (316.1 per 100,000) but 14% higher than England (262.0 per 100,000).

A further way of estimating the mortality burden from COVID-19 is to look at excess deaths over this time period. Excess deaths are calculated by looking at the average number of deaths in the five years before the pandemic (2015 to 2019) and estimating the weekly number of deaths that would be expected from March 2020. This analysis has been conducted for all local authorities by the Office of Health Improvement and Disparities (OHID).

Findings for Warrington show that between 27 March 2020 and 31 December 2021, based on previous trends, Warrington was expected to have experienced 3,536 deaths. The actual number of deaths that were registered in this time period was 3,906 deaths. This resulted in Warrington experiencing 370 additional (or excess) deaths. Registered deaths in Warrington were 1.10 times the expected deaths for this period, slightly lower than England (1.12) and the North West (1.15).

Where are we now?

Whilst everyone, regardless of socio-economic status or background, has been affected to some degree by the pandemic, national and international evidence has shown clearly that COVID-19 has disproportionately affected certain groups. This is evident in mortality rates however the full scale of the indirect impact of COVID-19 on mortality and longer-term inequalities in life expectancy figures is not yet known. COVID-19 has exacerbated existing inequalities in many of the underlying determinants of health such as income, education and employment, as well as impacting on health care and wider preventative programmes such as cancer screening and general health checks. There is, therefore, the potential that inequalities in future mortality may be impacted indirectly for some time and this is likely to be the case both nationally and locally.

What's next for Warrington?

System-wide working on delivering on the Marmot Community priorities and tackling the root causes of ill-health and health inequalities remain a central priority for Warrington. This is particularly true as we move into a period of greater collaboration and stronger place-based working through the new Integrated Care System. In reviewing, refreshing and developing system-wide strategic plans, reducing premature mortality, improving life expectancy for all and narrowing the gap between different areas of the borough will remain key outcome measures.

Director of Public Health - Annual Report 2021/2022

Acknowledgements

In addition to all the contributors acknowledged within the report, special thanks go to all those who were directly involved in the production of this report.

Grateful for the inspiration and input from Professor Clare Bambra and Dr Luke Munford from the Northern Health Science Alliance and for the support from residents and partners across Warrington.



WARRINGTON
Borough Council