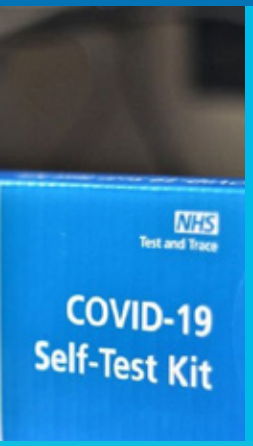
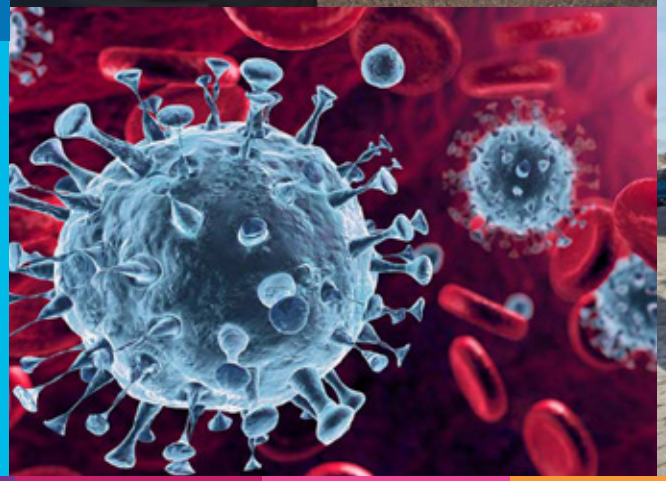
Derby City Council

The Director of Public Health's Annual Report

2021

COVID-19 IN DERBY





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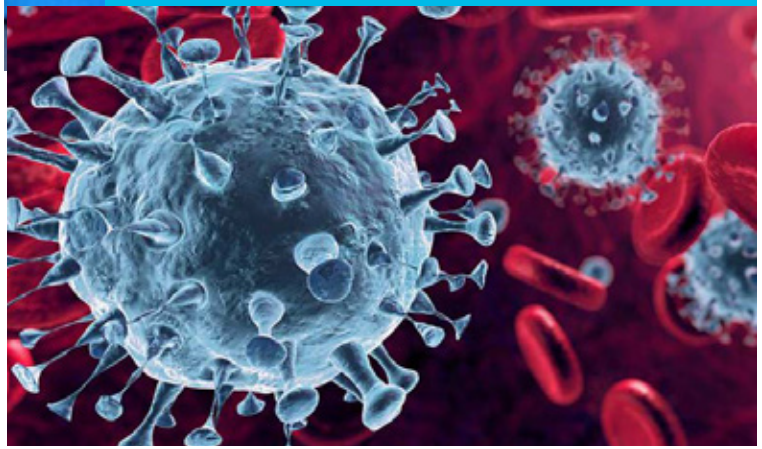


Introduction

The last two years have been hard for us all. Our lives have been turned upside down and dominated by worry and uncertainty – for ourselves, our family and friends' health and wellbeing and across our lives. Whilst this has been difficult for us all, it has been much more difficult for some than others. The health inequalities which were all too apparent prior to the pandemic have been widened and deepened and will be felt for many years to come.

This, my Director of Public Health Annual Report 2021/22, will paint a disturbing and frustrating picture, particularly as these inequalities have been apparent for many years and we have struggled to improve them – making the impact of COVID-19 much worse for many.

Despite this there have been some shining lights of positive change. The strength and resilience of the people of Derby, the coming together of us all to combat COVID-19 and mitigate its impact has been clear to see. In this report I will provide an overview of some of the work underway as well as making recommendations on further action we can take.

We have worked at speed and in collaboration with the establishment of the Derby Community Hub within days of the onset of the pandemic to provide support to those who needed it. We have worked collectively with the development of Derby Food4Thought Alliance, to deliver coordinated and sustainable approaches to food insecurity. We made sure we were carrying out equality impact assessments where we had to change our services, so we could flag up where we needed to do things differently. Most importantly we have worked with and for our communities.

Delivering positive change in such challenging circumstances fills me with hope that we can reduce the unfair and unjust health inequalities in the city. I hope that you will join me in the months and years to come to work together to end health inequality in the city and make our recovery from COVID-19 a fair one.

Timeline

2 March 2020
First death from COVID-19 recorded in the UK

11 March 2020
COVID-19 is declared a pandemic by World Health Organization

12 March 2020
Self-isolation measures introduced for those with symptoms

20 March 2020
Closure of schools, hospitality, entertainment and leisure facilities

26 March 2020
First national lockdown comes into force in the United Kingdom

28 April 2020
Testing expanded in England for symptomatic individuals 65+, those who must leave home to work, symptomatic and asymptomatic NHS staff and patients, care home residents and staff

T1

10 May 2020
The five-tier COVID-19 Alert System is established

13 May 2020
Unlimited exercise is permitted, and it is possible to meet one other person outdoors

1 June 2020
Groups of six are permitted to meet outdoors. Phased re-opening of schools begins in England

15 June 2020
Non-essential shops are permitted to reopen

4 July 2020
Two households can meet in any setting with social distancing measures

3 August 2020
Eat Out to Help Out scheme is launched

14 September 2020
Rule of six' is introduced – indoor and outdoor social gatherings of more than six people are prohibited

T3

12 October 2020
Three-tier COVID-19 restrictions system is initiated in England

5 November 2020
Second national lockdown comes into force

2 December 2020
Second national lockdown comes to an end

3 December 2020
Pfizer/BioNTech COVID-19 vaccine approved in UK

30 December 2020
Oxford/AstraZeneca COVID-19 vaccine approved in UK

6 January 2021
Third national lockdown comes into force

8 January 2021
Moderna COVID-19 vaccine approved in UK

11 March 2020
First case of COVID-19 confirmed in Derby

24 March 2020
Derby Community Hub launched

25 March 2020
Derby Food 4 Thought Alliance launched

15 April 2020
Symptomatic COVID-19 testing is initiated in Derby

22 July 2020
First COVID-19 Outbreak Engagement Board meeting

LDTRTFD

18 September 2020
'Let's do the right thing for Derby' campaign launched

13 October 2020
First Incident Management Team meeting

15 October 2020
First local testing site opens at Morleston Street Day Centre

T2

31 October 2020
Derby escalated to Tier 2 restrictions

23 November 2020
Local contact tracing service is launched

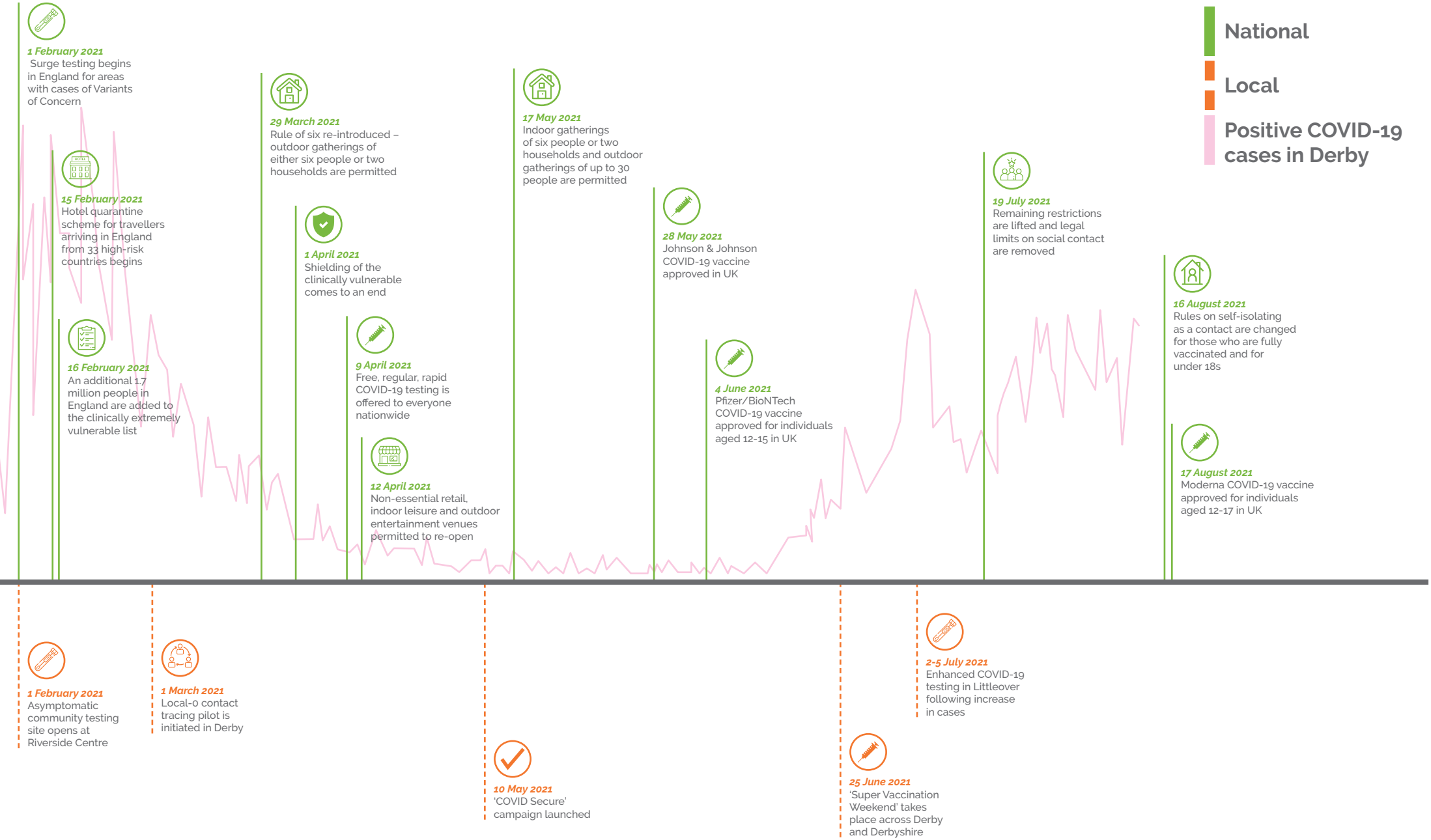
T3

2 December 2020
Tier 3 restrictions come into force in Derby

8 December 2020
The first vaccinations in Derbyshire took place at Chesterfield Royal Hospital and Royal Derby Hospital

T4

31 December 2020
Tier 4 restrictions come into force in Derby


National
Local
Positive COVID-19 cases in Derby
1 February 2021
Surge testing begins in England for areas with cases of Variants of Concern
15 February 2021
Hotel quarantine scheme for travellers arriving in England from 33 high-risk countries begins
16 February 2021
An additional 1.7 million people in England are added to the clinically extremely vulnerable list
29 March 2021
Rule of six re-introduced – outdoor gatherings of either six people or two households are permitted
1 April 2021
Shielding of the clinically vulnerable comes to an end
9 April 2021
Free, regular, rapid COVID-19 testing is offered to everyone nationwide
12 April 2021
Non-essential retail, indoor leisure and outdoor entertainment venues permitted to re-open
17 May 2021
Indoor gatherings of six people or two households and outdoor gatherings of up to 30 people are permitted
28 May 2021
Johnson & Johnson COVID-19 vaccine approved in UK
4 June 2021
Pfizer/BioNTech COVID-19 vaccine approved for individuals aged 12-15 in UK
19 July 2021
Remaining restrictions are lifted and legal limits on social contact are removed
16 August 2021
Rules on self-isolating as a contact are changed for those who are fully vaccinated and for under 18s
17 August 2021
Moderna COVID-19 vaccine approved for individuals aged 12-17 in UK
1 February 2021
Asymptomatic community testing site opens at Riverside Centre
1 March 2021
Local-0 contact tracing pilot is initiated in Derby
10 May 2021
'COVID Secure' campaign launched
25 June 2021
'Super Vaccination Weekend' takes place across Derby and Derbyshire
2-5 July 2021
Enhanced COVID-19 testing in Littleover following increase in cases

March 2020

National:

5 March First death from COVID-19 recorded in the UK.

11 March COVID-19 is declared a pandemic by World Health Organization.

12 March Self-isolation measures introduced for those with symptoms.

16 March Boris Johnson initiates daily press briefings regarding COVID-19. Individuals are urged to work from home and avoid public spaces.

20 March Closure of schools, hospitality, entertainment and leisure facilities. Coronavirus Job Retention Scheme announced. Universal Credit standard allowance increased.

22 March Measures announced for shielding 'clinically vulnerable' individuals

23 March Boris Johnson announces the first lockdown in the United Kingdom. Shielding letters to be sent to people referred to as 'clinically vulnerable' individuals.

26 March Lockdown measures come into force in the United Kingdom. First 'Clap for our Carers' takes place.

Local:

11 March First case of COVID-19 confirmed in Derby.

23 March University of Derby transitions to remote learning until end of academic year.

24 March Derby Community Hub launched.

25 March Derby Food 4 Thought Alliance launched.

31 March UHDB announce plans to quadruple their number of intensive care beds.

Feature: Community Hub

We came together with Community Action Derby, Derby Homes, the University of Derby and linking into the Derby COVID-19 Mutual Aid Facebook group, to create the Derby COVID Community Response Hub. We made sure the Hub was accessible for Deaf people with a phone to text in issues and a BSL message. The Hub coordinates help for vulnerable people and those in need of support during the COVID-19 crisis. Since the initiation of the Hub, 4900+ calls have been received, 1800+ people have volunteered to help others in their community and 500+ safe and well checks have been completed. People across the city have received support for food and befriending, to more practical help, such as acquiring medicines.

> I'm fairly new to Derby, and have found that the people are so accommodating and always ready to give a hand where needed. Working in the community has been a real eye opener and I have really enjoyed helping people who need support.
>
> 12.36PM ✓✓

"The current crisis has held a mirror up that highlights the limitations of the traditional "top down" approach and generated space for a more collaborative, community-driven response to a wide variety of issues. Circumstances have allowed us to have equal conversations with people at every level within the local authority and our contribution throughout the crisis has been highly valued. There is real opportunity in Derby for a significant culture shift across the whole local authority, across all directorates and beyond into the health, community and voluntary sector and there is a strong appetite for Local Area Coordination values to be at the core." – Sarah Edmundson – Senior Local Area Coordinator.

"We have created innovative solutions to meet a range of needs – working together to support community members to support each other. This includes a simple cash and voucher system, operating with minimal input from us,

which enables people to purchase essential items for their neighbours who cannot currently access their own money or who don't have the means to pay". – Kim Harper – Chief Executive Officer, Community Action Derby

Feature: Childcare and Families Information Team (CFIT)

Accessing childcare during the COVID-19 pandemic has been vital for vulnerable children and the children of key workers. At the beginning of the first national lockdown, CFIT had the important task of ensuring childcare providers remained financially viable and received their early education funding payment. Within hours of the announcement of closures, the Families Information Service (FIS) within CFIT, built and went live with a bespoke online childcare directory, providing information on childcare availability in the city for vulnerable children and the children of key workers.

The FIS worked in partnership with the Children's Centres to think of innovative ways they could keep supporting Derby's children and their families remotely. Using FIS's Facebook page, they posted free online content including virtual songs, stories and activities. This has proved very popular with video views reaching over 11,000.

April 2020

National:

2 April Five pillar plan announced to increase COVID-19 testing to 100000 tests a day by the end of April.

5 April £330 billion package announced to help businesses furlough staff. Boris Johnson admitted to hospital with COVID-19.

16 April Boris Johnson announces that lockdown will be extended for 'at least' three weeks.

28 April Testing expanded in England – symptomatic individuals 65+ and those who must leave home to work, in addition to both symptomatic and asymptomatic NHS staff and patients and care home residents and staff.

Local:

8 April Confirmed cases of COVID-19 reach 300 in Derby.

15 April Symptomatic COVID-19 testing is initiated in Derby.

Feature: Symptomatic Testing

Testing is central to the prevention of COVID-19 transmission in our city, identifying those that have the virus and their close contacts, ensuring that they self-isolate. Our local approach is aligned with national testing programmes and links to the national test and trace arrangements. We have operated four walk-through symptomatic testing sites during the pandemic, two of which continue to operate as of September 2021. Our testing site locations have been chosen with consideration of higher rates of infection, improving access due to deprivation and supporting accessibility for those with limited or no access to a car.

May 2020

National:

10 May The five-tier COVID Alert System is established.

13 May A number of lockdown restrictions are eased – unlimited exercise is permitted, and it is possible to meet one other person outdoors.

27 May NHS Test & Trace launched.

Feature: Acts of Kindness

During the onset of the COVID-19 pandemic, the people of Derby showed wonderful community spirit at a time of need. Acts of kindness across the city gave people a boost at a difficult time.

- Pictures of rainbows began springing up in windows to spread hope and thank the NHS for their work.

- Annie's Burger Shack donated two trollies of food to staff at Royal Derby Hospital.
- WhatsApp groups were created to connect whole streets together and look out for one another over the coming months.
- Super Sam supermarket helped to feed 50 vulnerable families in the local area.

June 2020

National:

1 June Lockdown restrictions are eased – groups of six are permitted to meet outdoors and outdoor markets and car showrooms can re-open. Phased re-opening of schools begins in England.

15 June Non-essential shops are permitted to reopen in England.

16 June Government announces U-turn in policy regarding the extension of free school meals for children during the summer holidays, following the publication of an open letter from Marcus Rashford calling on the government to end UK child poverty.

23 June Boris Johnson announces easing of lockdown restrictions.

29 June First local lockdown in the United Kingdom is imposed in Leicester and parts of Leicestershire.

Feature: Derby Active at Home

When our leisure centres closed their doors on the evening of 18th March 2020, staff quickly adapted to set up an online fitness offer. Health and wellbeing advisors and class instructors adjusted to running live video classes, including yoga, pilates and indoor cycling, completely free of charge. They adapted to lack of space, demonstrating left and right on video, and unplanned appearances from pets and children. Since March 2020, the Derby Active at Home Facebook group has grown from 106 members to more than 1800 and has encouraged people across the city to stay active, even during periods of lockdown.

> The only thing that has remained constant during the last ten months has been my exercise regime. The staff at Derby Active have continued to offer a variety of several online classes throughout the week, which I can either do live or catch up on demand. This has been a godsend and has seriously helped me through these difficult times as not sure what I'd do without them.
>
> 3.12PM ✓✓

July 2020

National:

4 July Lockdown restrictions are eased – two households can meet in any setting with social distancing measures, holidays are permitted in England and pubs, restaurants, hairdressers and some leisure facilities and tourist attractions are permitted to reopen. Two metre social distancing rule reduced to one metre plus.

6 July Shielding of 'clinically vulnerable' people is eased – individuals are permitted to meet in groups up to 6 outdoors. Support bubbles with one other household can be formed.

30 July Lockdown restrictions tightened in parts of northern England, ahead of Eid al-Adha celebrations.

Local:

22 July First COVID-19 Outbreak Engagement Board meeting.

24 July Schools close in Derby for the summer holidays.

Feature: Derby COVID-19 Outbreak Engagement Board

The COVID-19 Outbreak Engagement Board was formed in Derby following instruction from the Department of Health and Social Care to establish specific boards to oversee the delivery of COVID-19 Local Outbreak Prevention and Control Plans. The board also aims to ensure timely and effective community engagement with Derby residents, to recommend approaches to key stakeholders on the outbreak prevention and control plan, and to support the local Health Protection Board to reduce transmission of the virus.

"Ensuring that the public and key Derby stakeholders are well informed, engaged, and communicated with is paramount in reducing potential transmission of COVID-19 in the local area. Through the Engagement Board, we aim to not only carefully track the progress of Derby's COVID-19 outbreak plans but also encourage effective, two-way communication with the city's residents to provide clear information and guidance." – Councillor Chris Poulter, Derby City Council.

August 2020

National:

1 August Shielding of 'clinically vulnerable' people is paused.

3 August Eat Out to Help Out scheme is launched.

14 August Easing of additional lockdown restrictions – indoor theatres, bowling alleys and soft play are permitted to re-open.

September 2020

National:

14 September 'Rule of six' is introduced – indoor and outdoor social gatherings of more than six people are prohibited.

22 September New restrictions announced in England – working from home is advised and 10pm curfew enforced for hospitality sector.

24 September NHS COVID-19 app launched.

28 September Introduction of a payment of £500 for those on lower incomes who cannot work from home and are required to self-isolate.

Local:

2 September Schools re-open in Derby for the new academic year.

18 September 'Let's do the right thing for Derby' campaign launched.

Feature: Let's do the right thing for Derby' campaign

Following the easing of lockdown restrictions over the summer, the 'Let's do the right thing for Derby' campaign was launched to urge people to be mindful of continued COVID-19 guidance, including social distancing and regular handwashing. The campaign was developed through strong partnership working between the Council's Communication,

Equality, Community Cohesion and Public Health teams to make sure the message was accessible to our communities. Critical to the successful development and implementation of the campaign was its co-production with Community Action Derby – the city's voluntary sector infrastructure. This has included the shared ownership of key messages - adapted to local areas, shops, schools. Through this approach we have strengthened our relationships with the community, voluntary and faith sectors through Community Action Derby – who have led outreach, shared leadership over communications and co-branding.

"It is vital that we all still remember COVID-19 guidance is in place to keep us safe. Particularly as we move into the winter months, and we are all more likely to be indoors rather than meeting friends and family outside, our hygiene and distancing from others will become even more important. Our actions have the power to help protect our friends, family and loved ones, and we can all do our bit by making sure we keep our distance and remember to wash our hands. This is our best way of keeping transmission of the virus as low as possible within the city." – Dr Robyn Dewis – Director of Public Health, Derby City Council.

October 2020

National:

12 October Three-tier COVID-19 restrictions system is initiated in England.

31 October Boris Johnson announces second national lockdown in England.

Local:

13 October First Incident Management Team (IMT) meeting.

15 October First local testing site opens at Morleston Street Day Centre.

18 October Local testing site opens at West End Community Centre.

30 October 'Stay warm and well this winter' campaign launched.

31 October Derby escalated to 'High' COVID alert level.

Feature: 'Stay warm and well this winter' campaign

We partnered with the Derby and Derbyshire Clinical Commissioning Group and Community Action Derby to launch our 'Stay warm and well this winter' campaign. We understand that even with the best laid plans, there may come times when extra support is needed – particularly during the ongoing pandemic. With our partners, we wanted to let people know that we are available to help them keep warm, safe and well at home during the cold winter months, offering support for a variety of difficulties and concerns, including:

> Our actions have the power to help protect our friends, family and loved ones, and we can all do our bit by making sure we keep our distance and remember to wash our hands. This is our best way of keeping transmission of the virus as low as possible within the city.
>
> 5.30PM ✓✓

- Cold homes
- COVID-19 support
- Energy bills or tariff
- Energy efficiency support
- Financial hardship
- Food shopping or bills
- Homelessness or eviction
- Home maintenance
- Help with medical appointments
- Help with prescriptions
- Information on the winter flu jab

"The pandemic has greatly impacted on many who may feel lost and under pressure, and the cold weather can exacerbate these difficulties. Our teams want everyone in Derby to know that there is help available if you are struggling. Whether it be due to COVID-19, energy bills or homelessness, we are here to talk and support you." – Councillor Roy Webb, Cabinet Member for Adults, Health and Housing.

November 2020

National:

5 November Second national lockdown comes into force in England. Coronavirus Job Retention Scheme extended to 31st March 2021.

24 November Boris Johnson announces up to three households are permitted to meet during a five-day Christmas period (23rd - 27th December).

Local:

5 November Local testing site opens at Austin Sunnyhill Sure Start.

23 November Local contact tracing service launches in Derby.

Feature: Contact Tracing

In late November, a COVID-19 contact tracing service was implemented at a local level across Derby to support NHS Test and Trace. Our service is staffed by a dedicated team of Call Handlers and Team Leaders, based within Derby Direct, operating seven days a week. As of September 2021, we have traced more than 3000 contacts. Initially the team worked to contact those who couldn't be traced through the National Test and Trace team but have since been through a period of tracing all cases. We are currently operating on a Local Tracing Partnership model where cases flow to the National Test & Trace (NT&T) team for the first 24 hours. Any cases not contacted by NT&T are then directed to the Derby team. This enables us focus on those cases that are harder to reach.

We have also been operating doorstep visits for cases where telephone contact has been unsuccessful. This is carried out by our Public Protection Officers (PPOs) or Covid Support Officers and takes place every day.

As feedback shows, it's about much more than just contact tracing. The team have been hard at work offering advice and support to residents to help them with self-isolating and in a lot of cases, just having a chat with residents to brighten their day, as well as signposting residents to other services in the city, including the Community Hub.

"Thank you for making me laugh, cheered us up while being stuck in a hotel room!"

"5 stars, thank you for checking information regarding isolation and offering support. Thank you for the chat."

The adviser was very friendly, informative, polite, going the extra mile to obtain information on queries I have regarding isolation for me and my children.

10.38AM ✓✓

December 2020

National:

1 December B.1.1.7 (Alpha) variant reclassified as a Variant of Concern.

2 December Second national lockdown comes to an end, England returns to three tier system of restrictions.

3 December Pfizer/BioNTech vaccine approved in UK.

17 December Coronavirus Job Retention Scheme extended to 30th April 2021.

21 December Tier 4 restrictions come into force in London and South East England.

26 December Tier 4 restrictions come into force in additional areas across England.

30 December Oxford/AstraZeneca vaccine approved in UK.

Local:

2 December Tier 3 restrictions come into force in Derby.

8 December The first vaccinations in Derbyshire took place at Chesterfield Royal Hospital and Royal Derby Hospital.

31 December Tier 4 restrictions come into force in Derby.

Feature: Vaccination

In early December, Royal Derby Hospital was one of the first 50 hospitals to start administering COVID-19 vaccinations. Care homes and GP surgeries began their roll out of vaccinations in the following weeks. We have since opened a mass vaccination hub at Derby Arena and a series of community vaccination centres across the city. Our vaccination response has involved continuing to monitor vaccination uptake in Derby, engaging with communities where uptake is low. As well as amazing NHS staff administering the vaccines, a number of volunteers have been drafted in from across the city to support the effort, helping to get residents, many elderly and vulnerable, vaccinated.

"The vaccination programme has been an incredibly efficient operation and all credit is due to the teams and individuals that have supported the effort. Vaccination is a vital part of reducing transmission within the city, and it's been fantastic to see how many citizens have taken up the offer of the vaccine. We would encourage everyone who hasn't already booked in for their jab to do so as soon as possible to give them the best possible protection against COVID-19." – Dr Robyn Dewis – Director of Public Health, Derby City Council.

Feature: COVID Winter Grant Scheme

The COVID Winter Grant Scheme funding was provided to us by the government towards the end of 2020. We decided to divide this funding to focus on food provision and support for bill payments. Approximately 80% of the funding was spent on the distribution of free school meals and food parcels and the remaining 20% was spent on helping vulnerable households and individuals with a contribution towards their energy and water bills. By the end of March 2021, the scheme had helped to deliver the equivalent of 170000 meals to those in need across Derby.

January 2021

National:

6 January Third national lockdown begins in England.

8 January Moderna vaccine approved in UK.

Local:

6 January Local testing site opens at Sussex Circus Housing Office.

7 January Derby Arena vaccination site opens.

Feature: Derby Food 4 Thought Alliance

Derby Food 4 Thought Alliance was first created in March 2020 to respond to the immediate needs of the Derby population. The Alliance has rapidly grown since this time, with new partners joining forces to ensure that food is not wasted, and individuals and families receive the support they need. Over the Christmas period and the onset of the third national lockdown, increases in demand led to over 2000 food parcels handed out each month.

"We absolutely agree that no child should go to sleep hungry. Last week the Council asked Derby Food 4 Thought Alliance, with whom we have been working very closely during the COVID-19 crisis, to scope the implications of them being able to provide food for children entitled to Free School Meals both over half term and Christmas. They have taken up this challenge and we are urgently pursuing this together." – Cllr Evonne Williams – Cabinet Member for Children and Young People.

February 2021

National:

1 February Surge testing begins in England for areas with cases of Variants of Concern.

15 February Hotel quarantine scheme for travellers arriving in England from 33 high-risk countries begins.

16 February An additional 1.7 million people in England are added to the 'clinically extremely vulnerable' list.

22 February Boris Johnson unveils a four-step plan for ending COVID-19 restrictions in England by 21 June.

Local:

1 February Asymptomatic community testing site opens at Riverside Centre.

Feature: Asymptomatic Community Testing

About 1 in 3 people with COVID-19 do not have symptoms but can still infect others. Our asymptomatic community testing programme has used a targeted approach, focusing on groups and individuals that are identified as being particularly at risk of catching COVID-19, especially those working on the front line.

As well as testing, the programme has offered guidance to those who have to self-isolate following a positive test result by signposting individuals to support such as financial grants they may be eligible for or Derby's Community Hub.

March 2021

National:

3 March Coronavirus Job Retention Scheme and £20 Universal Credit uplift extended to 30th September 2021.

8 March Schools and colleges reopen in England.

29 March Rule of six re-introduced – outdoor gatherings of either six people or two households are permitted.

Local:

1 March Local-0 contact tracing pilot is initiated in Derby.

26 March First pop-up COVID-19 vaccination clinic at Pakistan Community Centre.

Feature: Pop-up COVID-19 vaccination clinic at Pakistan Community Centre

In partnership with the Pakistan Community Centre and Derby and Derbyshire Clinical Commissioning Group, we organised a series of pop-up COVID-19 vaccination clinics at the Pakistan Community Centre in Peartree. Over 50 people were vaccinated on the first day.

"Doing this means that people are able to get the vaccine in their local area and in an environment which they are comfortable in and familiar with. We also make sure that men and

women have their own separate spaces and our volunteers are fluent in several languages and dialects such as Urdu and Punjabi." – Asaf Afzal – Chairman, Pakistan Community Centre.

April 2021

National:

1 April Shielding of 'clinically vulnerable' people comes to an end.

9 April Free, regular, rapid COVID-19 testing is offered to everyone nationwide.

12 April Non-essential retail, indoor leisure and outdoor entertainment venues permitted to re-open.

21 April B.1.617.2 (Delta) variant reclassified as a Variant of Concern.

July 2021

National:

17 May Indoor gatherings of six people or two households and outdoor gatherings of up to 30 people are permitted. Indoor hospitality and entertainment venues permitted to re-open. In-person teaching resumes at universities.

Local:

6 May Derby Culture Fund launched to support culture and arts organisations experiencing financial difficulty due to COVID-19.

10 May 'COVID Secure' campaign launched.

11 May Pop-up COVID-19 vaccination clinic for the homeless in Derby at Safe Space.

27 May Pop-up COVID-19 vaccination clinic at Derby West Indian Community Centre.

28 May Johnson & Johnson COVID-19 vaccine approved in UK.

Feature: COVID-19 Vaccinations for the Homeless

Early in the vaccination programme, we noticed that many people who are homeless or sleeping rough are at increased risk of being infected with COVID-19, exacerbating underlying conditions and suffering serious illness from COVID-19 itself. We worked closely with Safe Space at Derby City Mission, Derby City GP Dr Raj Komal and Community Paramedic for Rough Sleepers Tracy Cunningham, to deliver a vaccination clinic for homeless people in Derby. The May clinic at Safe Space vaccinated 110 people with a history of homelessness and rough sleeping.

"We're committed to partnership working at Safe Space across the board. By developing the relationships with the specialists and Derby City Council, we have been able to offer the more vulnerable and homeless individuals an opportunity to receive this vital medical help. They wouldn't usually have access to a GP surgery or vaccine centre, so we're delighted that the community has engaged and we have demonstrated what we stand for, by providing a 'safe space' to see lives transformed." – Phil Morton – Head of Crisis Support, Derby City Mission.

Feature: 'COVID Secure' campaign

COVID Support Officers introduced a 'COVID Secure' poster campaign to recognise compliant businesses and those with good practices, encouraging consumer confidence in their shopping experience in Derby. Venues that have demonstrated consistently high standards of controls within their premises have been awarded with a distinctive window sticker to display for customers, giving them reassurance that they can shop safely as lockdown restrictions are eased.

> I'm really very proud of the work the teams are doing to help and support businesses in the city. Helping and advising when things aren't quite right and now going that extra step to help customers feel safe and secure when visiting shops in the city.
>
> 11.59AM ✓✓

June 2021

National:

3 June Delta variant now dominant in the UK.

4 June Pfizer/BioNTech vaccine approved for individuals aged 12-15 in UK.

14 June Boris Johnson announces that England's relaxation of COVID-19 restrictions planned for 21 June will be delayed by four weeks, until 19 July.

Local:

25 June 'Super Vaccination Weekend' takes place across Derby and Derbyshire.

Feature: Super Vaccination Weekend

Derby's Super Vaccination Weekend aimed to make it easier and more convenient than ever for eligible people who hadn't yet received their vaccine to come forward. Across a three-day period, vaccination sites offered walk-in slots for members of the public, vaccinating 15000 people by the end of the weekend. This crucially boosted the numbers of people receiving their first and second COVID-19 vaccine doses in the city.

July 2021

National:

19 July Remaining restrictions are lifted – legal limits on social contact removed, nightclubs are permitted to reopen, and restrictions are lifted on large events and performances.

Local:

2 -5 July Enhanced COVID-19 testing in Littleover following increase in cases.

20 July Local 0 contact tracing is paused.

21 July Schools close in Derby for the summer holidays.

28 July COVID-19 deaths surpass 3000 in Derby and Derbyshire.

Feature: Enhanced COVID-19 Testing in Littleover

After a sharp rise in COVID-19 cases was detected, we asked residents from Littleover and Heatherton to come forward for PCR testing to find asymptomatic virus cases and stop further spread across the city. A drive-through and walk-through mobile testing unit was made available at Littleover Community School between Friday 2 July and Monday 5 July.

To ensure that we reached as many members of the community as possible, anyone unable to visit the mobile testing unit was encouraged to request a postal PCR test kit by going online or calling 119.

August 2021

National:

2 August Fully vaccinated US and EU citizens arriving into England from an amber list country are no longer required to quarantine.

16 August Rules on self-isolating as a contact are changed for those who are fully vaccinated and for under 18s.

17 August Moderna vaccine approved for individuals aged 12-17 in UK.

Local:

26 August Derby Arena mass vaccination centre relocates to Midland House.

We're committed to partnership working at Safe Space across the board. By developing the relationships with the specialists and Derby City Council, we have been able to offer the more vulnerable and homeless individuals an opportunity to receive this vital medical help.

8.02AM ✓✓

RECAP OF PREVIOUS DPHARS

Director of Public Health Annual Report 2017/18: How the Other Half Live'

The 2017/18 Annual Report 'How the other half live' focused on health inequalities in the Derby population. The report told the story of two Derby families' health experiences over the course of a year, with the Stanleys in Allestree ward and Sahotas in Arboretum ward.

The report showed the contrasting health, and wide gap in health inequalities, between the two Derby wards. The storytelling approach covered specific health conditions and offered signposting to local and national services.

Recommendations: Addressing Inequalities

1. Improved decision-making and commissioning
2. Better use of resources
3. Adopt whole of society approaches
4. Becoming a Marmot city
5. Strategic leadership by the Health and Wellbeing Board.

Director of Public Health Annual Report 2018/19: A Foundation for Health, Wealth and Resilience

The 2018/19 DPH Annual Report comprised of four bulletins which were interconnected. It was a response to the previous Annual Report that showed the persistent and stubborn inequalities experienced by two families and gave a deeper look into some of the problems they faced. This report looked further into inequality, at the interplay between people and place, the difference a good job can make, addressing the challenge of adverse childhood experiences that impact on life chances and violence, and the experience of the stark reality of poverty.

Bulletin One: Health Inequalities

The first bulletin focused on the persistent health inequalities across society. The Marmot Review, Fair Society, Healthy Lives (2010) described that people with lower

socioeconomic status have worse health outcomes and shorter life expectancy than those higher up the socioeconomic scale. We saw this in Derby in 2019 where life expectancy (LE) for males (78.2 years) and females (82.7 years) was significantly below the England average (79.5 and 83.1 years, respectively) and a wide gap at birth between the most and least deprived areas of the city, meaning men living in areas of greatest deprivation lived, on average, almost 10 years less than men living in the least deprived areas. A similar picture emerged for healthy life expectancy (HLE) where for men it was 60.2 years (three years below England average) and 58.4 years for women (5.5 years below England average) in the city. This showed that although women on average live longer than men, men live healthier lives for longer. For some women in the city this meant living almost 25 years in poor health.

Many people are living with a long-term condition (LTC), such as diabetes. The 2011 Census revealed that 18.7% of the Derby population had a long-term health problem where activities were limited, which represented 2-in-5 individuals aged 50 and over. Estimates suggested about one in four people in Derby lived with two or more chronic conditions and LTCs were more common and more severe in people from more deprived groups.

This link between inequality in health outcomes to economic outcomes is important and suggested as health inequality is fundamentally driven by wealth inequality, there was a need to prioritise efforts to create an inclusive economy as an important way to address inequalities in health and wellbeing.

Bulletin Two: Health, Work and the Economy

Following on, the second bulletin focused on the relationship between health, work and the economy. It considered how good work and an inclusive economy can make a significant contribution to improvements in health and wellbeing and how, in turn, good health represents a key requirement for future prosperity. This means a healthy population and productive economy are intrinsically linked and that investing in a healthy population is quite simply an investment in economic prosperity, suggesting investment in good work and the development of an inclusive economy is one of the most important determinants of health and wellbeing. This also suggested we need to change how we measure economic growth to a wider measure that includes social benefit, to foster an economy that works for everyone.

Bulletin Three: Adverse Childhood Experiences and Social Mobility

The third bulletin provided growing evidence that our experience of support and of stress, particularly in the early years, has a key role in shaping children's and young people's capacity to learn, grow, and respond in a resilient manner later in life.

The term adverse childhood experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that babies, children and young people can be exposed to whilst growing up. There is the growing body of evidence that individuals who have experienced ACEs are more at risk of adopting negative coping strategies, such as unhealthy lifestyles (including substance misuse), and may in time develop conditions (such as obesity). Research has shown that individuals in the most deprived groups are more likely to experience ACEs than those in the least deprived groups and helping workless families can mitigate impact; factors that related to all the bulletins in the series.

A public health approach to adverse childhood experiences was advocated in the bulletin; an approach which seeks to describe the range and variety of adversity while reducing the experience of adversity for everyone. Fundamentally this involves the development of trauma-informed systems and services which can respond quickly where there is evidence of harm. However, such systems should not only respond to harms, but seek to prevent

adversity in childhood in order to minimise both harm to individuals and costs to services.

Bulletin Four: Child Poverty

The last bulletin in the series concerned childhood poverty. After several years of decline, child poverty in the UK had increased year on year since 2011–12. At the time of the bulletin release, more than four million children in the UK—or one-in-three—lived in poverty, an increase of 500,000 in the past five years. Notably, this rise had been driven almost entirely by the increase in poverty among working families, and child poverty rates were predicted to reach a staggering 40% by 2030. The highest rates of poverty were found in deprived urban areas.

Growing up in poverty has far-reaching and long-lasting consequences for health and wellbeing: children born into poor households tend to have lower birthweight and are more likely to die in the first year of life. Children living in poverty are more likely to be obese at age 4–5 years, to have a chronic illness, to die from an accident, and to experience mental ill-health. Adverse outcomes are life-long, with disadvantaged children having a higher risk of death in adulthood from cancer, coronary heart disease, respiratory disease, and alcohol-related illness.

Because of the multifaceted issues that impact on poverty, cross-sectoral action is required. Education and skills, good work, a benefits system that responds to need, debt support, and tighter gambling laws all have their part to play.

Recommendations following the publication of the four bulletins:

1. Focus on place and communities
2. Focus on population health
3. Across system action on the social determinants of health
4. Development of proportionate universal approaches
5. Partnership work with our communities and Third Sector

STATE OF HEALTH AND INEQUALITIES IN DERBY PRE-COVID-19

What Are Health Inequalities?

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing." (NHS England, 2021)

The experience of health inequalities can be influenced by a variety of factors. Sometimes, these factors will overlap, and people can be affected by more than one. These factors include:

Protected characteristics

- Age
- Disability
- Gender Identity
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

8.32AM ✓✓

Socio-economic status and deprivation

- Unemployment
- Income
- Housing
- Education

Vulnerable Groups of Society

- Migrants
- Gypsy, Roma and Traveller Communities
- Homeless and Rough Sleepers
- Sex Workers

Geography

- Urban
- Rural

In order to tackle health inequalities, we need to develop our understanding of the complex interaction between these factors.

Population Health Profile

Figure 1. Derby Health Profile (Public Health England, 2021a).

Indicator	Period	Derby			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Life expectancy at birth (Male) New data	2018-20	-	-	77.7	79.2	79.4	74.1		84.7
Life expectancy at birth (Female) New data	2018-20	-	-	81.5	82.7	83.1	79.0		87.9
Under 75 mortality rate from all causes	2017-19	-	2,326	386	332	326	548		224
Under 75 mortality rate from all cardiovascular diseases New data	2017-19	-	527	88.7	72.1	70.4	121.6		43.6
Under 75 mortality rate from cancer New data	2017-19	-	867	147.0	131.3	129.2	182.4		87.4
Suicide rate	2018-20	-	61	9.2	9.9	10.4	18.8		5.0
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016-18	-	217	28.1	41.6	42.6*	97.4		17.7
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	→	660	253.4	198.9	192.6	439.3		44.5
Hip fractures in people aged 65 and over	2019/20	→	255	554	641	572	912		326
Cancer diagnosed at early stage (experimental statistics)	2017	-	417	45.9%	49.1%	52.2%	41.9%		57.7%
Estimated diabetes diagnosis rate	2018	-	-	80.6%	84.6%	78.0%	54.3%		97.5%
Estimated dementia diagnosis rate (aged 65 and over) > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2021	→	2,082	69.2%	64.8%	61.6%	50.5%		82.4%
Admission episodes for alcohol-specific conditions - Under 18s	2017/18-19/20	-	35	19.5	25.6	30.7	111.5		7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	→	2,064	878	700	664	1,127		389
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	-	33,045	16.7%	14.8%	13.9%	23.4%		8.0%
Percentage of physically active adults	2019/20	-	-	66.0%	65.9%	66.4%	49.4%		77.3%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	-	-	62.5%	65.4%	62.8%	78.3%		41.6%
Under 18s conception rate/1,000 New data	2019	→	89	20.9	15.4	15.7	37.1		3.9
Smoking status at time of delivery New data	2020/21	↓	332	11.9%	12.6%	9.6%	21.4%		1.8%
Breastfeeding initiation	2016/17	↓	2,226	66.7%	69.7%	74.5%	37.9%		96.7%
Infant mortality rate New data	2018-20	-	50	5.5	4.2	3.9	6.8		1.7
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	765	23.9%	20.8%	21.0%	30.1%		11.1%
Deprivation score (IMD 2015)	2015	-	-	27.8	-	21.8	42.0		5.7
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	-	-	35.4%	25.5	23.2%	36.8%		10.3%
Inequality in life expectancy at birth (Male)	2017-19	-	-	10.2	8.8	9.4	14.8		2.9
Inequality in life expectancy at birth (Female)	2017-19	-	-	10.1	7.1	7.6	13.3		1.5
Children in low income families (under 16s)	2016	↓	11,060	21.0%	16.6%	17.0%	31.8%		6.4%
Average Attainment 8 score	2019/20	-	132,607	46.3	49.0	50.2	42.9		60.0
Percentage of people in employment New data	2020/21	→	121,300	75.4%	74.7%	75.1%	63.2%		84.3%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	→	272	2.5	0.4	0.8	8.1		0.1
Violent crime - hospital admissions for violence (including sexual violence)	2017/18-19/20	-	400	50.4	37.1	45.8*	127.7		11.3
Excess winter deaths index New data	Aug 2019 - Jul 2020	-	150	21.3%	18.4%	17.4%	50.2%		0.7%
New STI diagnoses (exc chlamydia aged <25)/100,000	2020	→	1,044	637	408	619	3,547		247
TB incidence (three year average) New data	2018-20	-	85	11.0	6.9	8.0	43.1		0.6

Quintiles: Best Worst

Recent trends: - Could not be calculated → No significant change ↑ Increasing and getting worse ↑ Increasing and getting better ↓ Decreasing and getting worse ↓ Decreasing and getting better ↑ Increasing ↓ Decreasing

- The population of Derby is younger, more diverse and more deprived than the England average.
- 257,000 people reside in Derby City and 24.7% of people are from an ethnic minority group.
- Derby is one of the 20% most deprived district/unitary authorities.
- Life expectancy for both men and women is lower than the England average.
- The health of people in Derby is generally worse than the England average.
- The local priorities for Derby include giving children the best start, promoting healthier lifestyle choices, and population immunisation, screening and early diagnosis.

Before the COVID-19 pandemic, Derby had significantly worse (compared to England average) health indicators for:

- Life expectancy at birth for males and females
- <75 mortality rate from all causes, cardiovascular diseases, cancer
- Emergency hospital admissions for intentional self-harm
- Hospital related admissions for alcohol related conditions
- Smoking at time of delivery
- Breastfeeding initiation
- Infant mortality rate
- Obesity prevalence in children
- Smoking prevalence in adults in routine and manual occupations (one of the worst in England)
- Children in low-income families
- Average Attainment 8 score
- Statutory homeless
- TB incidence

Life expectancy in England has continued to increase throughout the last few decades. From 2011, these improvements slowed considerably and, in some areas, even stalled. In fact, in the last decade, life expectancy fell in the most deprived communities outside London for women and in some regions for men (Marmot, et al., 2020). Sadly, this is the experience in Derby; female life expectancy at birth is now 82.1 years (2017-19), which is 1.3 years below the England average, and a local fall from 82.7 years in 2015-17.

Figure 2. Life Expectancy at Birth (Male) for Derby (Public Health England, 2021a)

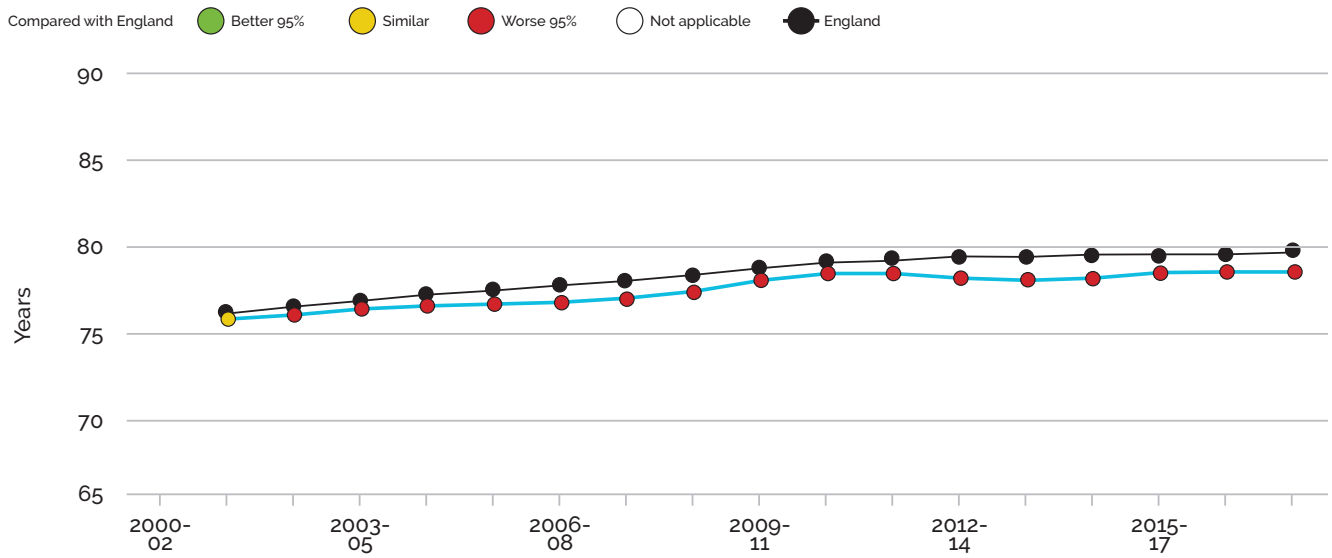
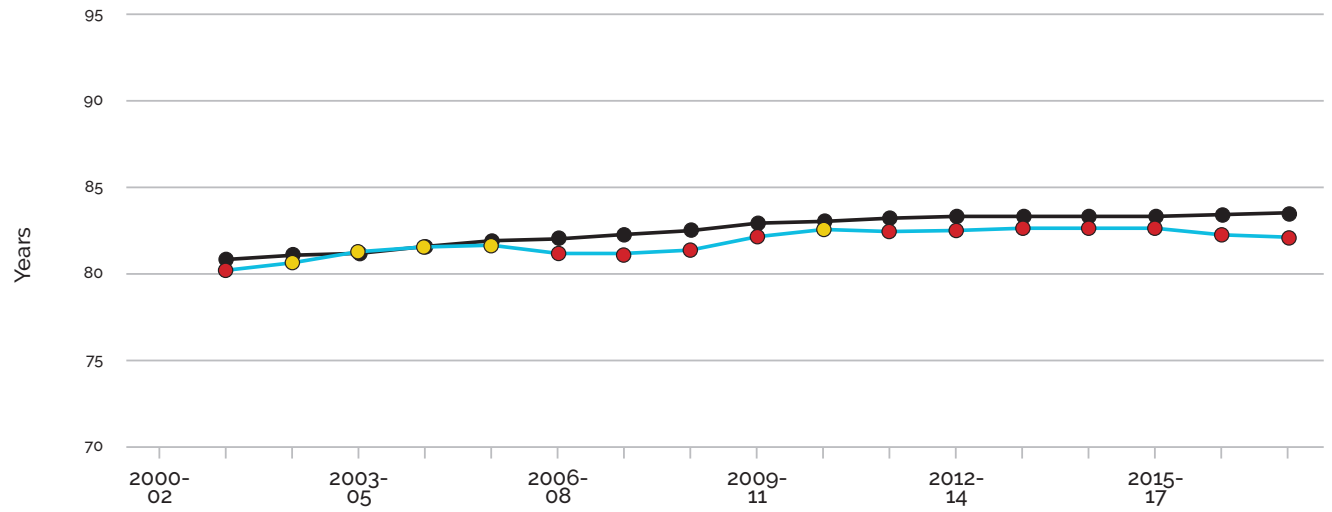


Figure 3. Life Expectancy at Birth (Female) for Derby (Public Health England, 2021a)



There is a wide gap in life expectancy at birth between the most and least deprived areas of the city, which means that men living in areas of greatest deprivation live, on average, almost 10 years less than men living in the least deprived areas.

> Derby has the widest inequality in life expectancy at birth for both males and females in the East Midlands.
>
> 4.36PM ✓✓

Compared to all of England, Derby is in the top 25% of local authorities in the country for the widest inequalities in life expectancy at birth. In recent years, the inequalities gap in life expectancy at birth for males has narrowed. However, this is not due to improvements in the health of the most deprived, but rather a fall in life expectancy of men living in some of Derby's more affluent neighbourhoods.

Healthy life expectancy (HLE) is a measure for the average number of years a person would expect to live in good health. Whilst people are generally living longer, healthy life expectancy (HLE) is decreasing with more people living for longer in poor health and increasingly with multiple health conditions.

In Derby, HLE is falling and at a greater rate than England as a whole. HLE for males is 60.2 years (three years below England average) and 58.4 years (5.5 years below England average) for females in the city.

> Whilst women live on average longer than men, men live healthier for longer when compared to women. For some women in the city this can mean living almost 25 years in poor health.
>
> 11.14AM ✓✓

The level of inequality in healthy life expectancy between males living in the most and least deprived parts of Derby is 18.7 years, and 19.2 years for females. Due to this, Derby has the widest inequality in healthy life expectancy for both males and females in the East Midlands region. In all of England Derby is ranked 9th out of 152 local authorities for males, and 8th out of 152 for females, for inequalities in healthy life expectancy.

Population Characteristics

Protected Characteristics

Age & Sex

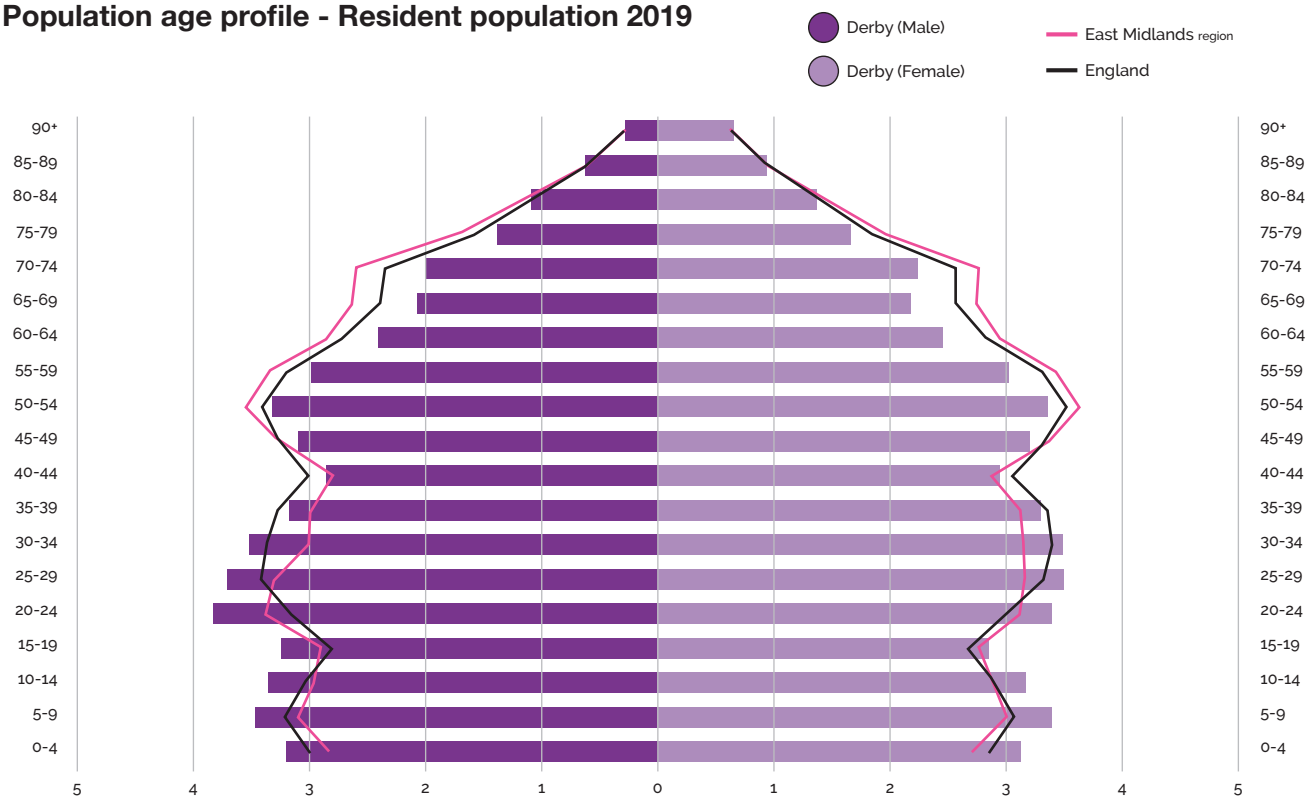
Almost one in four people in Derby (23.2%) were a child or young person (aged under 18) in 2019, and 57% of the population were aged 20-64 years.

Derby is a relatively young city with a higher proportion of 0-34 year olds than individuals aged 40 and over.

In 2019 the resident population was 127,581 males and 129,721 females.

Figure 6. Derby resident population with East Midlands and England comparison in 2019 (Public Health England, 2021a)

Population age profile - Resident population 2019



Race
In England, 79.8% of the population were from White communities and 20.2% of the population were from Black, Asian or Minority Ethnic communities at the time of the 2011 Census (ONS, 2012). Derby had a higher proportion of Black, Asian and Minority Ethnic communities than the national average with 24.7%, and this figure had risen from 15.7% in 2001.

The Asian/Asian British community is the largest ethnic group in Derby comprising 12.6% of the total population. Within this group, the Pakistani community represented the largest Black, Asian and Minority Ethnic communities in Derby (5.9%), followed by the Indian community (4.4%).

Disability
The term 'disability' encompasses physical, sensory, mental health and learning difficulties. Of Derby's working age residents, 0.9% are disabled people, compared to the national average of 0.8%. Based on 2020 data, over 7,000 pupils in the city were either disabled children or had an identified special educational need.

Gender Identity
An estimated 1% of the UK population may identify as trans, including those who identify as non-binary.

Ethnic Group	*Number of People*	*Proportion of Population %*
Asian/Asian British: Bangladeshi	658	0.3
Asian/Asian British: Chinese	1,292	0.5
Asian/Asian British: Indian	10,907	4.4
Asian/Asian British: Other Asian	3,618	1.5
Asian/Asian British: Pakistani	14,620	5.9
Black/African/Caribbean/Black British: African	3,156	1.3
Black/African/Caribbean/Black British: Caribbean	3,405	1.4
Black/African/Caribbean/Black British: Other Black	759	0.3
Mixed/multiple ethnic groups: White and Asian	1,772	0.7
Mixed/multiple ethnic groups: White and Black African	533	0.2
Mixed/multiple ethnic groups: White and Black Caribbean	3,916	1.6
Mixed/multiple ethnic groups: Other Mixed	1,011	0.4
Other ethnic group: Arab	861	0.3
Other ethnic group: Any other ethnic group	2,493	1
White: English/Welsh/Scottish/Northern Irish/British	187,386	75.3
White: Gypsy or Irish Traveller	295	0.1
White: Irish	2,319	0.9
White: Other White	9,751	3.9

Table 1. Derby population by ethnic group (ONS, 2012).

Sexual Orientation
An estimated 93.7% of the UK population identified as heterosexual in 2019 and 2.7% identified as lesbian, gay or bisexual (LGB).

Pregnancy and maternity
The general fertility rate in Derby was 59.9 births per 1,000 females aged 15 to 44 years in 2019. Count of 3,009 live births (Public Health England, 2021a).

Religion and Belief
65.6% of the usual Derby resident population reported having a religion in the 2011 Census, with the major religions specified as Christian (52.7%), Muslim (7.6%) and Sikh (3.6%) (ONS, 2012).

Religion	Derby		England
	Number of People	Population %	Population %
All categories: Religion	248,752	100.0	100.0
Has religion	163,141	65.6	68.1
Christian	131,129	52.7	59.4
Buddhist	822	0.3	0.5
Hindu	2,198	0.9	1.5
Jewish	110	0.0	0.5
Muslim	19,006	7.6	5.0
Sikh	8,891	3.6	0.8
Other religion	985	0.4	0.4
No religion	68,668	27.6	24.7
Religion not stated	16,943	6.8	7.2

Table 2. Religion in Derby (ONS, 2012).

Socio-Economic Status and Deprivation

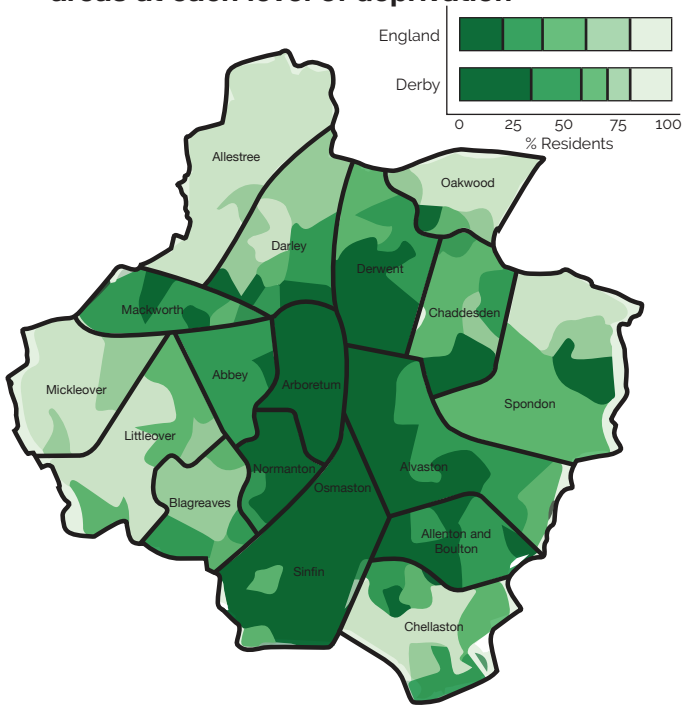
Index of Multiple Deprivation

One of the most common used measures of inequality is the Index of Multiple Deprivation (IMD) which provides a weighted calculation of local measures of deprivation in England. The latest statistics of English Indices of Deprivation was released in 2015. The IMD provides an indication of the locations of the most deprived, as well as the least deprived, local populations. However, it is possible that there are deprived people living in less deprived areas and people who are not deprived living in highly deprived locations.

There are 326 local authorities that are IMD ranked by an average rank. Derby is ranked at 84th, with 19% of Derby LSOAs in the most deprived 10% nationally (28 LSOAs out of 151). With a large proportion of the population on the deprived end of the scale, Derby city residents face many challenges. Unfortunately, rank 84th is a fall from the 108th position Derby was placed in 2010. The low rank position illustrates that many people in Derby are experiencing deprivation.

The seventeen wards within Derby City can be shared between the IMD 2015 Deciles. Derby is one of the 20% most deprived districts/unitary authorities in England and about 23% (11,700) of children live in low-income families. Pockets of deprivation are mainly concentrated within Arboretum, Normanton, Sinfin and Alvaston, all within the top 10% most deprived areas in England. These wards are characterised by high rates of unemployment and households with a lower than average annual income. Conversely, Allestree and Mickleover are amongst the least deprived 10% of wards in the country. This translates into vast health inequalities between Derby's wards. For example, a child born in Allestree could expect to live up to 12 years longer than a child born in Arboretum.

Percentage of the population who live in areas at each level of deprivation



Employment and Unemployment

The 2011 Census on occupational groups provides a breakdown of occupations locally in Derby and allows for comparison with the England average (NOMIS, 2021).

> Derby has a greater proportion of adults in occupation groups 6 to 9 which includes careers in caring, leisure, service, sales and customer service, industries such as processing plants and machine operatives, and elementary occupations.
>
> 7.24AM ✓✓

These occupations are more often low-paid, insecure contracts of employment, include working outside office hours and require face-to-face roles or in person work in large workplaces.

29.1% of Derby's 16-64 year olds are economically inactive due to long-term sickness, compared to the national average of 23%.

A greater than average rate of LGBTQ+ people are unemployed and in precarious jobs and live on very limited and unstable financial resources.

Occupation	Derby		England
	Number of People	*Proportion of Population %*	*Proportion of Population %*
All categories: Occupation	112,422	100.0	100
1. Managers, directors and senior officials	9,700	8.6	10.9
2. Professional occupations	18,421	16.4	17.5
3. Associate professional/technical occupations	12,570	11.2	12.8
4. Administrative and secretarial occupations	11,887	10.6	11.5
5. Skilled trades occupations	12,221	10.9	11.4
6. Caring, leisure and other service occupations	11,246	10.0	9.3
7. Sales and customer service occupations	10,570	9.4	8.4
8. Process plant and machine operatives	10,860	9.7	7.2
9. Elementary occupations	14,947	13.3	11.1

Table 3. Occupational groups in Derby and England from Office for National Statistics (NOMIS, 2021)

Occupation	Males		Females	
	Number of People	*Proportion of Males %*	*Number of People*	*Proportion of Females %*
All categories: Occupation	59,485	100.0	52,937	100.0
1. Managers, directors and senior officials	6,252	10.5	3,448	6.5
2. Professional occupations	9,419	15.8	9,002	17.0
3. Associate professional/technical occupations	7,199	12.1	5,371	10.1
4. Administrative and secretarial occupations	2,634	4.4	9,253	17.5
5. Skilled trades occupations	10,798	18.2	1,423	2.7
6. Caring, leisure and other service occupations	2,105	3.5	9,141	17.3
7. Sales and customer service occupations	3,735	6.3	6,835	12.9
8. Process plant and machine operatives	9,360	15.7	1,500	2.8
9. Elementary occupations	7,983	13.4	6,964	13.2

Table 4. Occupational groups by sex in Derby from Office for National Statistics (NOMIS, 2021)

Unemployment in Derby has fallen from 8.7% (n=11,000) in 2013 to 4.7% (n=5,800) in 2017. However, the recent fall in unemployment has occurred at a time where there has been a noticeable rise of more part-time low-skilled employment, zero-hour low-paid contracts, and higher levels of in-work poverty. Therefore, employment is not a silver bullet because work conditions have a huge impact on our health. Poor quality jobs are an issue for health inequalities as they tend to be focused at the lower end of the social gradient.

Vulnerable Groups of Society ('Inclusion Health' Groups)

Inclusion Health has been used to define a number of groups of people who are not usually well provided for by healthcare services, and have poorer access, experiences and health outcomes.

Migrant Population

The growing size and diversity of the proportion of the UK population who were born overseas has implications for meeting health needs. In England, 1.65% of the population stated that they cannot speak English well or at all and in Derby, the proportion was higher with 2.9% of the population had limited English language skills. In Derby, 13.9% of its population were born outside of the UK, with residents from at least 180 different countries.

> The majority of those born outside of the UK are from the Middle East and Asia, and Europe. Similar to other cities across the Midlands, the majority of the non-UK born population in Derby have lived in the UK for 10 years or more (Census, 2011).
>
> 5.45pM ✓✓

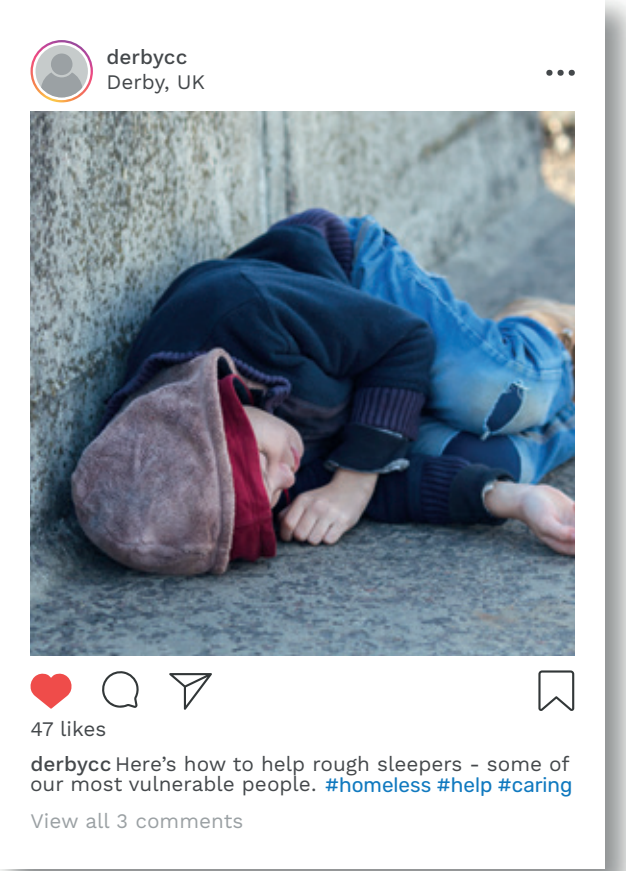
The rate for migrant GP registrations is 11.7 per 1,000 population, a figure lower than the national rate of 12.6 per 1,000 population.

Gypsy, Roma and Traveller Communities

On average, Gypsy and Traveller population have poorer health, educational and social outcomes than the general population. In Derby, 1.98% of school children have a Gypsy/Roma ethnicity, which is the highest proportion in any local authority in the country. The national average of the proportion of school children who are Gypsy/Roma is 0.30% in England. There are 17 'permanent' Gypsy and Traveller pitch sites at the site Imari Park on Russell Street in Sinfin ward.

Homeless and Rough Sleepers

Statutory homeless households are some of the most vulnerable in society and at risk of adverse outcomes. In 2017/18, the rate of statutory homelessness, where eligible homeless people are not in priority need was significantly higher in Derby (2.5 per 1,000 population) than the England average (0.8 per 1,000).



INEQUALITIES IN RISK AND MORTALITY OF COVID-19

As of 31st August 2021, 28851 COVID-19 cases and 679 deaths within 28 days of a positive test had been recorded in Derby, accounting for up to 11% of the population testing positive and up to 3% of cases died.

Although we are living within one city, our individual experiences of the past 18 months are diverse. The COVID-19 pandemic has exposed pre-existing health inequalities in our community and in many cases, these inequalities have been exacerbated. Due to this, the impacts of COVID-19 have been felt disproportionately across the population.

Age

Positive results for COVID-19 were most frequently experienced in the young adult age group during the last 12 months.

Infection rates varied by age groups between the two waves that included mass testing (Wave 2: 1st September 2020 to 22nd May

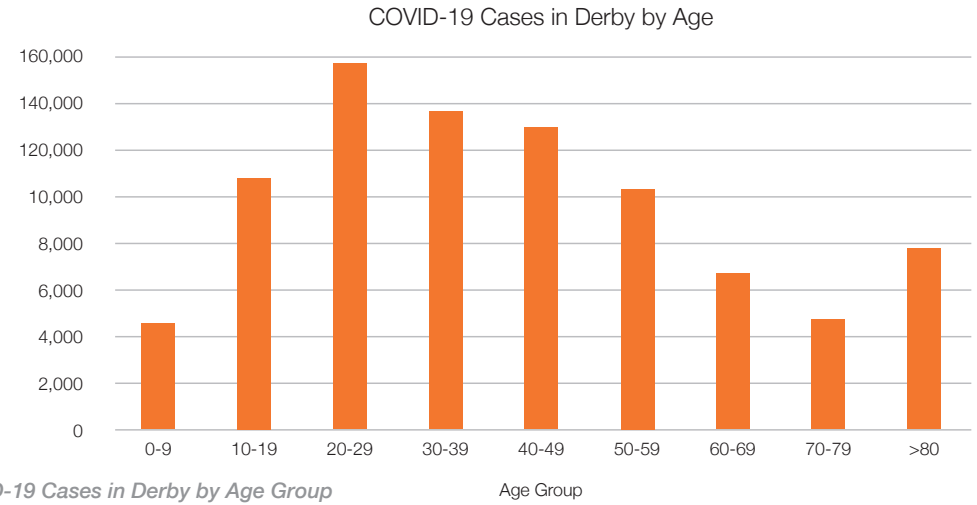


Figure 8. COVID-19 Cases in Derby by Age Group

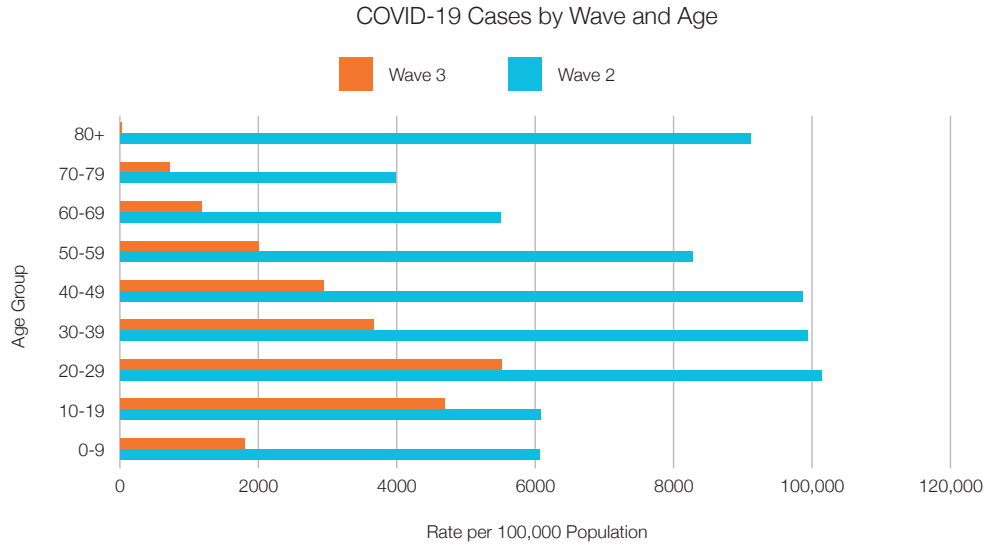


Figure 9. COVID-19 Cases in Derby by Wave and Age Group

2021; Wave 3: 23rd May 2021 to 24th August 2021). During Wave 2, infections were distributed across the age groups from working age population groups as well as those aged 80 and over. Wave 3 showed a distinct concentration in the younger aged population, between those aged 10-19 and under 40, accounting for every 2 out of 3 infections in the city. The highest infection rate was in the age group 20-29 for both waves.

The two figures, which show Derby cases by age and wave and vaccination coverage by age groups, illustrate the vaccination programme rollout and the changing age groups infected with COVID-19. The programme started with the older age groups, with first doses commencing in December 2020, and steadily over the following weeks and months more age groups were included in eligibility, with the latest age group of 12-15 year olds eligible for vaccination in September 2021.

People aged 80 and over had a high rate of COVID-19 infection during the second wave. Fortunately, this dramatically fell by the time of the third wave (started end of May 2021) which coincided with the opportunity to have received both doses of the vaccine for protection.

Individuals with no underlying conditions aged under 40 were eligible for a first vaccine dose from May 2021. When the third wave began, few young adults would have been vaccinated with one dose and infection rates have gone on to be highest in those aged 10 to 39.

Vaccine uptake has been lower in young adults compared to older adults. This may be due to a variety of reasons, such as lower perceived risk of serious complications from contracting COVID-19, those who have already had COVID-19 infection not seeing the need for vaccination protection, myths circulating in the younger aged population (such as vaccine fertility myths), vaccine side effect concerns, time constraints, and so on.

Perhaps individuals in younger age groups may have been more at risk of infection during the third wave due to circumstances where they may have a high number of contacts per day (for example children attending school, retail and hospitality roles), and the perceived risk of disease being lower resulting in the early relaxation of behaviours and adherence to social distancing.

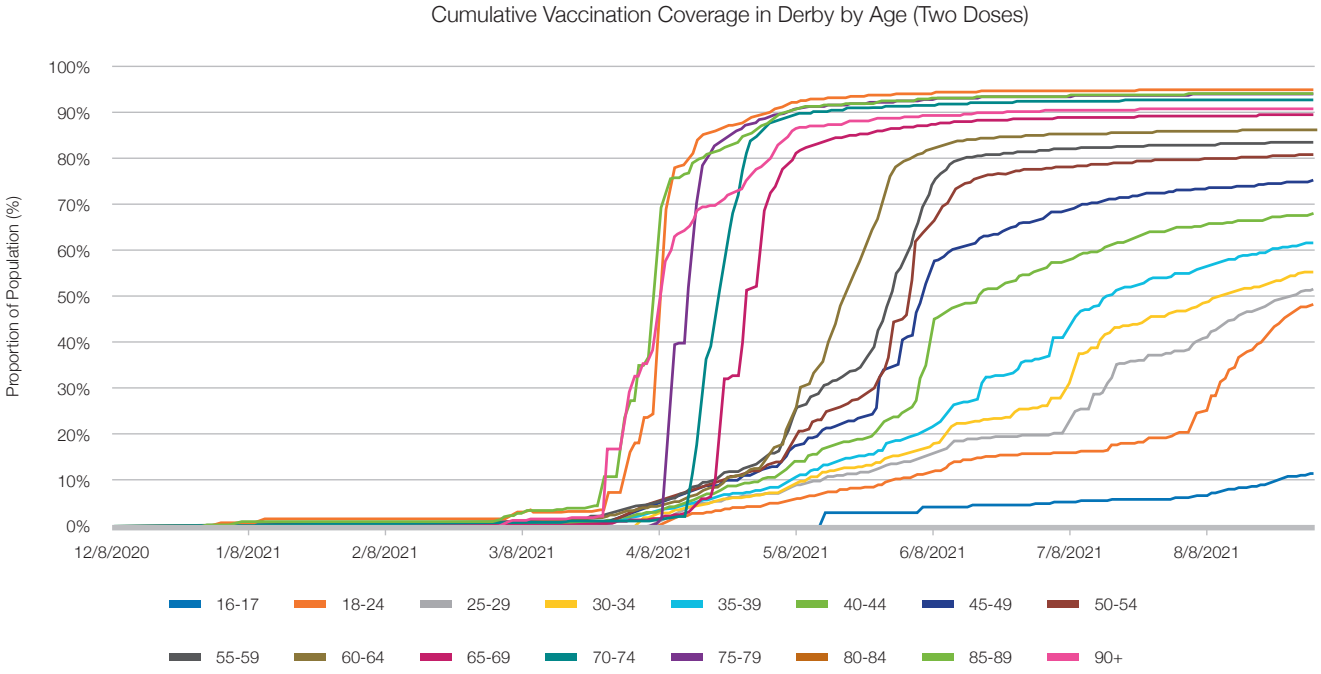


Figure 10. Vaccination Coverage in Derby by Age Group (Two Doses)

Public Health England (2020a) found the largest disparity in mortality in any one group was age. Those aged 80+ were 70 times more likely to die from COVID-19 infection than those below the age of 40 years.

There were 400 deaths in Derby residents with COVID-19 as a confirmed cause of death between March and December 2020. This accounts for 15% of all deaths across the entire year. The majority of COVID-19 mortality was experienced in the advanced age groups. In 2020, 59% of confirmed COVID-19 deaths occurred in people aged 80 and above.

Higher mortality in older age groups, particularly during the onset of COVID-19, also reflects the disproportionate impact of the virus on care home residents. During Wave 1, almost one third (31%) of all deaths in Derby occurred in care homes. Care home residents have been at particular risk of COVID-19 and poor outcomes due to their vulnerability, often living with dementia, frailty or underlying health conditions. In addition, residents often socialise and maintain close contact with staff (Alzheimers UK, 2021). Particularly at the beginning of the pandemic, care homes faced challenges with the isolation of their staff, a lack of testing for COVID-19 and difficulties with access to personal protective equipment (PPE), influencing the impact of COVID-19 on this population (Alzheimers UK, 2021).

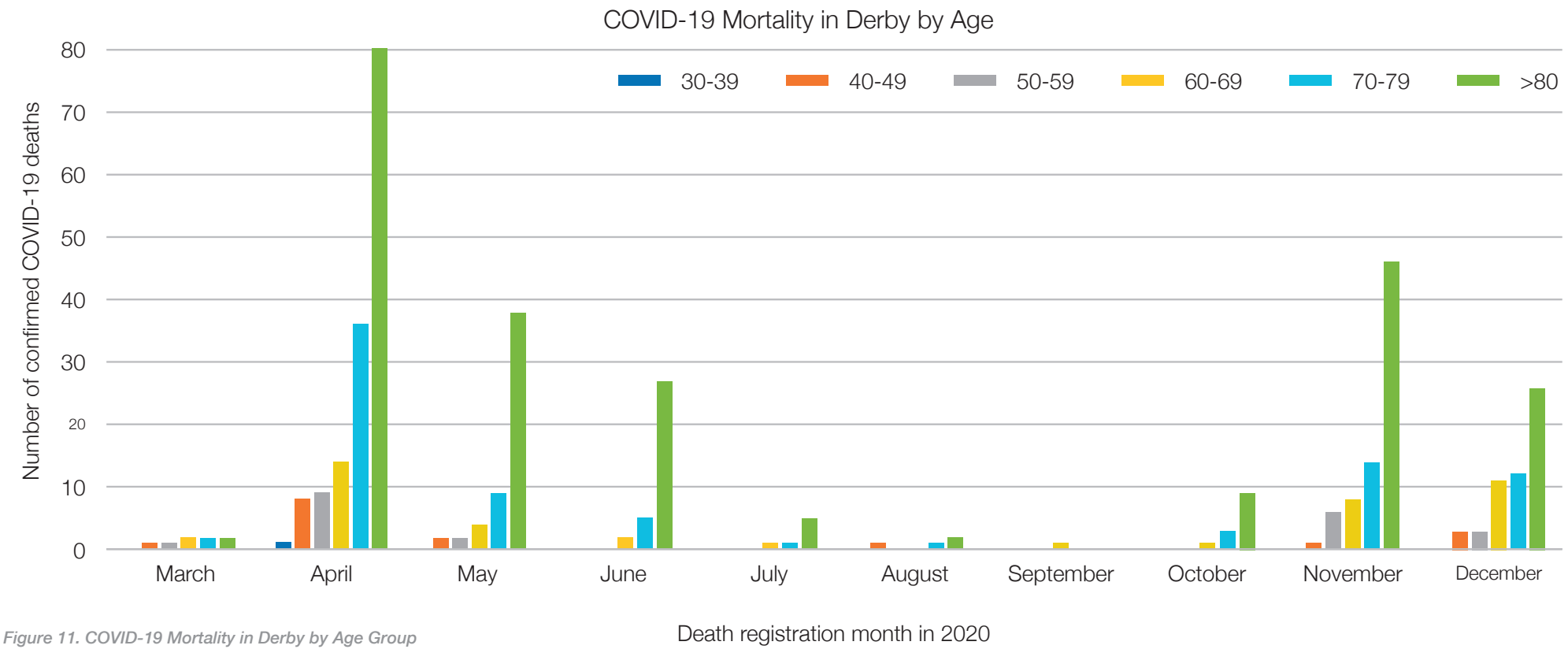


Figure 11. COVID-19 Mortality in Derby by Age Group

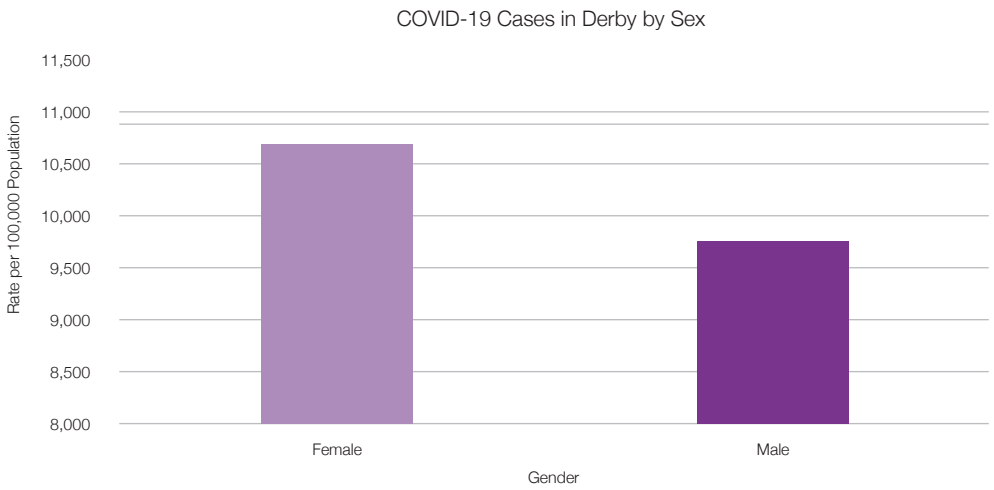


Figure 12. COVID-19 Cases in Derby by Sex

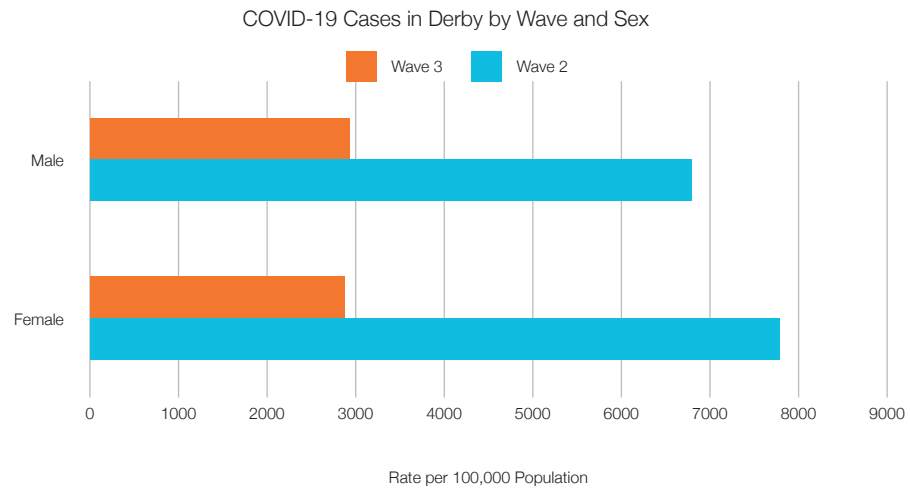


Figure 13. COVID-19 Cases in Derby by Wave and Sex

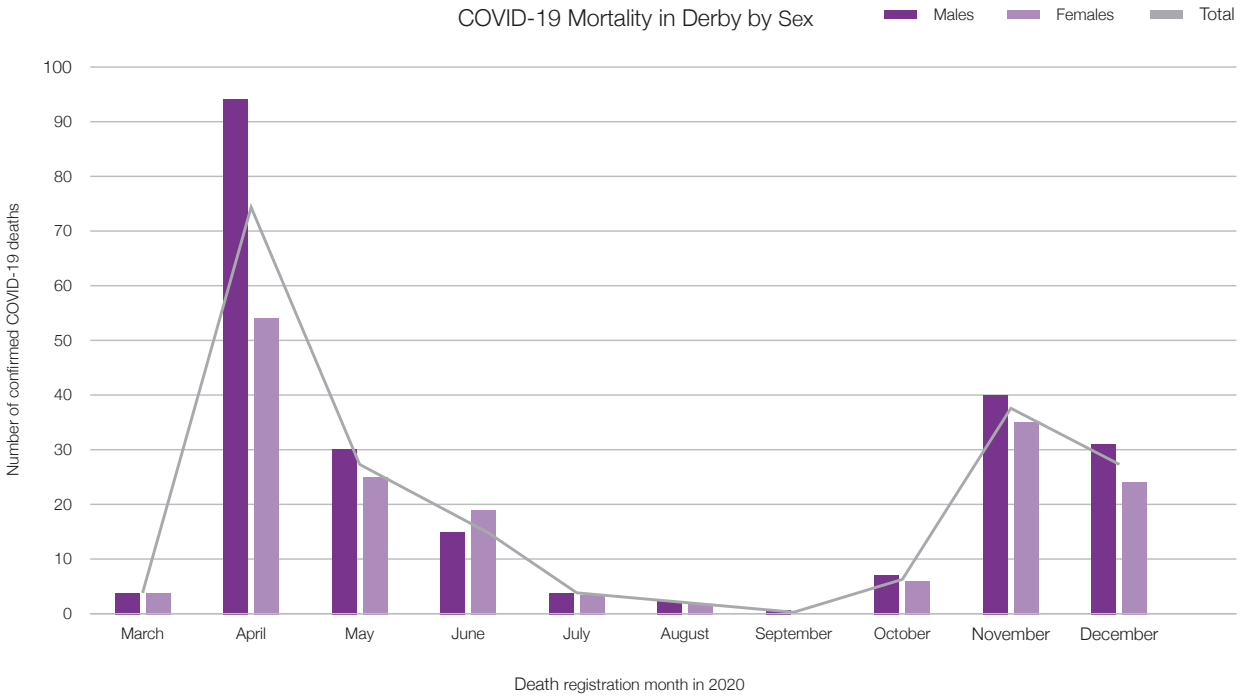


Figure 14. COVID-19 Mortality in Derby by Sex

Sex

Infection rates have affected more females (53%) than males (47%) across the year.

A greater proportion of females than males became infected during Wave 2 in the city. Theoretically, this may reflect exposure risk from close contact and multiple contact occupation types (such as education, childcare, health and social care, retail) which employ more females than males, as well as an increased likelihood to be a primary carer to children.

Public Health England (2020a) have reported that the risk of dying is greater in males than females. Working age males diagnosed with COVID-19 were twice as likely to die as females.

COVID-19 mortality was higher in males (n = 228) than females (n = 172) between March and December 2020. Death registrations for COVID-19 peaked in the months of April (n = 148) and November (n = 55), with male mortality significantly higher than females in April (94 v 54 respectively). In April, one in three deaths had COVID-19 as a confirmed cause of death. In total, death registrations for the month of April saw more than double (2.3 times) the usual average death registrations for Derby city residents.

Working age (<65 years) males represented double the number of confirmed COVID-19 deaths in 2020 compared to females (males = 36, females = 20).

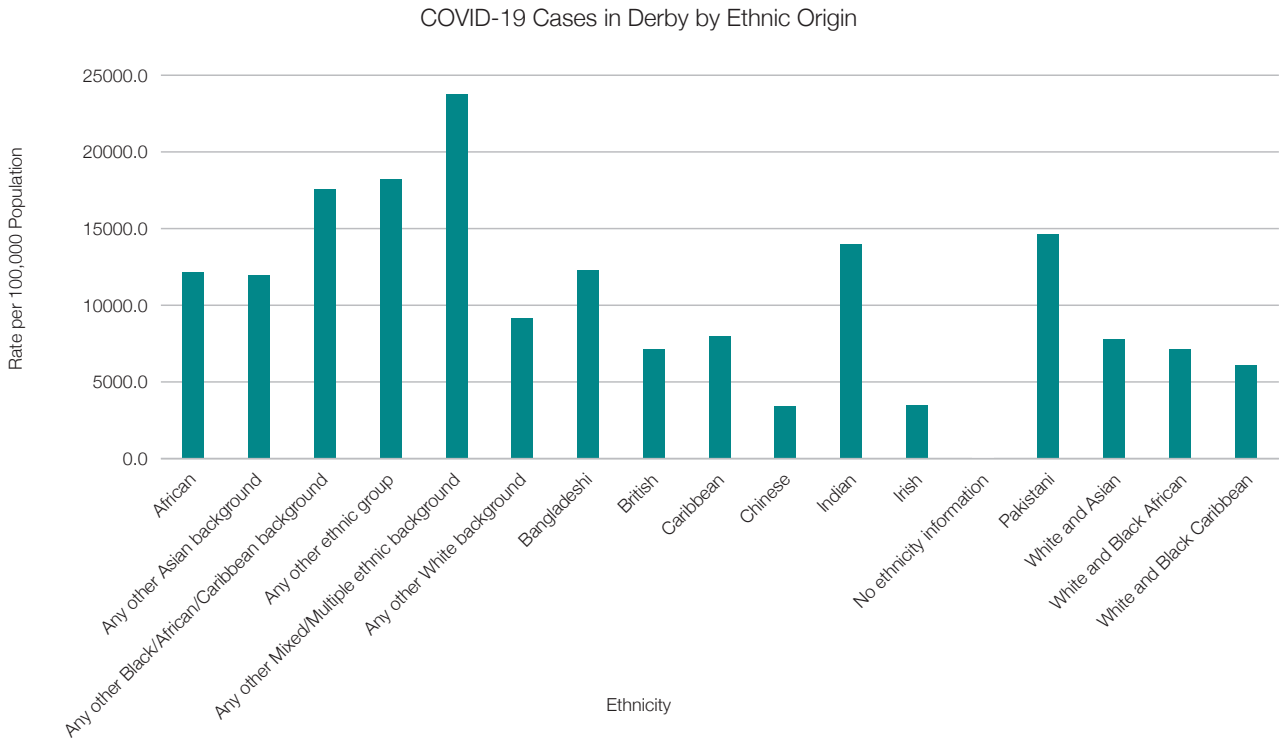


Figure 15. COVID-19 Cases in Derby by Ethnicity

Ethnic Origin

Analysis of our local data reveals that from 31st August 2020, infection rates were higher among those from Black, Asian and Minority Ethnic communities. The highest rates were seen among those from any other mixed/ multiple ethnic background (23738.9 per 100000 population), any other ethnic group (18196.8 per 100000 population) and any other Black/African/Caribbean background (17523.1 per 100000 population).

Public Health England (2020a) have reported that the risk of dying from COVID-19 was higher amongst those from Black, Asian and Minority Ethnic communities, compared to those in White ethnic groups. After accounting for the effect of sex, age, deprivation and region, people from a Bangladeshi background had twice the risk of death compared to people from a White British background. Additionally, people from Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black backgrounds had between 10-50% greater risk of death compared to people from White British backgrounds (Public Health England, 2020a).

The disproportionate impact on those from Black, Asian and Minority Ethnic communities, may reflect the exposure risk from multiple factors, including occupation types, such as transport, security, cleaning and health and social care, which employ large proportions of those from Black, Asian and Minority Ethnic communities, as well as an increased likelihood of living in a multi-generational household and in more deprived areas (Public Health England, 2020a).

Disability

Disabled people were affected by a disproportionate risk of COVID-19 mortality.

6 out of 10 people who died with COVID-19 between January and November 2020 in the UK were disabled people. Additionally, the risk of mortality from COVID-19 was 3.7 times greater for those with a learning difficulty, compared to those without a learning difficulty (The Health Foundation, 2021).

Occupation

The 2011 Census showed that Derby has a greater proportion of adults in occupation groups which include careers in caring, leisure, and service, sales and customer service, industries such as processing plants and machine operatives, and elementary occupations, compared to the England average (NOMIS, 2021). These occupations are more often low-paid, insecure contracts of employment without sickness absence support, include working outside office hours and require face-to-face roles and/or in person work in large workplaces. During the pandemic, much of this work would not have been able to be conducted remotely, requiring closure of workplaces and possible furlough or continuation of work in the usual site of work. This in turn could lead Derby to be an area at a heightened risk of exposure to infection due to the nature of the local occupation sector.

Occupation type is known in 51% of the reported COVID-19 cases in Derby. The settings associated with the highest counts include:

- Childcare, school and education
- Health care
- Manufacturing or construction

The COVID-19 Impact Enquiry Report undertaken by the Health Foundation (2021) published these occupational risk factors:

- Among those aged 20-64, mortality differed between those in different occupations.
- At the end of December 2020, the highest relative risk of mortality was for men and women working in elementary occupations, process, plant and machine operatives and in caring, leisure and other service occupations.

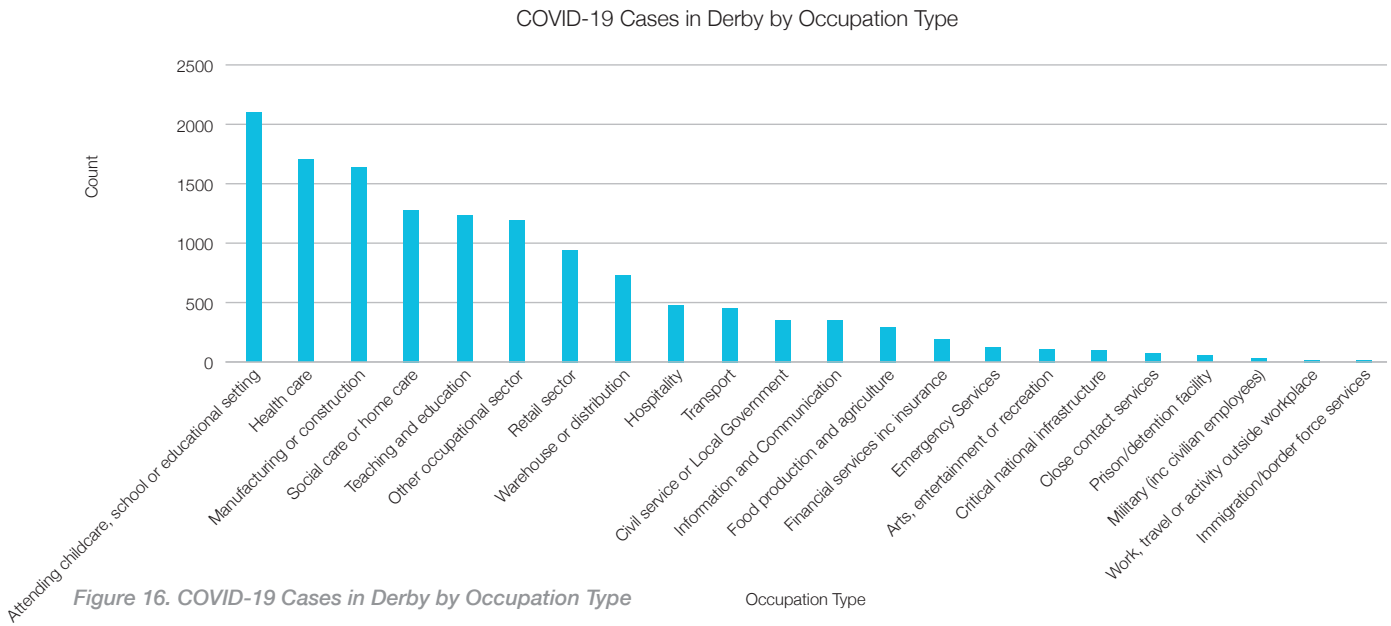


Figure 16. COVID-19 Cases in Derby by Occupation Type

- People working in social care had a significantly higher rate of death compared with those working in health care by December 2020. For men, the death rate in health care was 44.9 per 100,000 people, rising to 79.1 per 100,000 for nurses, compared with 109.9 per 100,000 in social care. For women, the death rate for health care was 17.3 per 100,000, rising to 24.5 for nurses, and compared with 47.1 in social care.

- Between 1 March – 6 June 2020, patient-facing workers were 3.3 times more likely to be admitted to hospital for COVID-19 than non-patient-facing workers, after adjusting for age, sex, ethnicity, deprivation and comorbidity. Household members of patient-facing workers were also 1.79 times more likely to be admitted.

Infection Rates by Ward

Our data also reveals the impact of COVID-19 has been felt unequally across our communities from a geographical perspective. The rate of infection has varied by area in Derby, this has ranged from 7246.1 per 100000 population in Allestree ward (one of the top 10% least deprived areas in England) to 12055.6 per 100000 population in Arboretum ward (one of the top 10% most deprived areas in England).

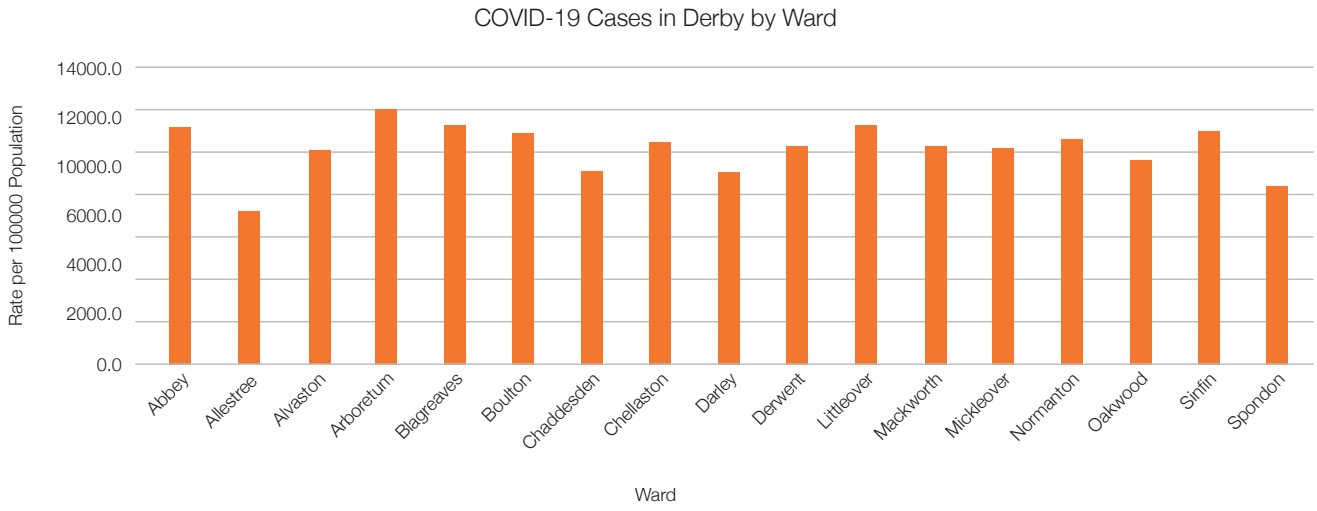


Figure 17. COVID-19 Cases in Derby by Ward

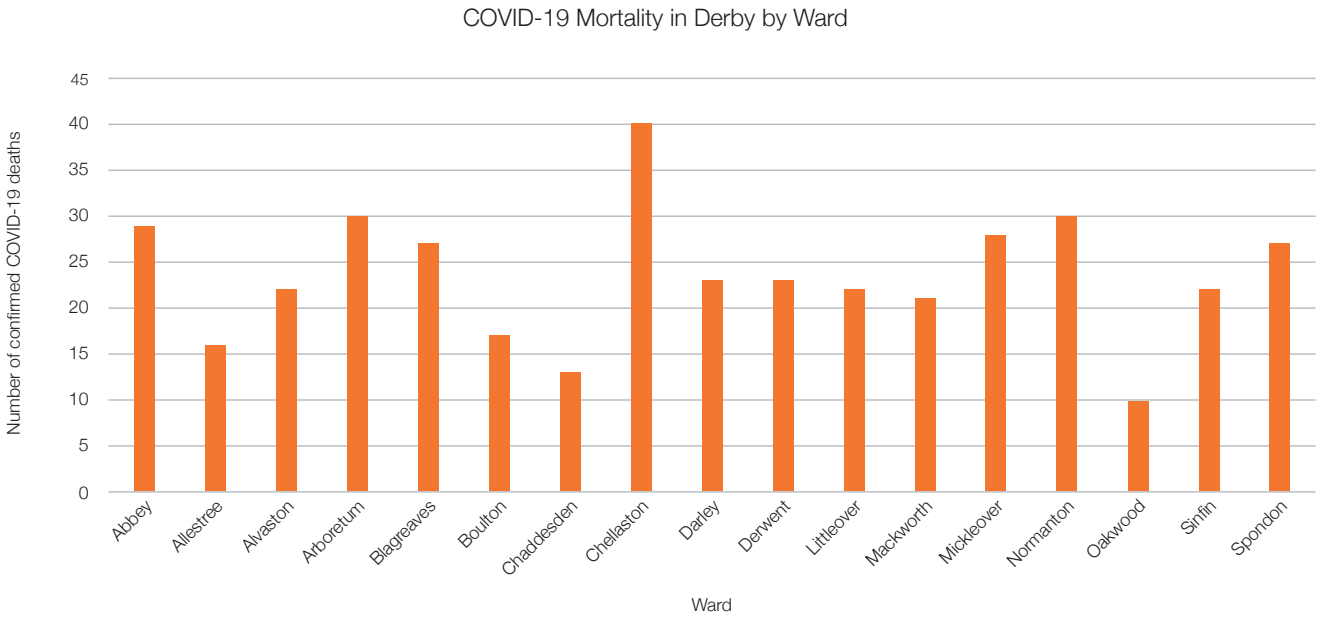


Figure 18. COVID-19 Mortality in Derby by Ward

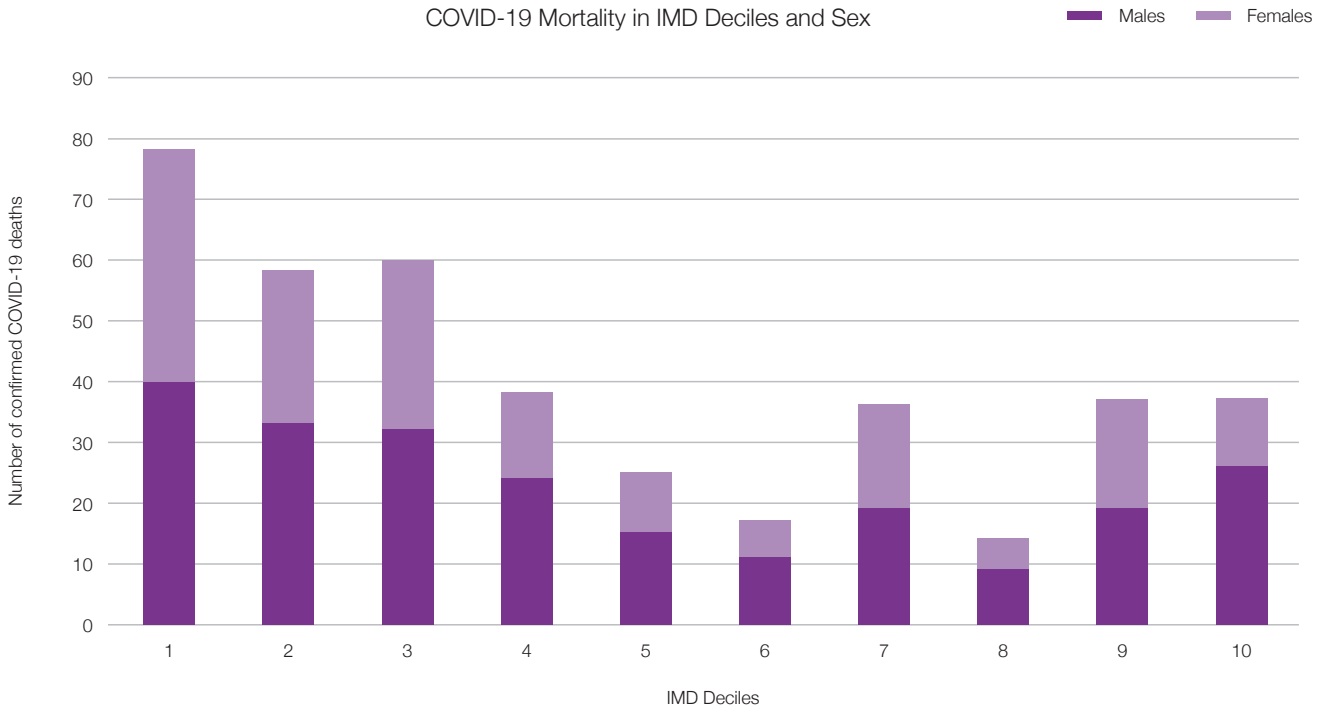


Figure 19. COVID-19 Mortality in Derby by IMD and Sex

COVID-19 mortality has also occurred disproportionately across the city by ward. In 2020, the greatest number of confirmed COVID-19 deaths occurred in Chellaston ward and the fewest deaths occurred in Oakwood ward.

Deprivation

Public Health England (2020a) reported that the mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID-19.

Derby had more than double the mortality for confirmed COVID-19 in 2020 in IMD deciles 1-3 (n=196) compared to deciles 8-10 (n= 88).

Housing

At the beginning of the COVID-19 pandemic, one in three households (approximately 7.6 million households) in England had at least one major housing issue relating to overcrowding, affordability or poor-quality housing (The Health Foundation, 2020). Within-household transmission has played a significant role in the spread of COVID-19 and poor housing conditions like overcrowding have been associated with an increased risk of COVID-19 transmission.

- Overcrowding = when the number of occupants of a home exceed the space they could reasonably be expected to inhabit.

The type of housing environments people have been living in have affected some people's ability to comply with self-isolation and shielding guidance (The Health Foundation, 2020).

- 5.2% of households in Derby are overcrowded (Public Health England, 2021b)
- 4.8% of households in England are overcrowded (Public Health England, 2021b)

People who live in overcrowded housing have been particularly affected, they are also more likely to live in poorer areas where this type of housing is prevalent. It is possible this has contributed to higher COVID-19 infection and death rates during the pandemic.

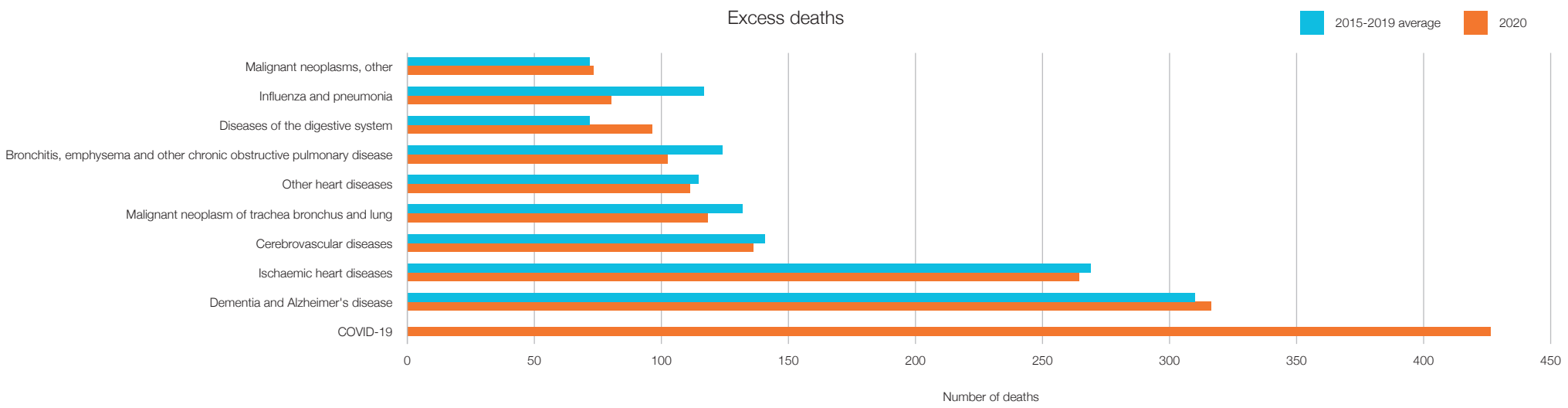


Figure 20. Excess Deaths in Derby in 2020

Excess Deaths

COVID-19 was the main reason for a rise in the overall number of deaths registered in England and Wales in 2020. In Derby, approximately 390 additional deaths were registered, compared to previous years.

7.24AM ✓✓

Long COVID

For a proportion of individuals who test positive for COVID-19, the acute phase of infection and disease may be accompanied by health-related longer-term impacts. A number of these impacts have been identified over the past year, often collectively referred to as 'Post-COVID Syndrome' or 'Long COVID'. It has been defined as the 'signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis' (NICE, 2020). Long-term symptoms commonly reported include fatigue, breathlessness, joint pain and difficulties with memory and concentration (NHS, 2021a).

There is emerging evidence to suggest that being of older age, female, having poor pre-pandemic mental health and poor general health are associated with a higher risk of developing Long COVID. Long COVID has a debilitating impact on individuals, even when they are young, healthy and were not admitted to hospital when initially unwell with COVID-19 (NHS, 2021a).

However, our knowledge of Long COVID is currently limited and continues to develop as the pandemic progresses. Numerous studies, including the UK's Post-Hospitalisation COVID-19 Study (PHOSP-COVID), remain in development, aiming to assess the long-term impact of COVID-19 on the health and recovery of patients (Thompson, et al., 2021).

As a result, we can anticipate our knowledge of and the evidence base for Long COVID to evolve over time.

COVID-19 Vaccination in Derby
As of 31st August 2021, 335938 COVID-19 vaccinations have been administered in Derby.

71.9% of the population aged 12+ have received their first dose.

65.2% of the population aged 12+ have received their second dose.

The COVID-19 vaccines are safe and effective. Anyone who gets COVID-19 can become seriously unwell or experience long-term effects (Long COVID). Being vaccinated is the best way to protect yourself and protect others around you.

The term 'herd immunity' refers to the indirect protection of non-immune people from infection, due to the prevention of disease transmission by people who are immune. Herd immunity could be decreased if unvaccinated people are clustered in groups and as a result, outbreaks become more likely among them.

We have a very high level of vaccination uptake in Derby, however there are avoidable inequalities in vaccination within some groups of the population.

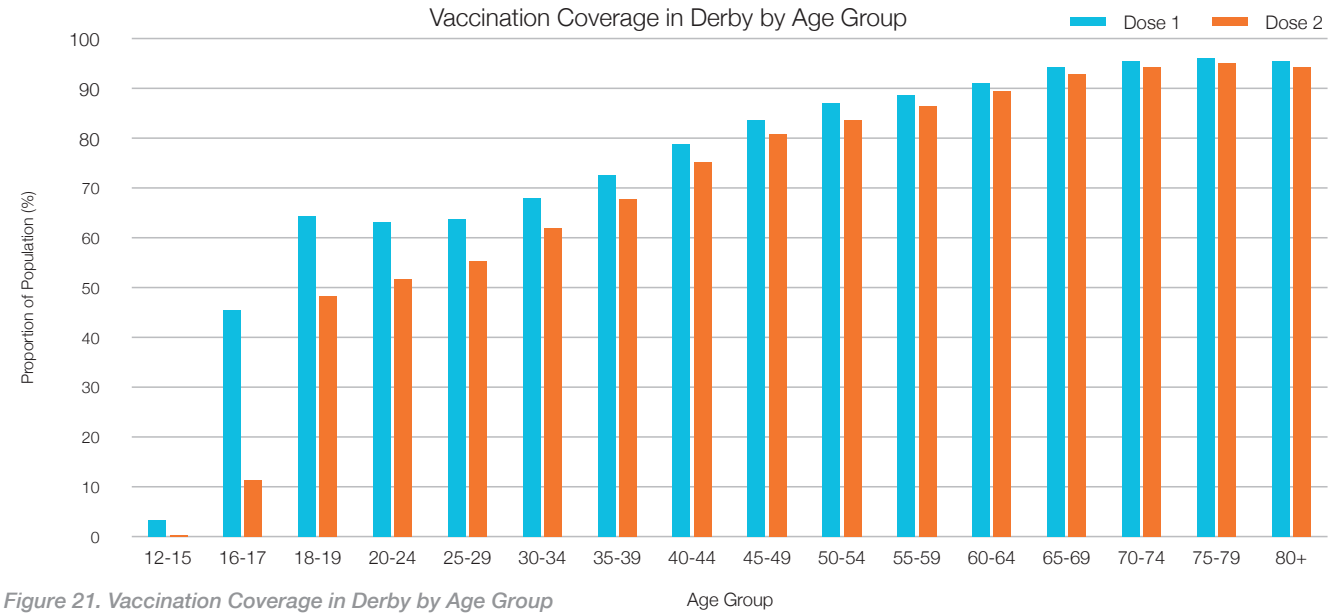


Figure 21. Vaccination Coverage in Derby by Age Group

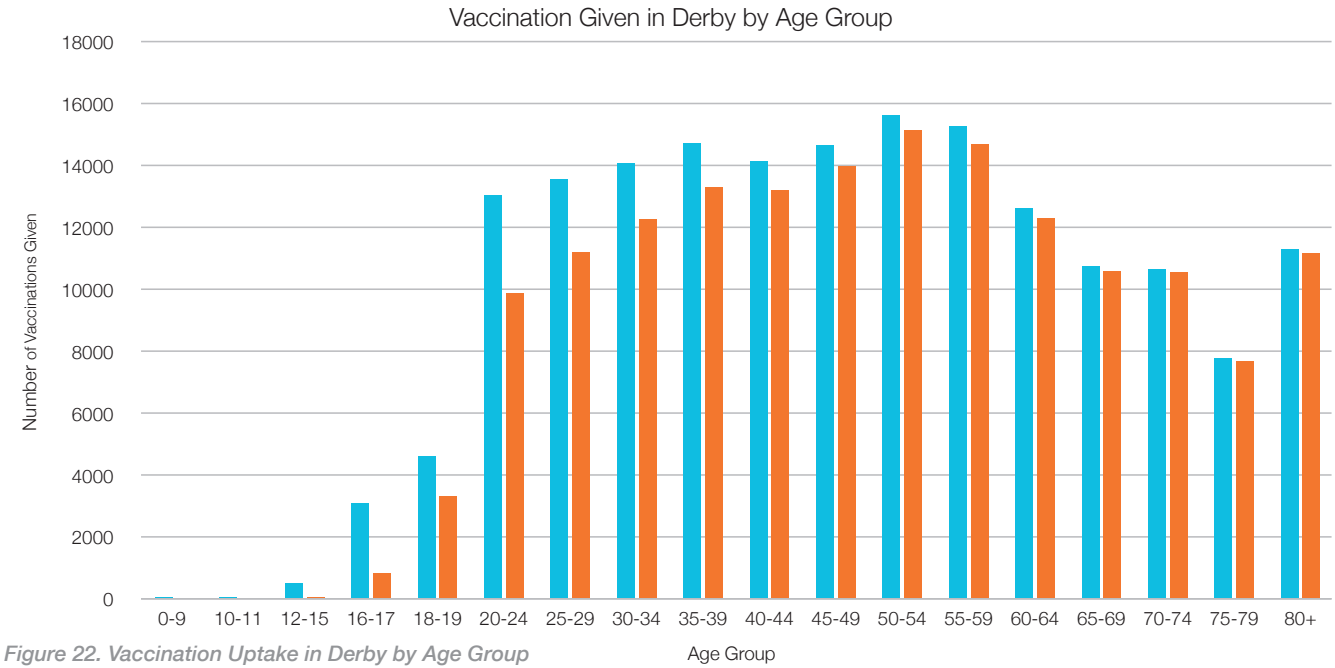


Figure 22. Vaccination Uptake in Derby by Age Group

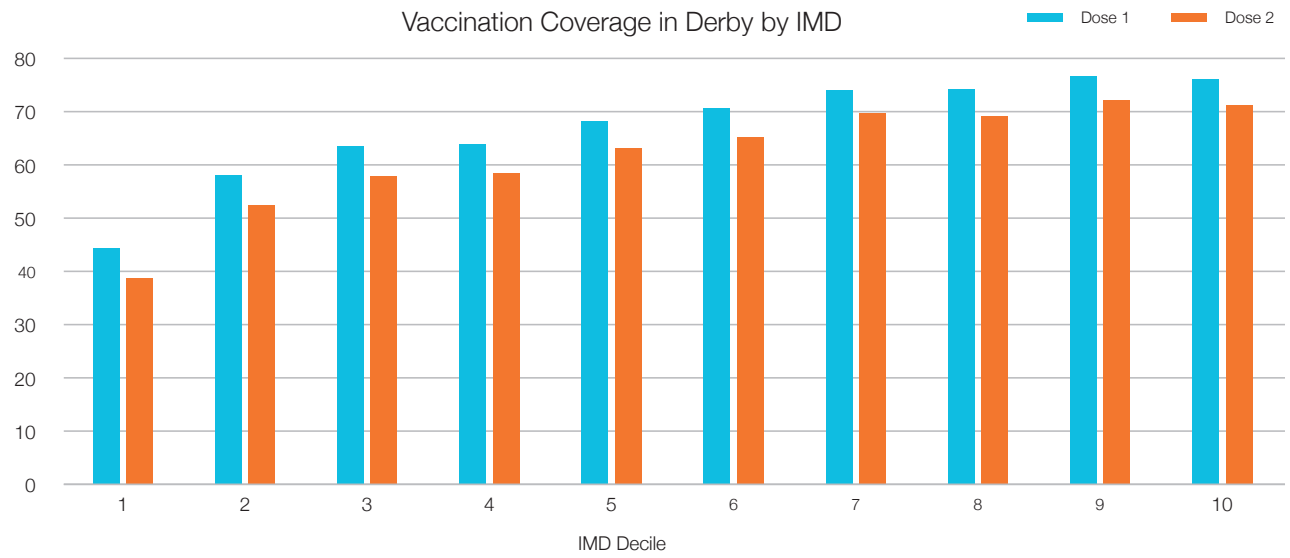


Figure 23. Vaccination Coverage in Derby by IMD

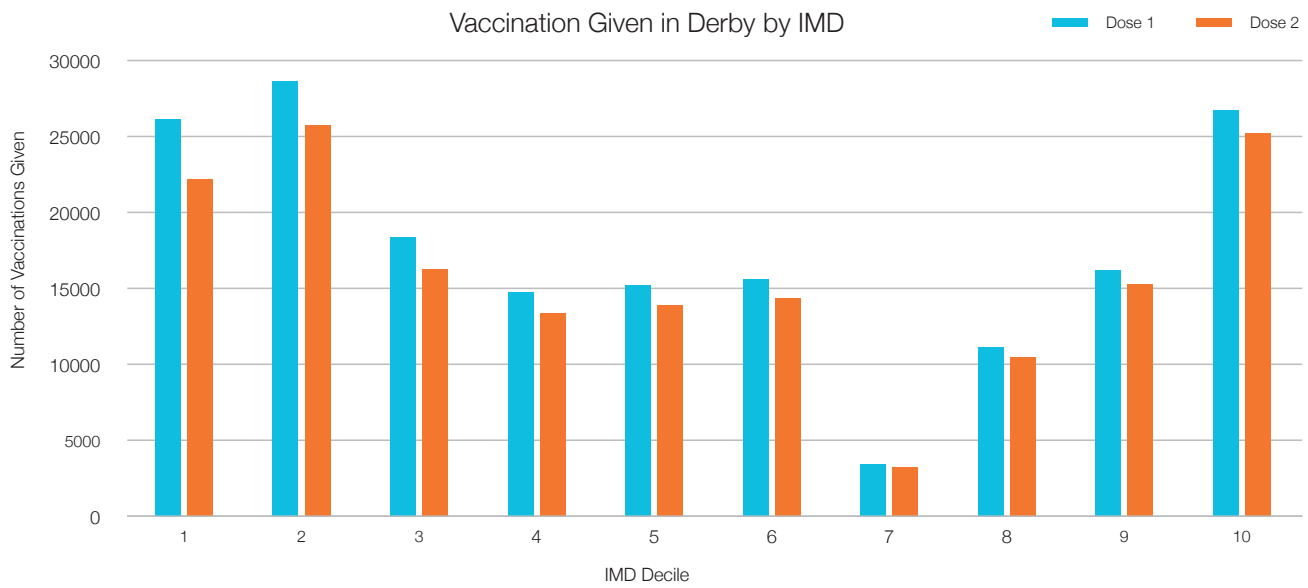


Figure 24. Vaccination Uptake in Derby by IMD

Vaccination coverage is currently lower in younger age groups, compared to older age groups in the city. However, this may be due to the schedule of the vaccination roll-out, with older people being vaccinated at earlier stages.

9.31AM

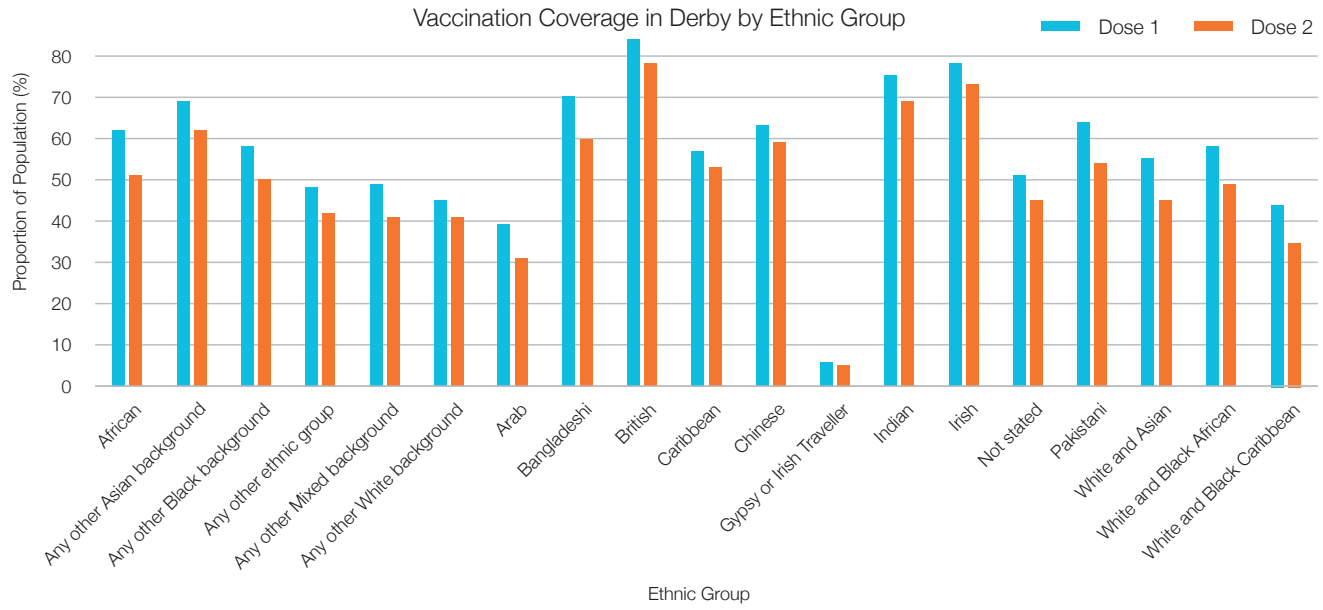


Figure 25. Vaccination Coverage in Derby by Ethnic Group

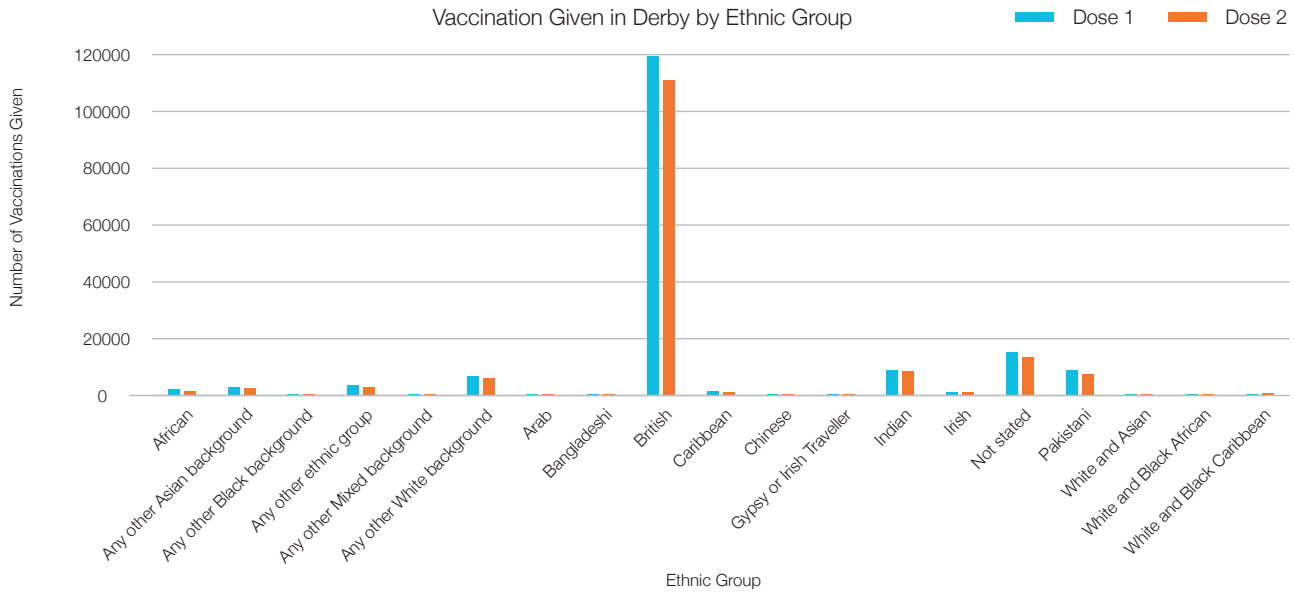


Figure 26. Vaccination Uptake in Derby by Ethnic Group

Vaccination coverage has been lower among those in the most deprived groups, compared to the least deprived groups. Dose 2 coverage ranges from 39% in IMD 1, to 71% in IMD 10.

Lower vaccination coverage has also been observed among Black, Asian and Minority Ethnic communities in Derby. Dose 2 coverage ranges from 5% among those from a Gypsy or Irish Traveller background, to 78% among those from a British background.

> Reasons behind opting not to be vaccinated are often complex and influenced by a variety of factors, including where people are living, their socioeconomic status and their ethnic group
>
> 8.04PM ✓✓

Public Health England (2021c) have created a social-ecological model which can be used to identify and address the factors which may lead to vaccination inequalities. This demonstrates that community, institutional, and policy factors, as well as the health beliefs and knowledge of individuals and within families may influence this.

Derby's vaccination programme is led by our local NHS with oversight of the programme managed by the Vaccination Gold Group which brings together key partners to effectively roll-out the programme as per national guidance.

8.04PM

The Vaccine Inequalities Sub-group is actively identifying groups where uptake is lower, understanding the issue through data analysis and engagement with communities to establish actions to increase access and uptake in these groups. This enables targeted interventions with key groups such as homeless, learning disability and use and siting of, for example, roving pop-up sites and extension to pharmacy settings.

A partnership approach to communications maximises our opportunities to promote positive messages regarding vaccination. Examples include, voluntary and faith sector links, messaging via our local Councillors and incorporating within our support calls to our residents who are more vulnerable to COVID-19. In addition, we have, and continue to, work closely with Derby and Derbyshire Clinical Commissioning Group on vaccination communication.

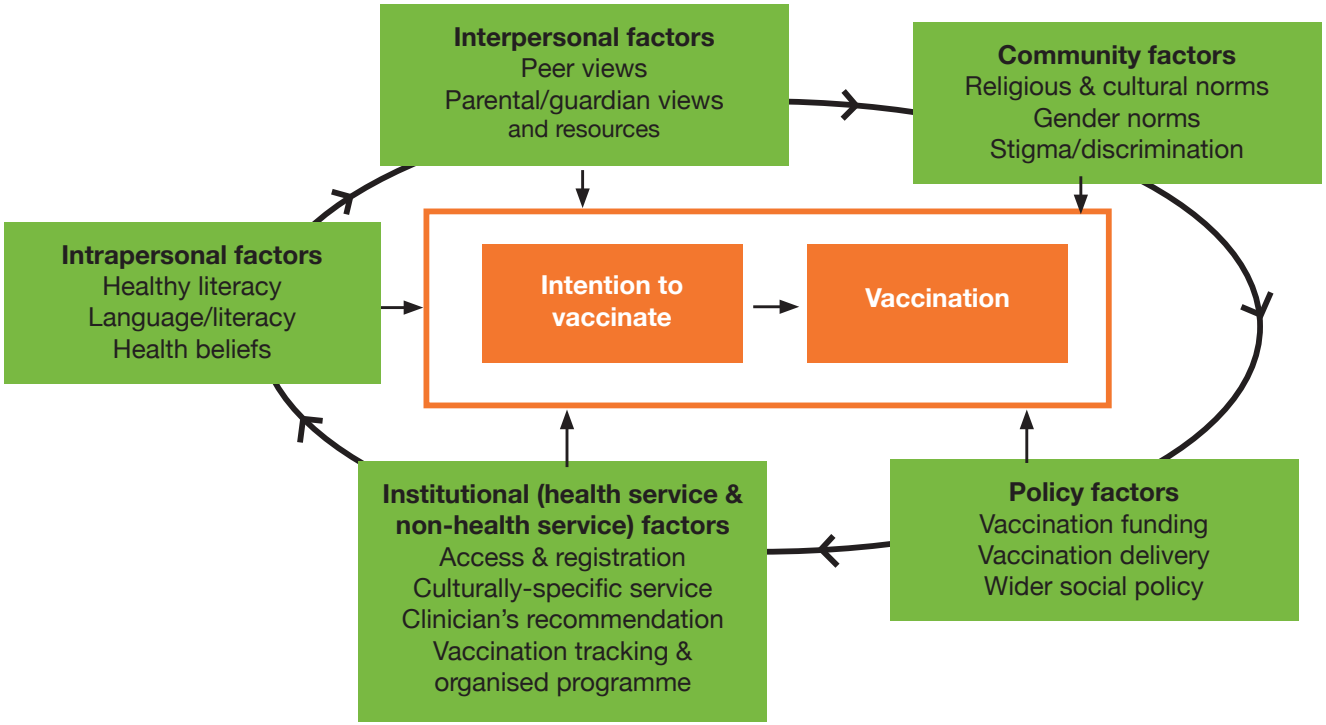


Figure 27. Socio-Ecological Model of Factors Influencing Inequality in Vaccination Uptake (Public Health England, 2021b)

As the vaccination rollout continues, our current priorities are to:

- Promote uptake in our younger population
- Continue to increase vaccination rates overall but with particular focus on those in higher risk cohorts and/or are disproportionately impacted.

An Overview of the Governance of Local Outbreak Management in Derby

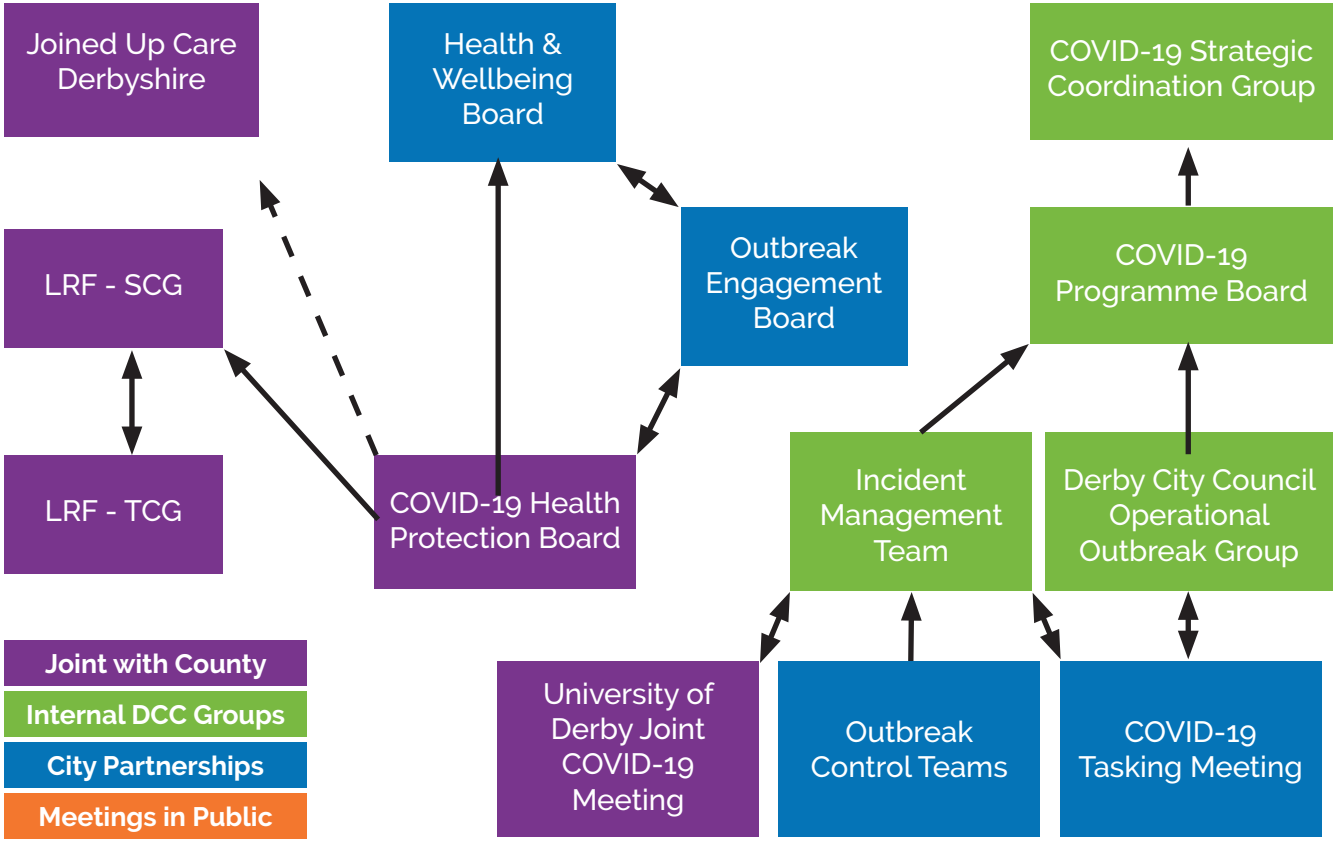


Figure 28. Summary of the Governance and Reporting Arrangements of COVID-19 Outbreaks in Derby

The role of the key COVID-19 specific groups established in Derby are summarised below:

COVID-19 Strategic Coordination Group:

- Membership includes the Derby City Council Chief Executive and Strategic Directors.
- The group addresses any issues/risks escalated by COVID-19 Programme Board, ratifying decisions made by the Board, ensuring appropriate governance and due diligence, and keeping Cabinet and Members abreast of key issues.

COVID-19 Programme Board:

- Membership includes senior leaders from across Derby City Council.
- The Board manages the Council's response to any emerging COVID-19 issues and risks, implements any actions required by the Local Resilience Forum and maintains the health and safety of the council workforce and customers to prevent the spread of COVID-19.

Outbreak Engagement Board:

- Membership includes senior decision-makers across the public, business and voluntary sectors.
- The Board provides leadership and decision-making, as necessary, to effectively manage an increase in prevalence of COVID-19 within the community or setting, and local outbreaks.

COVID-19 Health Protection Board:

- Membership is taken from health, social care and wider public sector agencies across Derby and Derbyshire.

- The Board provides strategic oversight to the COVID-19 response and related risk to population health across Derbyshire County and Derby City local authority areas. It ensures effective links to wider system response and ensures the Local Engagement Boards have the relevant information, advice and guidance required to inform decision-making and local action.

Incident Management Team (IMT):

- Membership is taken from the wider health, social care, public and education sector.
- IMT aims to protect public health by identifying the source of outbreaks or rising community prevalence and to ensure the implementation of the necessary control measures to prevent further spread of the infection.

Derby City Council Operational Outbreak Group:

- Membership is taken from across Derby City Council.
- The group coordinates the council's response to controlling the spread of COVID-19, ensuring effective systems are in place and to identifying where additional resources are required.

Outbreak Control Teams (OCT):

- Membership includes Local Authority Public Health, Public Health England alongside organisations relevant to the setting and nature of the outbreak.
- OCTs are established in response to outbreaks or increased concern related to specific settings. They are the principal mechanism to agree and coordinate the activities of the agencies involved to manage the investigation and control of outbreaks in specific settings.

University of Derby Joint COVID-19 Meeting:

- Membership includes key senior members of the University of Derby and public health leads from Derby City Council and Derbyshire County Council.
- The group co-ordinates activities to manage the investigation and control of COVID-19 specific to the university and its students.

COVID-19 Tasking Meeting:

- Membership includes Police Inspectors from across the city and City Council representatives from Environmental Health, Trading Standards and Public Protection Officers.
- The group focuses on sharing intelligence around matters relating to COVID-19 and enforcement covering breaches, advice and support.

Local Resilience Forum – Strategic Co-ordination Group (SCG):

- Membership includes key partners across the system including local authority, NHS, Derbyshire Police and Derbyshire Fire and Rescue Service.
- The group co-ordinates and mobilises cross system activity to adequately respond to COVID-19 and its impacts in Derbyshire.

COVID-19 CONTAINMENT AND INEQUALITIES

The direct impacts of COVID-19 on the Derby population are clear and our data shows that there are many inequalities in the way these impacts have been experienced. However, focusing on the direct impacts of this virus provides only a small insight into the true scale of the effects of the pandemic. Measures introduced to reduce the spread of COVID-19, including lockdowns and social distancing restrictions, have helped to shape a complex network of indirect impacts of COVID-19 on the population. The impacts of these measures have affected individuals across the life course in a multitude of ways and in turn, this has exacerbated inequalities in our communities.

In this section, we explore the impacts of COVID-19 containment on inequalities across the life course. The life course perspective suggests that disadvantage begins before birth and can accumulate throughout life, resulting in health inequalities. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the associations between early disadvantage and poor outcomes throughout life be broken. By altering policies, environments, and societal norms, inequalities affecting the life course trajectory can be reduced, which could benefit the whole population across the lifespan, as well as future generations.

PRECONCEPTION AND EARLY YEARS (0-5 YEARS)

Key to reducing health inequalities throughout the life course, is ensuring children are given the best start in life. Lived experiences during early childhood influence the development of the child and can affect children in the long-term in relation to their educational attainment, physical, mental and emotional wellbeing. Due to this, it is important to address inequalities from the early stages of life.

Despite being at relatively low risk from COVID-19, young children have still been affected by the impacts of COVID-19 and containment measures in many ways. Alterations to services, reductions in uptake of immunisations and disruption to schooling are widening inequalities and affecting the chances of giving children the best start in life.

Maternity Services and Maternal Health

Background

Maternity services in the UK have faced substantial disruption during the COVID-19 pandemic. From reductions in appointments to transfers to remote consultations, pregnancies in the time of COVID-19 have been a novel experience for many and not just for first-time mothers.

Equally important to maternal and child health in the early years is the Healthy Child Programme. This programme is an early intervention and prevention public health programme, focusing on a universal preventative service for children and families. During pregnancy and the first five years of a child's life, the programme is delivered and supported by Health Visitor teams, however the delivery of this service has been disrupted during the past year.

The impacts of these service disruptions are still uncertain; however, we know that stress triggered by extreme events such as pandemics can lead to both immediate and long-lasting mental and physical health impacts on pregnant women. This is associated with adverse health outcomes for not only the mother, but also the child, including suicidal ideation and inefficient mother-infant bonding, which can have long-lasting impacts on the development of the child. (Winston & Chicot, 2016; Caparros-Gonzalez & Alderdice, 2020).

We know that stress triggered by extreme events such as pandemics can lead to both immediate and long-lasting mental and physical health impacts on pregnant women.

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One of the strongest predictors of wellbeing in the early years is the mental health and wellbeing of the mother or the caregiver. Children of mothers with poor mental health are five times more likely to develop mental health problems themselves (Public Health England, 2015).

The National & Local Picture

In 2020, there were 2908 live births in Derby, a decline from 3009 in 2019. The general fertility rate declined from 59.9 in 2019 to 58.3 in 2020 (ONS, 2021a).

Provisional data for England and Wales between January to March 2021 suggests that fertility rates declined by 8.1% and 10.2% respectively in January and February 2021, compared with January and February 2020. However, fertility rates increased by 1.7% in March 2021, compared with March 2020. This translates into a decline in live births conceived during the first national lockdown, but a rise in live births conceived during the easing of lockdown restrictions in the summer of 2020 (ONS, 2021b).

Nationally during the pandemic, 70% of obstetric units have reported offering fewer antenatal appointments than usual and 56% offered fewer postnatal appointments than usual, with staffing shortages affecting services nationwide (Jardine, et al., 2020). Furthermore, 70% of units changed screening pathways for gestational diabetes mellitus and 59% temporarily removed the offer of births at home or in a midwife-led unit (Jardine, et al., 2020).

Fewer emergency antenatal presentations have been reported and less appointments have been attended in-person, suggesting that pregnant women may have experienced difficulty with accessing the care they require (Jardine, et al., 2020). This may be related to fears of accessing healthcare during the pandemic due to the risk of exposure to COVID-19, in addition to the restriction of movement due to containment measures.

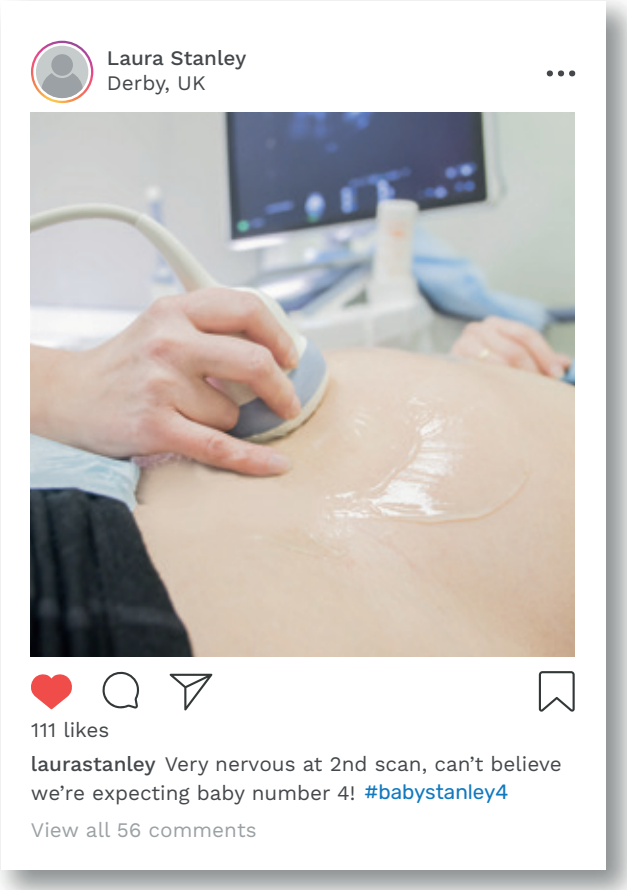
In Derby, in-person antenatal appointments were restricted to mothers only at Royal Derby Hospital and Queen's Hospital and birth partners were only permitted to visit maternity wards from July 2020, to reduce the risk of COVID spread within the hospital setting. Attending appointments can be a nervous occasion for pregnant women and having to attend these alone during the pandemic may have caused them stress and anxiety.

Almost four in 10 pregnant women were concerned about receiving reliable information and advice about their pregnancy during the pandemic (Parent-Infant Foundation, 2020). The introduction of COVID-19 restrictions has also led to limitations to the health visitor service, part of the Healthy Child Programme. Only one in 10 parents with children below the age of two saw a health visitor face to face during the first national lockdown, resulting in mothers feeling like they had been left alone and without any support (Parent-Infant Foundation, 2020). This is likely to have had an impact on unmet need regarding perinatal mental health, parental health literacy and the potential safeguarding of vulnerable children.

Additionally, restrictions may have led to reduced support from family and friends, increases in financial troubles and an increased risk of domestic violence. All of which can be triggers for maternal stress, resulting in poor health and wellbeing.

Inequalities

COVID-19 has affected babies, their parents and caregivers and services which support them in many ways. Significant differences



in the lived experiences of COVID-19 have been observed, particularly among those from Black, Asian and Minority Ethnic communities, younger parents and those from low-income households.

Lockdowns, although highly effective at reducing COVID spread and related deaths, are likely to have exacerbated the pre-existing challenges and adversity experienced by certain groups.

Maternal mortality rates are significantly higher among women from Black, Asian and Minority Ethnic communities, compared to women who identify as White. Women from Black, Asian and Minority Ethnic communities also tend to report poorer experiences of maternity care (CQC, 2021). The additional risks that are faced by women from Black, Asian and Minority Ethnic communities have been exacerbated during the COVID-19 pandemic. 56% of pregnant women admitted to hospital with COVID-19 were from a Black, Asian and Minority Ethnic communities (Knight, et al., 2020). Black women also had the highest rate of readmission to hospital during their six-week postpartum period between January 2018 to December 2020, compared to White women who had the lowest rate (CQC, 2021). This increased to a greater extent in 2020 during the onset of COVID-19 – rising to a 30% difference in the readmission rate between Black women and White women (CQC, 2021). Asian women were also four times more likely to be admitted to hospital with COVID-19 during pregnancy compared to White women. For Black women, this increased to eight times as likely (CQC, 2021).

Parents from Asian or Asian British backgrounds were more likely to report that their ability to cope with their pregnancy or baby had been impacted by COVID-19 – particularly due to the experience of isolation and the lack of support available (Parent-Infant Foundation, 2020). Additionally, fewer pregnant women and new mothers from lower income households and Black, Asian and Minority Ethnic communities felt they had the information they needed during pregnancy or following the birth of their child, compared to those from higher income households or a White background (Parent-Infant Foundation, 2020).

Child Development and School Readiness

Background

Early years education and childcare play a significant role in early child development and wellbeing. Having access to a high-quality early education and childcare is a necessity to improve the long-term health and life outcomes for children, therefore minimising health inequalities.

The years of pre-school, nursery and reception are key periods in early years education to prepare children for the transition to school, in addition to shaping the child's capacities and future potential. Children across the country will have missed out on portions of their

nursery or reception year during the pandemic, impacting progress in their social, emotional, language and physical development, in addition to their overall school readiness (Sutton Trust, 2020).

School readiness is a measure of how prepared a child is to succeed in school. Children in their reception year are identified as having reached school readiness if they have achieved the expected level of development for their age. Those who do not achieve a good level of development by the age of five are likely to struggle with:

- Social skills
- Reading
- Maths
- Physical skills

Which may translate into impacts on outcomes in childhood and later life:

- Educational attainment
- Involvement in crime
- Future earnings
- Health
- Premature death

The National & Local Picture

Prior to March 2020, 68% of parents of children aged between two and four years old reported accessing either pre-school or nursery, a childminder or school. After the first national lockdown in the UK came into force, this fell to just 7% (Sutton Trust, 2020). By June 2020, 83% of this group reported their child had not yet returned to a school or care setting, with almost half (49%) reporting their child was unlikely to return by the end of the month (Sutton Trust, 2020).

Nationally, 46% of children who started reception class in September 2020 did not meet school readiness targets, an increase from 35% in 2019 (Kindred², 2020). The decline has largely been attributed to children spending less time at nursery due to lockdown restrictions.

In Derby, school readiness was increasing year-on-year prior to COVID-19, reaching 70.7% in 2018/19, this was higher than the regional average, but lower than the national average (Public Health England, 2021d). Although local data for the past year is not yet available, falls in school readiness nationally may have been accompanied by local declines.

Conversations with our city's schools suggest that child communication and language levels at the end of the reception year have worsened

during the pandemic. Data from Speech Link (2021) reflects this, reporting that at least 20% of pupils aged four and five in England, required help with language skills at the start of the school year in September 2020, compared to the previous year.

Children's social and emotional development and wellbeing have also been negatively impacted by closures and pandemic restrictions.

9.03PM ✓✓

Children's social and emotional development and wellbeing have also been negatively impacted by closures and pandemic restrictions. By November 2020, 40% of schools and childcare providers said that children's personal, social and emotional development had fallen behind (OFSTED, 2020).

Inequalities

Children from disadvantaged backgrounds tend to have lower educational attainment compared to their peers, this is often referred to as the 'disadvantage gap' (Education Policy Institute, 2020). Disadvantage gaps in the early years were already being observed in Derby prior to the pandemic. In 2019, relative to non-disadvantaged pupils nationally, there was a 3.6 month disadvantage gap for pupils in Derby. Since 2016, this had declined by 1.1 months (Education Policy Institute, 2020).

Children whose parents were available to partake in activities such as reading, arts and crafts and gardening with them while away from nursery and school, were shown to have made greater developmental progress in 2020 (Kindred², 2020). Among these children, growth in vocabularies and cognitive skills were observed, which were less evident among children who had spent less time doing these activities. Children from disadvantaged backgrounds were less likely to have engaged in these activities with their parents (Kindred², 2020). Those from disadvantaged backgrounds often have poorer access to resources, learning and play space in their homes.

Schools have noted disproportionate impacts on physical development, especially for children from the most disadvantaged homes. The disruption to early years education is likely to have had a detrimental impact on all children, but particularly those from disadvantaged backgrounds. Prior progress made in narrowing disadvantage gaps in the early years may have also been disrupted by the pandemic, contributing to the widening of pre-existing inequalities in children's early experiences and life chances.

Examples of Local Responses:

- The Families Information Service (FIS) partnered with the Children's Centres to post free online content on their Facebook page for children and their families, such as: virtual songs, stories and activities.
- FIS have also maintained a list of stay at home activities for families and children in Derby, on the council website.
- Derby Speech and Language Pathway is a new repository of evidence-based information and support for parents, carers and professionals to help children and young people develop their speech, language and communication.

Vaccinations and Immunisations

Background

From the age of eight weeks, children in the UK begin a routine immunisation schedule. Childhood immunisations protect them from a number of infectious diseases in the long-term, these include, diphtheria, tetanus, pertussis (whooping cough), polio, rotavirus, measles, mumps and rubella (MMR). High rates of immunisation are required to prevent the transmission of infectious diseases, in addition to poor health outcomes. Protection from childhood immunisations, therefore, helps to prevent disease and promote child health in infancy, helping them to get the best start in life.

The National & Local Picture

Declines in vaccinations administered to pregnant women were observed during the first lockdown. Example: the whooping cough vaccination is administered to pregnant women from 16 weeks to 32 weeks of pregnancy. Young babies with whooping cough often become very sick and require hospitalisation. By receiving the vaccination, pregnant women can protect their babies from getting sick.

Nationally, the annual pertussis vaccine coverage in pregnant women was 67.8% for 2020/21, a decline of 2.7% compared to 2019/20 (Public Health England, 2020b).

Locally, declines were observed in the monthly pertussis vaccination coverage in pregnant women during lockdowns. Vaccine coverage declined from 80.3% in March 2020 to 75.3% in May 2020, over the course of the first national lockdown. Coverage declined again during the third national lockdown, from 81.8% in December 2020 to 74.8% in March 2021 (Public Health England, 2020b).

Declines have also been observed in other childhood vaccinations, including the Hexavalent (6-in-1) vaccine and the MMR vaccine. In May 2020, greater than 60% of health visitors reported contact with families who had considered cancelling or postponing their child's vaccinations during the pandemic (Saxena, Skirrow & Bedford, 2020).

Since April 2020, fewer children have completed the full course of three Hexavalent vaccinations by 6 months of age. In Derby, by 12 months of age, 92.8% of children first offered their Hexavalent vaccinations between November 2019 and January 2020, had completed their three doses. For those first offered their Hexavalent vaccinations between February and April 2020 during the onset of the first national lockdown, this figure fell to 91.1% (Public Health England, 2020c).

Population vaccination coverage for two doses of the MMR vaccine by 5 years old has been falling in recent years in Derby. In 2018/19 this was 84.6%, declining to 83.8% in 2019/20, lower than the regional and national averages (Public Health England, 2021d). MMR vaccination counts for children aged 12 to 18 months fell by almost 20% in the first few weeks following the introduction of social distancing restrictions, compared to the same period in 2019 (Public Health England, 2020d).

There are many reasons as to why the vaccination of children and pregnant women has been disrupted during the pandemic, including the onset of lockdown and social distancing restrictions. New parents may also have experienced a lack of support and information regarding the childhood immunisation schedule, which they would usually receive from antenatal and postnatal support groups (Saxena, Skirrow & Bedford, 2020).

Inequalities

In the past, variation in childhood vaccination uptake has been observed relating to various factors including ethnic group, geographical location, socioeconomic status and religious beliefs (Crocker-Buque, Edelstein & Mounier-Jack, 2017).

> Data on inequalities in routine childhood immunisation uptake during the pandemic is limited, however it is believed that pre-existing inequalities in this uptake may have widened during the pandemic.
>
> 7.39PM ✓✓

During the first national lockdown, the public was urged to 'Stay alert, protect the NHS, save lives'. Researchers have argued that this messaging does not provide assurance that the NHS has remained open for routine care and may have been misunderstood by those with poorer language literacy or poorer access to digital technology (Saxena, Skirrow & Bedford, 2020). Emerging evidence on inequalities in risk and mortality of COVID-19 may have led to parents from Black, Asian and Minority Ethnic communities feeling more vulnerable and avoided healthcare settings due to this (Saxena, Skirrow & Bedford, 2020).

CHILDHOOD AND ADOLESCENCE (5-19 YEARS)

During the early waves of COVID-19, children and adolescents were generally at lower risk of the direct effects of the virus and its health outcomes. However, this age group has continued to face significant disruption to their lives due to the impacts of COVID-19 lockdowns and restrictions. A large aspect of this disruption is related to the adaptation to remote learning for many of the children in our city, with repercussions for the quality of their education. The introduction of lockdowns and social distancing measures have also led to increased social isolation and time away from friends and family, affecting mental health and opportunities to socialise.

Education

Background

The impact of remote learning during the pandemic has caused unprecedented challenges to children and their learning. Prolonged periods away from school and disruption to education can hinder learning progress and increases the risk of widening inequalities in education and subsequent health outcomes (The Health Foundation, 2017). By ensuring a good education for all children, this helps to build strong foundations for:

- Supportive social connections
- Accessing good work
- Life-long learning and problem solving
- Feeling empowered and valued

In turn, this helps people to live healthier lives, increasing our opportunity to:

- Develop life-long healthy habits.
- Manage and limit exposure to life's challenges.
- Afford a good quality life.
- Live and work in safe and healthy environments.

The National & Local Picture

Schools moved to remote learning by 20th March 2020 in Derby, as the first national lockdown came into force. Children began learning remotely, aside from the children of key workers and certain vulnerable groups. Only 3% of pupils in England continued to attend school in-person during the first lockdown (NHS Digital, 2021).

In the Autumn term of 2020, when schools moved to in-person learning, one in 10 children across the country aged between six and 16 continued to miss out on more than three weeks of school (NHS Digital, 2021). Many of our city's schools have periodically moved to remote learning or faced isolating hundreds of pupils at a time, due to outbreaks.

> Children will have experienced long-term periods of learning outside of the classroom, leading to the loss of opportunities to socialise, develop and gain a high-quality education.
>
> 9.40AM ✓✓

Locally, focus groups conducted with children and young people revealed a variety of difficulties, relating to school and their education during the pandemic:

- The loss of the structure of a school day or timetable has led to children lacking motivation to continue their schoolwork.
- Children have been missing out on resources that are provided at school.
- Those in year 12 have struggled to adjust to the transition in schooling and change in environment.
- Children did not feel supported during their studies and as a result, felt worried about their exam performance.

Despite these difficulties and following the cancellation of exams, centre assessment examination results in Derby have seen a positive increase compared to pre-pandemic results. However, these remain below the national averages (Department for Education, 2020a; 2020b).

GCSEs:

- 38.1% - Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs (2018/19)
- 42.8% - Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs (2019/20)

A Levels:

- 29.79 – Average point score (APS) per A Level entry (2018/19)
- 35.67 – Average point score (APS) per A level entry (2019/20)

Inequalities

Prior to the pandemic, attainment gaps were already growing between the most and least disadvantaged groups of children. Since the pandemic began, the gap in attainment between disadvantaged and advantaged primary school pupils has widened (Weidmann, et al, 2021).

Derby has previously been identified as an 'opportunity area', referring to the need for improvement in social mobility due to disadvantage gaps in attainment in the city (Education Policy Institute, 2020). In 2019, the percentage share of persistently disadvantaged pupils in Derby was:

- Primary school = 13.8%
- Secondary school = 10.9%

Relative to non-disadvantaged pupils nationally, the attainment gap among disadvantaged pupils was:

- Primary school = 11.6 months
- Secondary school = 23.9 months

Locally, the disadvantage gaps in attainment have slowly been closing since 2016:

- Primary school = -0.4 months
- Secondary school = -3.3 months

However, the COVID-19 pandemic may have disrupted this progress.

Although an increase was observed in average attainment of disadvantaged pupils between the 2018/19 and 2019/20 academic years, the average attainment 8 score remains considerably lower than the average of all pupils in the city (Department for Education, 2020a).

All pupils:

- 43.3 = Average attainment 8 score (2018/19)
- 46.3 = Average attainment 8 score (2019/20)

Disadvantaged pupils:

- 31.9 = Average attainment 8 score (2018/19)
- 36 = Average attainment 8 score (2019/20)

The onset of the first national lockdown revealed that children did not have equal access to adequate online learning. Nationally, the most deprived schools reported that greater than one third of students did not have adequate access to internet or an electronic device to continue learning remotely. This fell to just 2% in the most affluent schools (Sutton Trust, 2020). Indeed, pupils from middle class households were almost twice as likely to be partaking in live and recorded lessons online every day, compared to those from working class households (Sutton Trust, 2020). Teachers in the most deprived schools have also been more than twice as likely to report that work their students were submitting during lockdowns was of a much lower quality than normal (Sutton Trust, 2020).

Repeated isolation periods due to positive cases in school bubbles have caused further disruption to learning, affecting the progress students have made upon their returns to in-person learning (OFSTED, 2020). Time spent away from school poses a risk to the widening of attainment gaps among children, as poorer students tend to fall further behind during school breaks (Sutton Trust, 2020).

Inspections by Ofsted and the Care Quality Commission found that children with special educational needs and/or disabilities (SEND) were less likely to be attending in-person learning when schools re-opened for the autumn term in 2020 (OFSTED, 2020). Barriers to learning have disproportionately impacted children with SEND during the pandemic. These barriers include:

- Concerns about COVID-19 by parents and carers, and the children themselves
- Medical needs requiring children to shield
- Difficulties accessing transport

As a result, some children with SEND have been missing out on an adequate learning experience which prepares them for adult life (OFSTED, 2020).

Childhood Obesity

Background

Childhood obesity is a major public health issue and being overweight or obese during childhood increases the risk of growing up as an overweight or obese adult. In turn, this increases the risk of developing health problems such as type 2 diabetes, heart disease and cancers (NHS 2021b). The causes of childhood obesity are complex, influenced by multiple environmental, societal, and individual factors. It is not just about the food that children consume and the exercise they partake in. It is also about the 'causes of the causes' - the environments in which they grow up and how this influences their eating habits and physical activity.

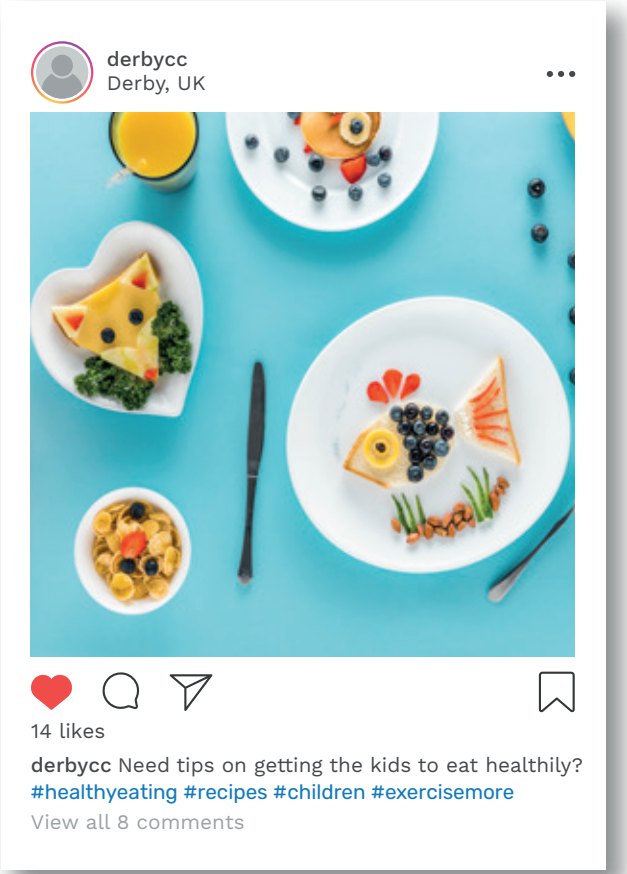
- Physical activity
- Diet
- Poverty
- Self-esteem
- Access to green space
- Access to recreational facilities
- Exposure to advertising
- Mental health

Action across the child life course is essential to reduce childhood obesity and prevent long-term poor health outcomes.

The National & Local Picture

Before the onset of COVID-19, data for the 2019/20 school year shows that the prevalence of obesity had increased in both Reception and Year 6 children in England (NHS Digital, 2020a).

- In Reception, obesity prevalence increased
  9.7% in 2018/19 to 9.9% in 2019/20
- In Year 6, obesity prevalence increased
  20.2% in 2018/19 to 21.0% in 2019/20



In Derby, the prevalence of obesity in Reception aged children declined slightly but increased in Year 6 children. However, childhood obesity figures for the city remain high and above the national and regional averages (NHS Digital, 2020a).

- In Reception, obesity prevalence decreased in Derby
  11.5% in 2018/19 to 9.0% in 2019/20

- In Year 6, obesity prevalence increased in Derby
  23.0% in 2018/19 to 23.5% in 2019/20

During the pandemic, increases have been observed in the proportion of overweight and very overweight children in Derby in both reception and year 6. The 2020/21 data is based on a sample.

- In Reception, overweight prevalence increased in Derby
  8.4% in 2019/20 to 13.4% in 2020/21

- In Reception, very overweight prevalence increased in Derby
  6.0% in 2019/20 to 10.6% in 2020/21

- In Year 6, overweight prevalence increased in Derby
  14.3% in 2019/20 to 14.8% in 2020/21

- In Year 6, very overweight prevalence increased in Derby
  16.3% in 2019/20 to 21.6% in 2020/21

Similarly, time spent undertaking physical activity has declined among children during the pandemic. Current guidelines state that children should partake in 60 minutes of physical activity per day. During the first lockdown, 30% of children did not leave the house at least once a day, despite restrictions allowing for 60 minutes of exercise outdoors (Bingham, et al., 2021).

Children in Derby will have been affected by the closure of sports facilities and clubs across the city, including those run by their schools and Derby Active. Many will have missed out on their regular swimming lessons, clubs and activities. Weight gain in children is also correlated with time spent outside of school during the holidays. Due to repeated lockdowns and COVID-19 restrictions leading to remote learning and changes to the daily routine of children, many more children will have missed out on activities such as their timetabled PE lessons.

Inequalities

The burden of childhood obesity tends to fall hardest on children from lower-income backgrounds, this is because children from lower-income backgrounds and those living in the most deprived areas are disproportionately affected by barriers to healthy behaviours which protect against childhood obesity.

During the 2019/20 school year, children living in the most deprived areas were more than twice as likely to be obese compared to those living in the least deprived areas (NHS Digital, 2020a).

- Reception = 13.3% of children were obese (most deprived areas) v 6.0% (least deprived areas)

- Year 6 = 27.5% of children were obese (most deprived areas) v 11.9% (least deprived areas)

> In Derby, between 2017/18 and 2019/20, the most deprived wards in the city were associated with the highest prevalence of childhood obesity.
>
> 7.51PM ✓✓

Arboretum and Sinfin, among the 10% most deprived wards in the country, had the highest prevalence of obesity (including severe obesity) in year 6, at 29.8% and 29.3% respectively. Comparatively, Allestree ward, among the 10% least deprived wards in the country, had the lowest prevalence of obesity (including severe obesity) in year 6, at 13.6%. Similarly, Sinfin had the highest prevalence of obesity (including severe obesity) in reception at 14%

and Allestree had the lowest prevalence, at 5.3% (Public Health England, 2021e).

Financial hardship and rising poverty in the UK during the pandemic have led to an increase in food insecurity, influencing childhood obesity. Those struggling financially, and particularly lower income families, have been more likely to purchase cheaper, more calorie-dense food (Resolution Foundation, 2020). Lower income families are also more likely to rely on school playgrounds for exercise and are less likely than more affluent families to have access to space or resources to support their physical wellbeing (Sport England, 2021).

Food security

Background

The term 'food security' refers to the physical, social and economic access to sufficient, safe and nutritious food that meets peoples' food preferences and dietary needs for an active and healthy life (United Nations, 2011).

Food insecurity can have long-term and life-changing consequences. Among children, it is highly associated with:

- Malnutrition
- Obesity
- Poor educational outcomes

The National & Local Picture

The COVID-19 pandemic has exacerbated food security issues nationally, leaving millions of people vulnerable to hunger and poor diets. Lockdown restrictions complicated access to food, with supermarket deliveries booked up for weeks in advance and delivery fees costing a significant portion of weekly budgets. Many struggled to physically reach a store because transportation was limited, or they had to isolate. Even when families were able to access their local supermarket, initial stockpiling during the first lockdown left many with food shortages.

By May 2020, food insecurity levels were 250% higher than they were prior to COVID-19 (Bright Harbour, 2021). We have several food bank services based in Derby, this includes the Derby City Mission food bank. Their team has reported a 50% increase in food parcel requirements in 2020, compared to the previous year. Additionally, of all calls placed to our COVID Community Hub up to September 2021, 59% involved requests for support with accessing food. We coordinated a strong and successful local response to these challenges with the help of our partners, including Food 4 Thought, ensuring that food parcels and support were provided to those in need.

> During the first lockdown, a national voucher scheme was set up to provide eligible children with food in place of free school meals.
>
> 8.11AM ✓✓

However, there were delays in initiation of the national scheme and barriers to access. By May 2020, only 68% of households with children eligible for free school meals reported receiving any form of provision of school meals substitute (Food Foundation, 2021). By January 2021, 12% of households with children had experienced food insecurity in the past 6 months (Food Foundation, 2021).

Food supply problems have improved over the course of the pandemic, however economic issues have remained and, in some cases, worsened. It is believed that there are now 1.7 million children in the UK living in households which are food insecure (House of Commons, 2021).

Inequalities

The risk of food insecurity is not equally distributed, and this is concurrent with wider socio-economic, health and racial inequalities.

Households at greater risk of food insecurity include:

- Single parent families
- Larger families with children
- Adults or children with disabilities or health issues
- Individuals from Black, Asian and Minority Ethnic communities

The risk of food insecurity is particularly heightened if there is a child or adult with a health problem or disability in the household. Between March and August 2020, the prevalence of food insecurity was 50% greater in Black and mixed ethnicity households with children, compared to White ethnicity households with children (Marmot, et al., 2020).

Many families who were already in food poverty prior to the pandemic have had their situation worsened due to COVID-19, while others may be experiencing food insecurity for the first time, due to pandemic-related difficulties such as: poor access to affordable food, declines in income and job losses (Resolution Foundation, 2020).

Examples of Local Responses:

- Many innovative solutions were introduced across the country to combat ongoing issues with food security, aiming to ensure that children do not go hungry during the pandemic.
- Locally, during the school holidays and lockdowns, we have worked with Food 4 Thought, multiple faith groups and local businesses, to prepare and distribute free food parcels and meals to those eligible for free school meals and the most vulnerable in our city.
- Funding from the COVID Winter Grant scheme delivered an equivalent of 170000 meals to people across the city and more than 2000 food parcels were being handed out per month by the third national lockdown.

Child & Adolescent Mental Health

Background

Growing up in the midst of a pandemic has not been easy for children and adolescents. The pandemic has required them to adjust to new ways of living, often facing disruption to their education, social lives and daily routines. For some, this time may have exposed them to experiences which have been detrimental to their mental health, including the loss of loved ones or becoming unwell themselves.

Poor mental health can have adverse and long-term effects on children and adolescents, contributing to:

- Poor education

- Poor health outcomes
- Reduced educational attainment
- Increased risk of smoking, substance misuse and alcohol misuse
- Increased risk of self-harm
- Increased risk of eating disorders
- Increased risk of suicidal ideation

Having good mental health generally helps young people to develop resilience and prepare them for life as an adult. Research from previous outbreaks demonstrates that impacts of the pandemic on mental health may have long-lasting effects, for example: children feeling lonely during SARS in 2003, predicted mental health issues up to 9 years later, particularly depression. Additionally, those who experienced extreme periods of isolation, including quarantine, were five times more likely to require mental health support (Loades, et al., 2020).

The National & Local Picture

Between 2017 and July 2020, the rates of probable mental disorders among children aged 5 to 16 increased from 10.8% to 16.0%. This translates to 1 in 6 children aged 5 to 16 having a probable mental health disorder by the easing of the first lockdown restrictions (Young Minds, 2020).

Accompanying this, among children and young people aged 11-25 years old during the first national lockdown, significant increases were seen in behaviours and experiences associated with poor mental health, compared to the same period in 2019:

- 161% increase in sleep issues
- 128% increase in sadness
- 63% increase in loneliness
- 27% increase in self-harm
- 16% increase in suicidal thoughts
- 144% increase in school/college worries
- 133% increase in health anxiety

Local focus groups with children and young people revealed several hidden impacts of the pandemic which have affected their mental health:

- Pressures to complete schoolwork from home, feeling socially isolated and fear about the virus has led to high stress levels
- An increase in job losses among young people and their parents or carers has led to tension, stress and increased anxiety

When schools moved to in-person learning, positive impacts were seen on mental health and wellbeing of some children and adolescents, especially among primary school

children. However, between this time and onset of the third national lockdown in January 2021, their mental health declined. Secondary school students were particularly affected, reporting anxiety triggers such as: uncertainty about the future and upcoming exams, keeping up with work at school and getting good grades (NHS Digital, 2020).

In Derby, between April to May 2020, referrals to all mental health services declined considerably. However, as the year progressed and schools moved to in-person learning, services were faced with increases in both the numbers of referrals and the complexity of cases. As restrictions were eased in June and July 2021, referrals to Child and Adolescent Mental Health Services (CAMHS) exceeded pre-pandemic levels. We have estimated that up to 4500 children aged 0-17 years old in Derby will experience mental health problems due to the pandemic, equivalent to roughly 8 in 100 children in the city.

Inequalities

Children from the poorest 20% of UK households are four times as likely to experience serious mental health issues by the age of 11, compared to children from the wealthiest 20% of households. During the pandemic, children aged five to 16 years old with probable mental health issues were also more than twice as likely to live in a household that had fallen behind with payments, compared to those unlikely to have mental health issues (NHS Digital, 2020).

Between March 2020 and February 2021, families have reported that COVID-19 has had a negative impact on the mental health of their children with special educational needs and disabilities (SEND) (Family Fund, 2021). Higher levels of behavioural, emotional, and attentional difficulties have been reported for children with SEND compared to other children during the third national lockdown (Co-Space Study, 2021). A decline in support available for these families since the pandemic began has also been observed.

Children and adolescents with pre-existing mental health needs have also been at particular risk of poor mental health during the pandemic. Among those with mental health needs, 80% agreed that the COVID-19 pandemic has worsened their state of mental health (Young Minds, 2021).

> In Derby, due to the prioritisation of services during the pandemic, a re-call of staff to other services in the city was required to provide care to children and young people in most need.
>
> 8.11AM ✓✓

However, due to this, some cohorts, including vulnerable groups, were not able to receive the same offer of support that they had done prior to the pandemic, this includes those under the care of the City Youth Offending Service. We are also aware that some individuals who are most deprived have not been accessing mental health services in the city.

Research undertaken in the city with young people shortly prior to the pandemic also highlighted the need for targeted support among those from Black, Asian and Minority Ethnic communities. Young people in these communities reported that cultural and religious views have affected the way their mental health problems have been approached. Often, this impedes the support young people receive.

Examples of Local Responses:

- During the pandemic, CAMHS have used a blended approach, using a combination of digital online and face to face appointments to see children and young people. This has demonstrated some benefits, for example, more contacts are possible with less travel time and room bookings and it has become more convenient to access care for children and young people, as well as their parents and carers.

- The Derby and Derbyshire Emotional Health & Wellbeing Website was launched ahead of schedule in response to COVID-19. The website is a signposting site where local information can be found about children and young people emotional health and wellbeing support and how to access it.

- A free, anonymous counselling service was made available for children in Derby at the beginning of the pandemic. The service, Kooth, has offered support to children who are feeling particularly anxious about the progressing situation.

Adverse Childhood Experiences

Background

Adverse Childhood Experiences (ACEs) is a term used to describe all types of abuse, neglect and other potentially traumatic experiences that occur to people below the age of 18. (Araujo, et al., 2020).

> The experience of the COVID-19 pandemic may be classified as an ACE, given the trauma and stress many of the associated impacts have exerted on the younger population.
>
> 8.21PM ✓✓

(Araujo, et al., 2020). The impacts include:

- Social isolation
- Remote learning
- Fear of contagion
- Financial challenges
- Poverty
- Bereavement
- Increased exposure to domestic violence, substance abuse and mental illness in the family

The experience of ACEs can generate toxic stress, which can have detrimental impacts on health and life outcomes. The greater the number of ACEs a child experiences, especially in the absence of an adequate support system, the greater their risk of poor health and life outcomes in the long-term (Harvard University, 2021). Children who are exposed to ACEs have an increased risk of heart disease, diabetes, poor academic attainment, and substance abuse, to name a few, in later life.

The National & Local Picture

As of 31st August 2021, there have been approximately 133000 deaths in the UK and 679 deaths in Derby within 28 days of a positive COVID-19 test. Many children and adolescents will have experienced losing family members or friends as a direct result of this. Often, children will have experienced bereavement without adequate social support, which has been compromised during the pandemic (UK Trauma Council, 2021).

For children and adolescents who have been subjected to abuse or neglect by household members prior to the pandemic, being confined at home due to lockdowns and social restrictions has prolonged their exposure to potential harm (NSPCC, 2020). The exacerbation of stressors such as financial insecurity, changes to daily routines and the responsibility of home-schooling among parents and caregivers may have also led to increases in the risk of neglect and physical, emotional and domestic abuse towards children.

More than half of women currently experiencing abuse who had children reported that their children had witnessed more abuse towards them during the pandemic (ONS, 2020a).

Although more recent data is unpublished, in 2018 the rate of children in need primarily due to abuse or neglect in Derby was 353 per 10000 children below the age of 18, this was higher than the regional and national averages and has been increasing in recent years (Public Health England, 2021d). There has been no significant change to the rate of children on child protection plans in Derby, however in 2019/20, this has remained above the regional and national averages at 63.6 per 10000 children below the age of 18 (Public Health England, 2021d).

Between April and June 2020, the number of child protection referrals due to domestic abuse-related incidents increased by 6%, compared to the same period in the previous year (ONS, 2020a). During this period, there were 6145 child protection referrals due to domestic abuse-related incidents in the area served by Derbyshire Constabulary, equating to 32 referrals per 1000 children in this area (ONS, 2020a).

Inequalities

Children growing up in disadvantaged areas, living in poverty, or who are of a lower socioeconomic status are more likely to be exposed to ACEs compared to their more advantaged peers (Institute of Health Equity, 2015). The co-occurrence of multiple ACEs is also more likely for more disadvantaged children.

The impact of COVID-19 on inequalities and ACEs is not fully understood at this point in time, however children already at risk of exposure to domestic violence, neglect, substance abuse and mental illness in their households, are likely to have been disproportionately impacted during the pandemic (Araujo, et al., 2020). Reduced contact with teachers and health professionals who are trained to spot the signs of abuse will have placed these children at greater risk and prevented them from being reached by protective services (NSPCC, 2020). As a result, they are likely to have faced a greater risk of ACEs during the pandemic.

In Derby, we also know that COVID-19 mortality has been greater in more deprived groups, increasing the risk of bereavement in these groups, compared to less deprived groups in the population.

Examples of Local Responses:

- Alongside the Derbyshire charity Safe and Sound, we launched the Safe Places Derby campaign. The initiative is looking to identify businesses and venues in Derby that can become a 'Safe Place' for children and young people, giving them somewhere to go if they feel they are at risk of exploitation or harm within their community.

WORKING AGE ADULTS (16-64 YEARS)

Working age adults have been subjected to a variety of impacts during the COVID-19 pandemic. Many will have been affected by changes to their employment and financial status, changes in time spent undertaking domestic work or childcare and home-schooling. The onset of lockdowns and social distancing restrictions have also affected daily routines and behaviours, impacting smoking habits, the amount of alcohol being consumed, physical activity undertaken and participation in gambling. Changes in access to healthcare services have been observed and mental health has been impacted.

Employment & Income

Background

As initially highlighted by the inequalities outlined in occupation and risk and outcomes of COVID-19, employment has played a large role in shaping the impact of the pandemic on our population.

Periods of financial strain and unemployment are associated with poor health outcomes across the life course. Obtaining an adequate income is necessary to achieve a good standard of living. Without this, it can be difficult to provide the resources required to live a healthy life. Those affected financially and by unemployment during the pandemic may be at increased risk of limiting long-term illness, cardiovascular disease, poor mental health, suicide and health-harming behaviours (Public Health England, 2019).

The National & Local Picture

The onset of COVID-19 has led to periods of economic closure and reduced activity nationwide, mitigated to an extent by the schemes launched to support individuals and businesses during this time, including the Coronavirus Job Retention Scheme and the £20 uplift of Universal Credit.

> By September 2020, 28% of adults experienced a decline in their family finances, often relying on their savings or running into debt to continue to provide
>
> 8.21PM ✓✓

(The Health Foundation, 2021).

In Derby, between April 2020 and March 2021, 6.4% of the population were unemployed, higher than the regional (5.5%) and national (4.9%) averages (NOMIS, 2021). Compared to the same period in the previous year, unemployment in Derby increased by 2%.

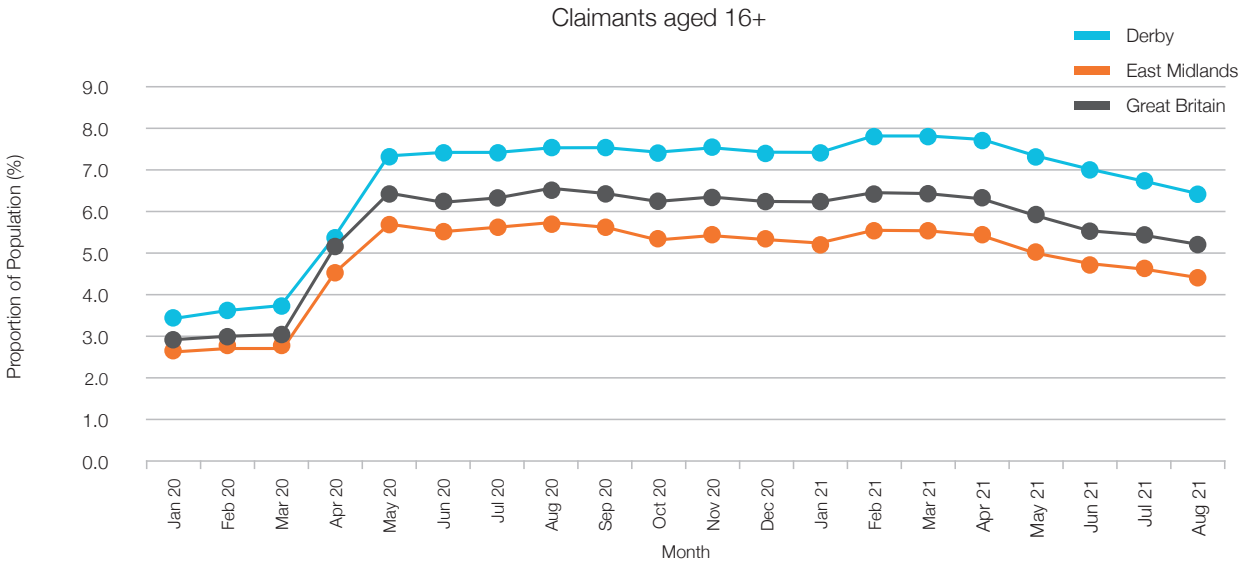


Figure 29. Claimants Aged 16+ in Derby (NOMIS, 2021)

The changes to claimant counts for Jobseeker's allowance and Universal Credit in the city highlight the extent of the financial impact of COVID-19 on our population. Claimant counts rose significantly in Derby during the first wave of the pandemic. In March 2020, this stood at 3.7%, by July 2020 this had doubled, increasing to 7.4% (NOMIS, 2021). Claimant counts are now falling in the city but remain higher than pre-pandemic levels (NOMIS, 2021).

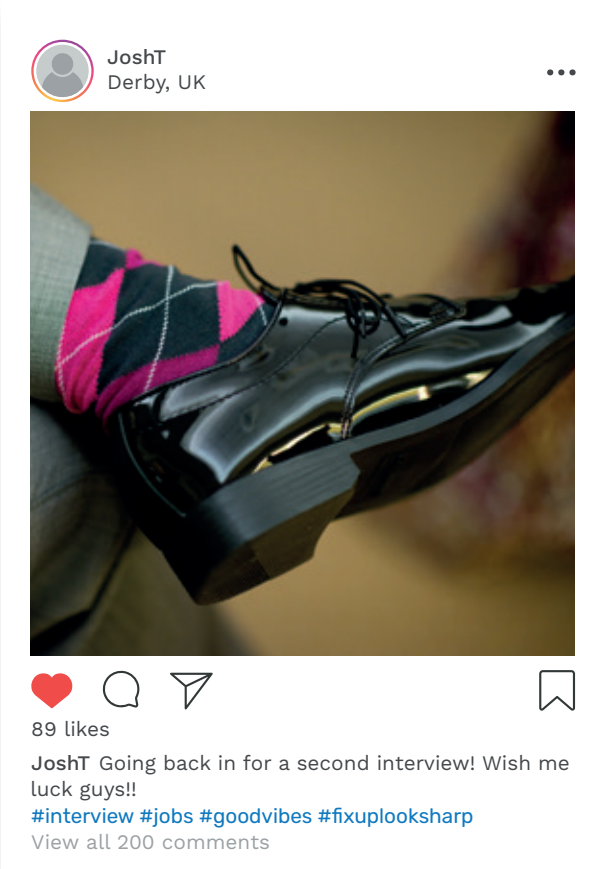
Inequalities

At the ages of 16 and upwards, the youngest workers in our society are often entering the workforce for the first time, after leaving school, college or university. During the last 18 months, these workers have been some of the most disadvantaged in the job market. Although increases in unemployment have been observed across all age groups, this has occurred to the greatest extent among those aged 16-24 (ONS, 2021c). In Derby, claimant counts rose significantly across all age groups, but to the greatest extent among those aged 18-24, more than doubling between March 2020 and July 2020, from 4.6% to 10.3% (NOMIS, 2021).

Declines in the employment rate of young people can be partly explained by the introduction of lockdown restrictions. Many sectors involving customer-facing roles such as retail, accommodation, and hospitality, have higher concentrations of young employees, with those aged 25 and under being 2.5 times as likely to work in a sector which had been closed down during lockdowns, compared to other workers. In these sectors, working from home was not a possibility for the majority and restrictions resulted in the closure of many of these workplaces.

In addition to being at increased risk of infection and mortality of COVID-19 due to their occupation, people from Black, Asian and Minority Ethnic communities are particularly vulnerable to the labour market changes induced by COVID-19 containment measures. Prior to the pandemic, one in nine workers were employed in insecure work, including 39% of Pakistani workers, 36% of Bangladeshi workers and 34% of Indian workers (Marmot, et al., 2020).

COVID-19 containment measures have particularly impacted those working in these insecure and casual forms of employment. In Derby, a greater proportion of adults are in occupation groups which include careers in caring, leisure, service, sales and customer service, industries such as processing plants and machine operatives, and elementary occupations. In occupations like this, work is typically characterised by low pay and insecure contracts of employment (NOMIS, 2021). The security of this work has been significantly impacted by the pandemic, with many roles in sectors which were closed down during lockdowns. Additionally, it is likely that there have been disproportionate impacts on the income of those in these occupations and consequent impacts on the health and wellbeing of those affected.



Domestic Work, Childcare & Home-schooling

Background

The introduction of lockdowns has brought about changes to typical childcare and education arrangements. In many cases, parents and caregivers have taken on increases in unpaid care work, including the task of home-schooling, in addition to increased domestic work and childcare. This has often happened at short-notice and with a lack of adequate support or preparation.

The National & Local Picture

Between April and May 2020, 76.5% of parents with at least one dependent child aged five to 18 years living in the household, reported home-schooling their child or children. Between May and June 2020, this figure increased to 86.6% (ONS, 2020b).

In Derby, the number of children registered for Elective Home Education (EHE) also increased from 335 in September 2020 to 405 in July 2021. The main reason for choosing to have their children home-schooled during this period was COVID-19.

By June 2020, 65% of parents reported feeling stressed, worried, or overwhelmed about the new state of education and childcare arrangements (Sutton Trust, 2020). Many parents who were employed had to adapt their working patterns to complement their time now being spent on housework and childcare. Increased psychological distress was reported among those who had to make these adaptations, compared to those who did not (Xue & McMunn, 2021).

Inequalities

> The burden of domestic work, childcare and home-schooling during COVID-19 has entrenched gender inequalities in divisions of unpaid work, with the burden disproportionately falling on mothers.
>
> 6.32PM ✓✓

Between March 2020 and October 2020, the difference in time spent on unpaid childcare between men and women increased from 55% to 99% (ONS, 2021d). Women were also spending an extra 52 minutes on domestic work per day compared to men (ONS, 2021d). This has been accompanied by inequalities in unpaid work-related psychological distress between men and women. One in three women and one in five men reported their wellbeing had been negatively affected by home-schooling in April 2020. By January 2021, this

increased to one in two women and around two in five men (ONS, 2021d).

For a large proportion of parents, lockdowns have meant taking on these extra responsibilities, alongside adapting to working from home. New education and childcare arrangements may have also had a disproportionate impact on parents working

remotely, with this group being more likely to report feelings of stress, worry or being overwhelmed, in comparison to key workers (Sutton Trust, 2020). Women were also more likely than men to have adapted their work patterns or reduced their working hours, due to increased time spent on childcare and home-schooling (ONS, 2020b; Xue & McMunn, 2021). Greater psychological distress was reported among single parents, particularly single mothers, compared to those with a partner, if they had to adapt their working patterns around their child's new education and childcare arrangements (Xue & McMunn, 2021).

Examples of Local Responses:

- After closures were announced for schools and childcare providers, the Families Information Service (FIS) built a bespoke online childcare directory, providing parents and carers with information on what childcare was available and open in the city for vulnerable children and the children of key workers. The directory was updated on a daily basis, enabling parents to self-service their childcare information needs at times that best suited them, helping them to find suitable childcare close to where they live or work.
- In Derby, all home-educating families are offered a home visit by a EHE family visitor. Between September 2020 and March 2021, all newly EHE registered children were offered a home visit.

Health behaviours

Background

Health behaviours are defined as the actions individuals take that affect their health - these actions can both improve health, as well as increase their risk of poor health. Conditions created by the pandemic and restrictions introduced, have led to changes in people's health behaviours, including their physical activity, alcohol consumption and smoking and gambling habits.

- Physical Activity: The NHS (2021b) recommends that working age adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity per week. People who are less active are at greater risk of developing conditions such as high blood pressure, type 2 diabetes, and heart disease, in addition to becoming overweight or obese.
- Smoking: One of the biggest causes of death and illness in the UK, smoking increases a person's risk of developing more than 50 serious health conditions including lung cancer, coronary heart disease and stroke (NHS, 2021c).
- Alcohol Consumption: Men and women are advised not to drink more than 14 units of alcohol a week. Regularly drinking more than this can increase the risk of conditions such as liver disease, heart disease, cancers, stroke (NHS, 2021d). For women who are pregnant or planning to become pregnant, the Chief Medical Officers for the UK advise not to drink alcohol at all to minimise risks to the baby (NHS, 2021e).
- Gambling: Gambling can broadly be defined as placing something of value at risk in hopes of gaining something of greater value, with typical forms including wagering at casinos, lotteries, betting on sporting events and card games. For many, gambling is a leisure activity which does not cause adverse consequences, however it has the potential to lead to addiction and can cause serious harm (NHS Inform, 2021).

The National & Local Picture

Physical Activity

Physical activity levels in England were rising until March 2020, when lockdown and social distancing restrictions were first introduced. Physical activity levels were hit hardest during the initial phase of the pandemic. Between March and May 2020, the proportion of adults in England achieving 150+ minutes of physical activity per week declined from 61.8% to 58.2% (Sport England, 2021b). Physical activity began to rise as lockdown restrictions were eased, however this fell again during the introduction of new restrictions between September to November 2020.

Between November 2019 and November 2020, six in 10 adults achieved 150+ minutes of physical activity per week (Sport England, 2021b).

In Derby, between November 2019 and November 2020, 61% of adults aged 16+ achieved 150+ minutes of physical activity per week and 32% of adults aged 16+ achieved less than 30 minutes of physical activity per week (Sport England, 2021b). During this period, there was a significant increase in the proportion of physically inactive adults aged 16+, compared to the previous year, increasing from 25.1% to 32.4% (Sport England, 2021b).

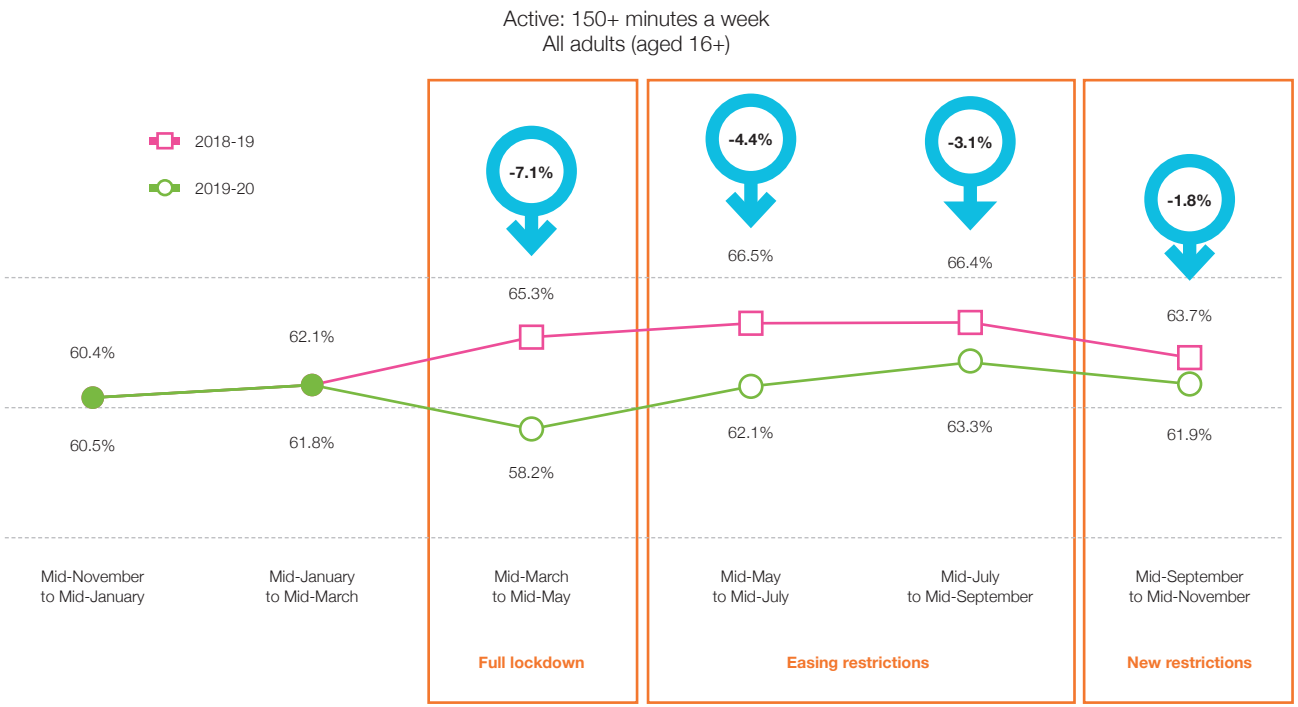


Figure 30. Proportion of Physically Active (150+ minutes per week) Adults in England (Sport England, 2021b)

Whilst the restrictions severely limited the ability to take part in some activities such as active travel and swimming, national data indicates significant attempts by the population to find alternatives through increases in activities like walking, running and cycling (Sport England, 2021b). There have also been a rise of home alternatives to physical activity, with many working adults becoming involved in online fitness classes and interval sessions such as yoga, high intensity interval training and skipping. In Derby, an array of classes have been offered by Derby Active at Home. However, increases in these activities do not compensate for the decline in physical activity attributed to gyms and other leisure facilities being closed.

Smoking

Prior to the pandemic, 16.7% of adults aged 18+ were classified as smokers in Derby. In England, this figure was 13.9% (Public Health England, 2021f). Data on smoking during the pandemic remains limited, however initial

research suggests that 51% of smokers began stress-smoking more frequently since the beginning of the pandemic (Mintel, 2020). In addition to this, 30% of smokers have reported more frequent smoking overall.

Evidence is also emerging that the number of existing smokers quitting successfully has increased during the pandemic. Between April to September 2020, the percentage of people reporting that they had successfully quit smoking increased to 58.2% from 51.5% in the previous year (Nuffield Trust, 2021). Changes to this behaviour may be related to concerns regarding the increased risk of severe COVID-19 symptoms among smokers.

Alcohol Consumption

Nationally, COVID-19 restrictions and lockdowns have been associated with increases in the prevalence of high-risk drinking – this increased from 12.4% in February 2020 to 18.7% in June 2020 and remained high during the second and third national lockdowns (Public Health England, 2021g).

During the first national lockdown and summer of 2020, 26% of adults in Derby reported drinking more than usual. Between February 2020 and June 2021, there was a 18.9% increase in the number of people in alcohol treatment in the city and a 62.2% increase in new presentations for alcohol treatment compared to the same period over the past two years.

Gambling

The onset of lockdowns and social distancing restrictions have led to a severe recession, with GDP declining by 9.8% in 2020 (UK Parliament, 2021). Past recessions have shown to negatively impact individual finances but have also encouraged increases in behaviours such as gambling (Fluharty, Paul & Fancourt, 2020). The impact of the COVID-19 pandemic and subsequent lockdown measures introduced by the government have likely had an impact on gambling behaviour. Problem gambling may potentially be among the health hazards affected by the ongoing pandemic and its aftermath.

In Derby, some forms of gambling such as lotteries or casino gambling became more inaccessible during lockdown, as these venues shut their doors in compliance with lockdown and social distancing restrictions. However, online gambling, which had already been increasing in recent years, has remained widely available.

Nationally, the number of regular gamblers declined during the first national lockdown: 29.8% of male sports bettors and 33.4% of female sports bettors stopped gambling altogether (Wardle, et al., 2021). However, changes have been reported in the types of gambling conducted during the pandemic (Gambling Commission, 2020).

Those engaging with online gambling increased from 26% in April 2019 to 42% in April 2020, and regular gamblers tried one or more new gambling activities for the first time (Gambling Commission, 2020).

Inequalities

Existing inequalities in physical activity between groups have widened. The impact on activity levels was slightly greater among those from lower socio-economic groups - greater declines in physical activity were seen among those in routine/semi-routine jobs and those who are long-term unemployed or who have never worked (Sport England, 2021). In Derby, 70% of people in the highest socio-economic group achieved 150+ minutes of physical activity per week between November 2019 and November 2020, this fell to 57% and 60% respectively in the middle and lowest socio-economic groups (Sport England, 2021).

Persistent differences continue to be seen in activity levels between working age adults from different ethnic backgrounds - those from Asian and Black backgrounds have been disproportionately impacted. Between November 2018 to November 2019 and November 2019 to November 2020, the largest declines in physically active populations have been observed among those from Black (-4.5%), Asian (excluding Chinese) (-4.4%) and Other (-7.6%) ethnic backgrounds. Comparatively, this declined by 1.5% among those from White British backgrounds (Sport England, 2021).

During the first national lockdown, increases in smoking were observed to the greatest extent among younger adults. The number of people aged 18 to 34 who classified themselves as smokers increased by a quarter, from 21.5% to 26.8% (Jackson, et al., 2021). For people aged 18 to 64 in Derby, the odds of being a smoker are also 4.71 times greater if working in routine and manual occupations, compared to those in other occupations (Public Health England, 2021f). This is almost double the national average. Nationally, those in more deprived groups were more likely to smoke - of all smokers aged 18+, 16.9% were in the most deprived group and 9.1% were in the least deprived group (Nuffield Trust, 2021).

Inequalities in outcomes related to alcohol have continued to be observed. Compared to 2019, significantly higher rates of total alcohol specific deaths were seen from May 2020 onwards, 33% of which occurred in the most deprived group, falling to 10.7% in the least deprived group (Public Health England, 2021h). Of all unplanned hospital admissions for total alcohol-specific conditions in England, 34.7% of admissions were in the most deprived group, this fell to 10.8% for the least deprived group (Public Health England, 2021d).

In Derby, people who have reported worsened mental health or feeling isolated have also reported drinking more. Drinking more than usual was also reported to the greatest extent in the 35-44 age group (39%), compared to any other adult age group.

8.44AM ✓✓

Local service data reveals that between February 2020 and June 2021, new presentations for alcohol treatments were higher among the 18-39 age group (36%), compared to those aged 40-64 (27%).

Individuals more likely to have increased their gambling frequency during strict lockdown compared to before the lockdown were those who reported being bored, employed, frequently consumed alcohol and had depression and anxiety (Fluharty, Paul & Fancourt, 2020). Even as lockdown restrictions have been eased, those from Black, Asian and Minority Ethnic communities, who were current smokers and had lower educational attainment were more likely to continue gambling at heightened rates (Fluharty, Paul & Fancourt, 2020).

Examples of Local Responses:

- Derby Active at Home provided a remote fitness service. Health and wellbeing advisors and class instructors adjusted to running live video classes, including yoga, pilates and indoor cycling, completely free of charge online.

- Our Livewell service has continued to offer a free stop smoking service for people in the city, providing remote support and delivery of free Nicotine Replacement Therapy treatments, available for those who are most vulnerable during lockdowns. The service has also offered regular phone support and guidance to access Champix (a prescription-based medicine requiring GP assessment) or £180 worth of Nicotine Replacement Therapy, free of charge.

- Derby Drug and Alcohol Recovery Service have continued to offer their services with a hybrid approach. A mixture of face-to-face, phone and digital support has been provided.

- Drinkwise Derby was launched by Derby Drug and Alcohol Recovery Service to support people who have increased their drinking during the pandemic and would benefit from low-level support. Drinkwise provides access to online advice and self-help, or brief interventions with a specialist worker for those who need them.

Adult Mental Health

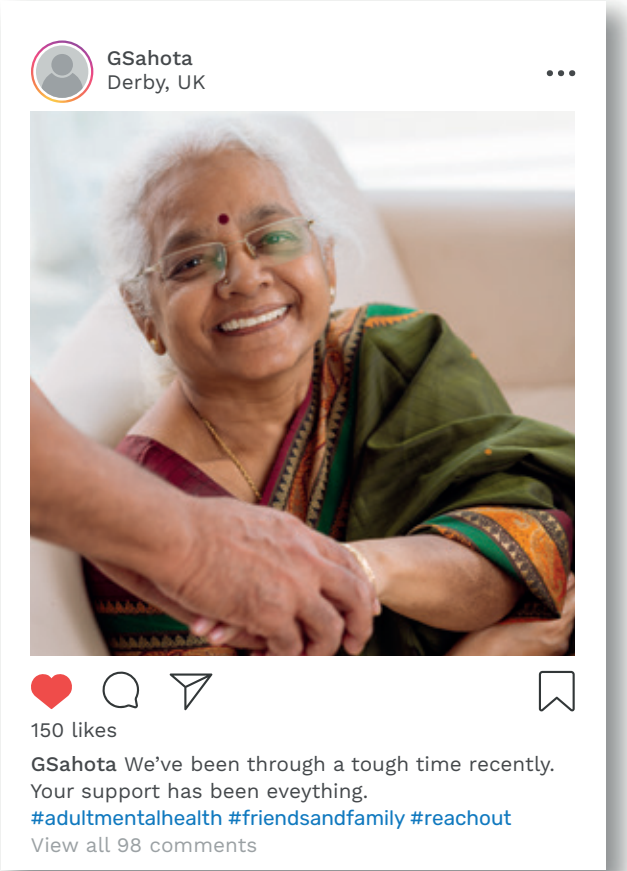
Background

The last 18 months have been a difficult time for us all and the introduction of COVID-19 restrictions has influenced the burden of poor mental health in our city.

Mental health is defined as a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001). The state of our mental health can also influence our physical health, both of which support positive social and economic outcomes for individuals and society.

Poor mental health can be influenced by a variety of factors, including:

- Social isolation or loneliness
- Experiencing discrimination
- Bereavement
- Stress
- Having a long-term health condition
- Unemployment



Evidence from past outbreaks suggests that COVID-19 and its associated restrictions can expose the population to stressors, including many of those mentioned above, which may exacerbate poor mental health (The Health Foundation, 2020b).

The National & Local Picture

There is strong evidence to suggest that mental health and wellbeing has worsened in the UK during the COVID-19 pandemic. By April 2020, mental distress was 8.1% greater among adults, compared to between 2017 and 2019 (Chandola, et al., 2020).

The levels of psychological distress among adults aged 18+ have also fluctuated over the course of the pandemic, coinciding with periods of lockdown and high COVID-19 infection rates. Psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, this then declined to 20.8% by September 2020. Further deterioration of mental health has been observed between October 2020 and February 2021, followed by another period of recovery (Daly & Robinson, 2021).

Similar fluctuations have been observed in personal wellbeing measures, including:

- Overall, how **happy** did you feel yesterday?
- Overall, how **anxious** did you feel yesterday?

Happiness declined towards the end of 2020 and during the third national lockdown, in particular, while anxiety increased (ONS, 2021e). As of the beginning of September 2021, these personal wellbeing measures have not returned to pre-pandemic levels (ONS, 2021e).

Worries about the virus and adapting to new ways of living have often been accompanied by additional stressors, some of which may exacerbate existing difficulties for our communities.

In Derby and Derbyshire, we experienced a spike in intensive care admissions for patients with mental health conditions following the first national lockdown. Results from a survey undertaken with adults living in Derby and Derbyshire in Autumn 2020, also provided insight into the state of mental health in the area during the first national lockdown, into the summer.

- 52.4% of adults aged 18+ reported a decline in their mental health in the past six months.

Figure 31. Happiness Score in England (ONS, 2021e)

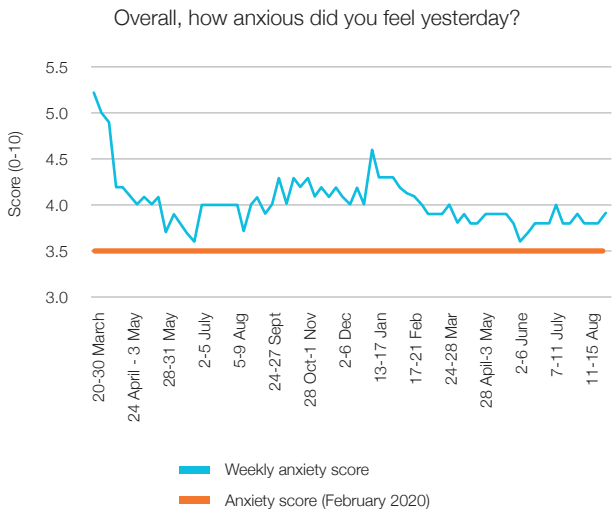


Figure 32. Anxiety Score in England (ONS, 2021e)

- 55.8% of adults aged 18+ reported feeling lonely sometimes or often.
- Of those who reported worsening mental health, 82.2% also reported a decline in contact with friends, family and neighbours, in addition to feeling lonely some of the time (30.4%) or often (60%).
- People living in Derby City reported feeling lonely and isolated more often than people living in other localities – 36% of people in Derby often felt isolated, compared to the Derby and Derbyshire average of 29%.

Inequalities

National data shows that the impacts of the pandemic have been detrimental to mental health overall, however, some groups have been identified as being most at risk of poor mental health during the pandemic (UK Parliament POST, 2021). These groups include:

- Women
- Young adults
- Minority Ethnic communities
- Individuals with lower household income
- Individuals with mental health conditions
- 'Clinically vulnerable' individuals
- Health and care workers and unpaid carers
- Individuals living alone

In Derby, larger proportions of people in the 18-24 and 25-34 age groups reported feeling isolated and lonely 'often' during the first national lockdown and the summer of 2020, compared to other age groups.

Age	*Lonely*	*Isolated*
18-24	18 (64%)	14 (50%)
25-34	45 (42%)	55 (52%)
35-44	42 (21%)	66 (33%)
45-54	66 (21%)	89 (28%)
55-64	53 (15%)	93 (27%)
65-74	40 (13%)	73 (23%)
75-84	11 (12%)	21 (22%)
85+	4 (29%)	6 (43%)
Total	***279 (20%)***	***417 (29%)***

Table 5. Reported Feeling Lonely or Isolated 'Often' by Age Group (Percentage as Proportion of Age Group)

National data also suggests that young adults, those with a low household income and those living alone, have been particularly affected by loneliness during the pandemic

(Bu, Steptoe & Fancourt, 2020b). Disabled people have also reported increased anxiety, loneliness and isolation, in addition to concerns about their safety if they leave their home.

> There is evidence for inequalities in mental health during the pandemic associated with people's housing and surrounding environment.
>
> 10.594AM ✓✓

Almost a third (31%) of adults in the UK have reported mental health problems during the first national lockdown, due to the condition of, or lack of space in, their homes (National Housing Federation, 2020).

In Derby, 5.2% of households are defined as overcrowded (Public Health England, 2021c). Inequalities in psychological distress among those living in overcrowded housing have also been exacerbated, particularly during lockdowns (The Health Foundation, 2020).

- In 2017/18, 24% of adults reporting psychological distress lived in an overcrowded household and 20% lived in a non-overcrowded household.

- In April 2020, 39% of adults reporting psychological distress lived in an overcrowded household and 29% lived in a non-overcrowded household.

People from Black, Asian and Minority Ethnic communities and those from lower socioeconomic groups are also more likely to be affected by this, as they are more likely to be living in overcrowded households (ONS, 2018). A lack of access to green space has also been a driver of poor mental health during the pandemic. Access to both public and private green space has been observed to be important for health and wellbeing during and after the first wave of COVID-19 in the UK (Poortinga, et al., 2021).

Adults who lived within a 5-10 minute walk or more than a 10 minute walk from public green space, reported lower levels of wellbeing compared to those who lived less than a 5 minute walk away (Poortinga, et al., 2021). In Derby, we are lucky to have access to over 375 parks and open spaces and the average person lives 315m from a park, public garden or playing field. This is a third of the national average and equivalent to approximately, 5 minutes of walking time (ONS, 2020c).

Those with access to a private garden also reported higher levels of wellbeing compared to those who did not. One in 10 (10%) households in Derby do not have access to private outdoor space and this varies across the city (ONS, 2020c).

Least access to private outdoor space:

- Little Chester = 71%

- Cathedral Quarter & California = 72%

Greatest access to private outdoor space:

- Normanton West = 97%

- Normanton North & Peartree = 97%

Examples of Local Responses:

- During the pandemic, The Derbyshire Mental Health Helpline and Support Service was launched to provide free advice and support to local residents struggling with their mental health. This has since transitioned to a 24/7 service, making support available at any time of the day or night.

Access to Healthcare Services

Background

The way we access healthcare services has changed during the COVID-19 pandemic. Many consultations and appointments have moved to virtual, while other services have become delayed or cancelled due to a focus on COVID-19 care, including elective surgeries and some screening activity.

Screening is a way of identifying people who may be at increased risk of a particular condition, aiming to detect illnesses at an early stage. There are cancer and non-cancer screening programmes available in the UK, including breast, cervical and bowel screening, many of which begin to invite adults to be assessed while they are of working age.

The National & Local Picture

Since the onset of COVID-19, front-line services have been forced to operate at a reduced capacity due to a combination of COVID-19 restrictions and staffing shortages, resulting in a growing backlog of patients on waiting lists. People have also reported opting out of or postponing seeking care over the past year because they fear burdening the healthcare system, or the potential risk of exposure to the virus (Vaughan, 2020).

Delays to accessing care have resulted in the NHS often treating patients at more advanced, urgent or complex stages over the past year. This is particularly relevant to the impact of COVID-19 on screening programmes (Greenwood & Swanton, 2020).

- Prior to the pandemic, 210000 people participated in bowel, breast and cervical screening per week.
- From March 2020, routine screening programmes were delayed in England, resulting in a waiting list of at least 3 million people by October 2020.
- Approximately 3.4 million fewer key diagnostic tests (-35%) were performed in England between March and August 2020 compared with the same period in 2019.

In the area served by NHS Derby and Derbyshire CCG, the proportion of men and women aged 60 to 74 invited to participate in bowel cancer screening who adequately participated fell between October to December 2019 and January to March 2020, during the onset of the COVID-19 pandemic.

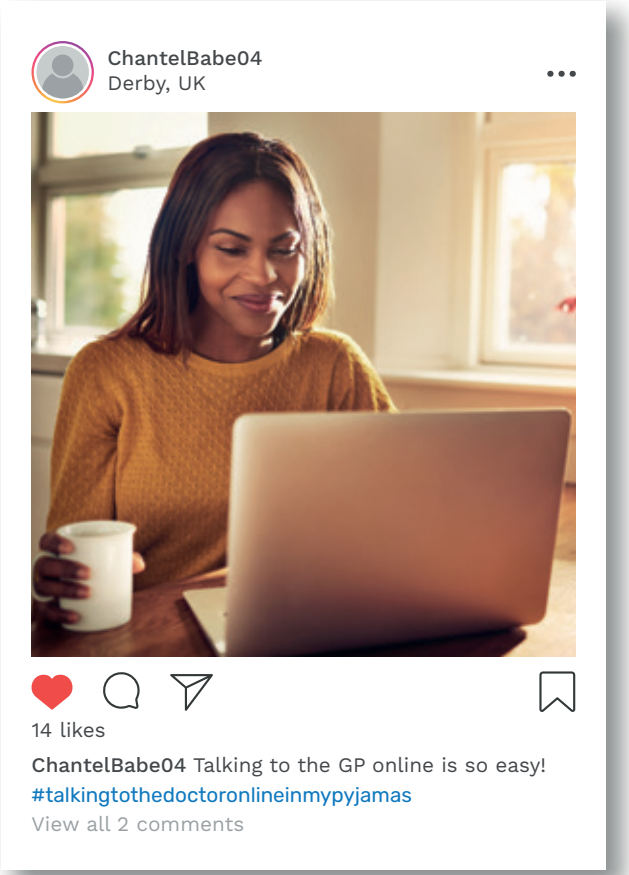
No change was observed in the uptake of cervical cancer screening (Public Health England, 2021i). By January to March 2021, uptake had increased beyond pre-pandemic levels, however the extent to which this accounts for missed appointments during COVID-19 restrictions and the pausing of some screening is unclear.

In Derby, we witnessed sharp declines in urgent cancer referrals during the first lockdown. University Hospitals of Derby and Burton reported that these referrals had fallen by 75% in May. This appears to be due to a decrease in individuals coming forward to report symptoms. When a patient requires an urgent cancer referral, they should see a specialist within a two-week period for further investigation. In the absence of timely screening and referrals, in addition to safe, widely available access to healthcare for all, the risk of illnesses being found at advanced stages is far greater. Delays in breast, colorectal, oesophageal and lung cancer diagnoses are expected to lead to 3291-3621 additional deaths within the next five years in the UK (Maringe, et al., 2020).

Prior to COVID-19, significant inequalities were already being observed in access to services, for example: people living in more deprived areas in England are more likely to have their cancer diagnosed at a later stage (NCRAS, 2018). Past experience of discrimination, stigma, gatekeeping, misgendering, and non-consented procedures can also deter LGBTQ+ people from seeking medical care, leading to later entry into medical systems or no entry at all.

	October – December 2019		January – March 2020		January – March 2021	
Screening Type	Derby	England	Derby	England	Derby	England
Bowel Cancer Screening	65.6%	64.5%	59.8%	55.4%	72.6%	71.0%
Cervical Cancer Screening (Coverage <50 years)	77.7%	70.7%	77.7%	70.9%	75.6%	75.0%
Cervical Cancer Screening (50-64 years)	79.3%	76.4%	79.2%	76.4%	78.0%	75.0%

Table 6. Screening Participation for NHS Derby and Derbyshire CCG (Public Health England, 2021i)



As of July 2021, surges in demand for urgent and emergency care have been likened to the NHS experiencing a 'winter in summer'. This demand is leading to the overwhelming of healthcare in some parts of the country and causing concern over the sustained backlog of patients on waiting lists, which are growing as pressures remain. Despite determined work of NHS providers, delays to healthcare services including diagnoses and the beginning of treatment remain anticipated as the pandemic continues.

Inequalities

Prior to COVID-19, significant inequalities were already being observed in access to services, for example: people living in more deprived areas in England are more likely to have their cancer diagnosed at a later stage (NCRAS, 2018). Past experience of discrimination, stigma, gatekeeping, misgendering, and non-consented procedures can also deter LGBTQ+ people from seeking medical care, leading to later entry into medical systems or no entry at all.

The ongoing pandemic has affected the way that people perceive and access healthcare services, and the impact of this is still emerging. Transition-related medical care, for example, which is life-saving care for trans people, may be deemed non-urgent and postponed or cancelled due to COVID-19. In September 2020, 50% of disabled people also reported experiencing reduced or no treatment, compared to 27% of non-disabled people (The Health Foundation, 2021). Prior to the pandemic, women from Black, Asian and Minority Ethnic communities were less likely to attend cervical screening compared to White British women. During the pandemic, higher levels of fear and worry about accessing screening were reported among women from these backgrounds, those who had been shielding, living with someone shielding or who were overdue for screening (Jo's Cervical Cancer Trust, 2020).

Among women from Black, Asian and Minority Ethnic communities:

- 43% said they would definitely not attend or felt less likely to attend cervical screening
- Increased worry about exposure to COVID-19 at a screening compared to White women (20% v 9.4%)
- More likely than White women to feel unsafe visiting a doctor during the pandemic (39.6% v 27.2%)
- More than twice as likely as White women to believe that delaying screening is the safest option at the moment (17.3% v 8.1%)

OLDER ADULTS (65+)

Older adults have been at particularly enhanced risk of severe COVID-19 infection, hospitalisation and mortality during the pandemic. Staying at home may help to protect older people from the virus, however this group

has also been susceptible to an array of wider impacts of COVID-19, including those linked to remaining within the household. They have been affected by their mental health, poorer access to healthcare and been prone to changes in their health behaviours, including reductions in physical activity. A large proportion of the 'clinically extremely vulnerable' shielding list is also comprised of older adults, leaving many people more susceptible to loneliness and struggles with accessing essential goods.

Physical Activity

Background

A person is defined as 'physically inactive' if they undertake fewer than 30 minutes of physical activity per week. Among older adults, reductions in physical activity and mobility can lead to deconditioning, weight gain, muscle weakness and joint pain. There are also implications for poorer mental health (Age UK, 2021).

An important component of physical activity among older adults is strength and balance activity, this assists with the prevention of falls (Public Health England, 2021j). Fall prevention is vital, as an initial fall can lead to an increase in the fear of future falls and a subsequent decline in physical activity. Following this, the process of deconditioning may be accelerated.

The National & Local Picture

The impact of staying at home for prolonged periods of time is leading to reductions in the amount of physical activity being undertaken, particularly among older adults. When asked about how their health has changed since the beginning of the pandemic:

- One in three older adults have less energy
- One in four older adults were unable to walk as far as before
- One in five older adults felt less steady on their feet

Activity levels had been growing strongly amongst the 55-74 and 75+ age groups prior to the pandemic, however, many of these gains were lost as activity levels declined significantly when restrictions were introduced (Sport England, 2021b). The 75+ age group has been particularly affected, with consistently large drops in physical activity observed throughout the past year, this may be associated with the requirement for many of those aged 70+ to shield during the earlier stages of the pandemic.

Compared to the same period in 2019, there was a 7.3% decline in physically active older adults aged 55-74 and a 6.6% decline in physically active older adults aged 75+ between March and May 2020 (Sport England, 2021b).

In Derby, the proportion of physically inactive older adults aged 55-74 has risen significantly during the pandemic, from 22.8% in November 2018 to November 2019, to 36% in November 2019 to November 2020 (Sport England, 2021). Data is not currently available for those aged 75+.

Reductions have also been observed in the amount of time spent undertaking strength and balance activities. Nationally, the largest declines have occurred among those aged 70-74, with the smallest declines in those aged 85+, although this may be due to the 70-74 age group undertaking a greater amount of physical activity prior to the pandemic (Public Health England, 2021).

Public Health England (2021j) estimate that the COVID-19 pandemic and its impacts on physical activity may lead to an increase in the number of older adults experiencing at least one fall across all age and sex groups.

- 4.9% percentage increase in the annual number of male fallers
- 3.3% percentage increase in the annual number of female fallers

In Derby, a number of activities for older adults are organised by Derby Active leisure centres

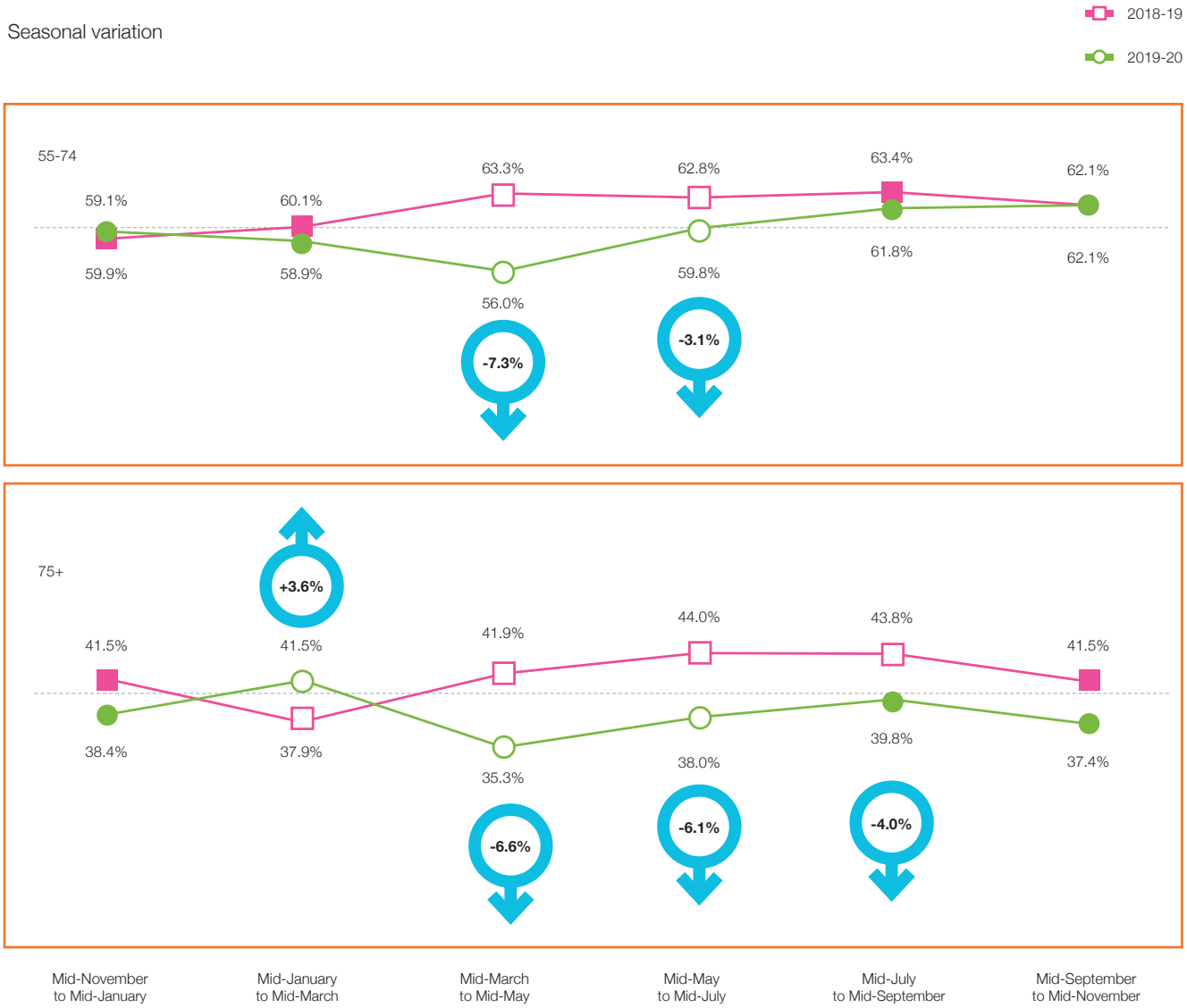


Figure 33. Proportion of Physically Active (150+ minutes per week) Older Adults in England (Sport England, 2021b)

(Derby City Council, 2021). Activities include badminton, bowls, table tennis and walking netball. Unfortunately, COVID-19 restrictions have forced these facilities to close periodically throughout the pandemic, which may have contributed to the decline in physical activity undertaken by the older population in our city.

Inequalities

Older adults with long-term conditions and who have been advised to follow shielding guidance will have been particularly likely to have reduced their physical activity levels over the course of the pandemic (Public Health England, 2021j). Indeed, almost half of 'clinically extremely vulnerable' older adults who were isolating during the first lockdown into the summer of 2020, reported reductions in physical activity and an increase in time spent sitting (Steptoe & Steel, 2020).

Among older adults with conditions such as Osteoporosis and Arthritis, limitations on physical activity during the pandemic has led to them reporting worsening symptoms (Age UK, 2021).

- "Lack of usual exercise has made Osteoporosis worse, so suffered a fractured vertebra." (Female, aged 70-74)

- "Arthritis knee got worse as have been

unable to swim." (Female, aged 80-84)

As a result, for those with long-term conditions, reduced physical activity has not only had impacts on their general health but may have also affected their pre-existing conditions.

Additionally, older adults from more disadvantaged backgrounds have been more likely to report being worse affected by declines in physical activity and mobility (Age UK, 2021).

- 39% of people from more disadvantaged backgrounds reported having less energy compared to 26% from the least disadvantaged backgrounds
- 22% of people from more disadvantaged backgrounds reported being less steady on their feet compared to 14% from the least disadvantaged backgrounds

In Derby, older adults who use Derby Active facilities will have been negatively affected by the closure of leisure centres and sports clubs in the city. The 'Derby Active at Home' initiative enabled people to continue to partake in workouts and physical activity online. However, older adults who are not familiar with technology or who do not have access to this or the internet, would have been excluded from this initiative.

Access to Healthcare Services

Background

Many older adults have been affected by delayed or cancelled surgeries and treatments due to the necessary prioritisation of COVID-19 care, leading to growing waiting lists and impacts on morbidity and mortality.

Delays to surgery can lead to more complicated surgeries, an increased use of medications, difficulties with recovery, poorer health outcomes and a reduced quality of life (The Lancet Rheumatology, 2021).

The National & Local Picture

Elective surgeries resumed in the UK in mid-2020, however most hospitals were already facing large waiting lists prior to the pandemic and have continued to function at substantially reduced capacity since, leading to lengthening waiting times.

Prior to the pandemic, 4 million people were awaiting surgical procedures, a figure that rose to 10 million in February 2021 (The Lancet Rheumatology, 2021). 100,000 patients had joint replacement surgeries cancelled during the first national lockdown in the UK, most commonly for osteoarthritis. Due to this, many have had their daily lives hindered by chronic pain and limited mobility, interfering with their day-to-day activities (The Lancet Rheumatology, 2021).

By September 2020, 140,000 patients in England had been waiting for over a year for surgery, this is 100 times the number of patients waiting in 2019. At University Hospitals of Derby and Burton, the majority of routine operating was suspended for safety reasons during the peak of the pandemic. By the end of March 2021, 10,500 patients had been waiting for longer than a year for surgery and/or treatment, including those awaiting joint replacement surgeries. As of September 2021, this has fallen to 6,000 patients.

In addition to delayed and cancelled elective surgeries, older adults also reported difficulties accessing other forms of care, including cancer treatments. Nationally, approximately 13% of older adults had a cancer-related treatment cancelled between March and December 2020 (Zaninotto, et al., 2021). Locally, 24% of calls to our Community Hub requested help with accessing medicines.

Nationally, 43% of older adults also reported being unable to access their GP during the pandemic and 40% reported feeling less confident visiting their GP surgery, due to worries about the potential exposure to COVID-19 (Age

UK, 2021; Zaninotto, et al., 2021).

Inequalities

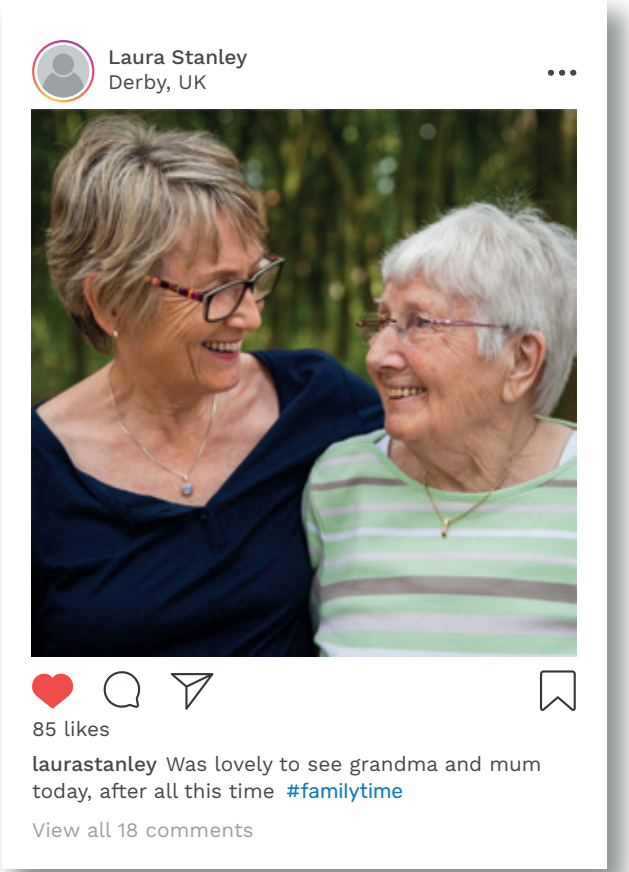
Older adults with pre-existing health conditions, especially those advised to 'shield', have been disproportionately impacted by COVID-19 and the effects it has had on access to healthcare services.

Nationally, one in three people who were shielding experienced a reduced level of care for their existing health conditions, this rose to one in ten people for those who did not access any care at all (ONS, 2020d).

Older adults with multimorbidity were more likely to report being unable to access their GP, routine healthcare checks and counselling for mental health during the pandemic (Zaninotto, et al., 2021). Those with multimorbidity were also more likely to have previously scheduled hospital operation or treatments cancelled. More than half of these patients were still awaiting these appointments to be rescheduled in November-December 2020 (Zaninotto, et al., 2021).

Examples of Local Responses:

- Our COVID Community Hub has coordinated practical help for vulnerable people and those in need, including our older adult population, assisting them with accessing medicines.



Older Adult Mental Health

Background

Older adults are particularly vulnerable to factors that may lead to depression, social isolation, and loneliness, including:

- Bereavement
- Disability
- Retirement
- Illness
- Living alone

Comprising a significant proportion of the shielding patient list, millions of older adults will have been advised to stay at home and avoid social contact for months at a time.

The National & Local Picture

Among older adults nationally, there has been an overall deterioration in mental health outcomes throughout the course of the COVID-19 pandemic in 2020 (Zaninotto, et al., 2021). This pattern follows the onset of the first national lockdown, the easing of restrictions during the summer and the introduction of the second national lockdown later in 2020 (Daly & Robinson, 2021; Zaninotto, et al., 2021).

- Psychological distress: 12.7% (Pre-pandemic) to 19.4% (April 2020) to 14.9% (September 2020)
- Depressive symptoms: 12.5% (Pre-pandemic) to 22.6% (June-July 2020) to 28.5% (November-December 2020)

	Isolation			Lonely		
Age	Hardly ever/Never	Some of the time	Often	Hardly ever/Never	Some of the time	Often
65-74	89 (11%)	155 (49%)	73 (23%)	170 (54%)	102 (33%)	40 (13%)
75-84	29 (30%)	47 (48%)	21 (22%)	44 (47%)	39 (41%)	11 (12%)
85+	4 (29%)	4 (29%)	6 (43%)	4 (29%)	6 (43%)	4 (29%)
Total	122 (29%)	206 (48%)	100 (23%)	218 (52%)	147 (35%)	55 (13%)

Table 7. Reported Feeling Lonely or Isolated 'Often' by Age Group (Percentage as Proportion of Age Group)

- Anxiety symptoms: 9.4% (June-July 2020) to 10.9% (November-December 2020)

Older adults have reported feeling afraid to leave the house, however, are also struggling to cope with loneliness and isolation at home (Age UK, 2021).

- 31% of people aged 70+ feel unsafe or very unsafe when outside of their home due to COVID-19

- 45% of people aged 70+ say they are either uncomfortable or very uncomfortable leaving their house because of COVID-19

Results from a survey undertaken with adults, including older adults, living in Derby and Derbyshire in Autumn 2020, has provided insight into the state of mental health in the area during the first national lockdown, into the summer. Older adults were most likely to report feeling isolated 'some of the time' (48%) and 'hardly ever or never' felt lonely (52%).

We have estimated that up to 3,200 adults aged 66+ in Derby will experience mental health problems due to the pandemic, equivalent to roughly 8 in 100 older adults in the city.

Inequalities

In our local survey, although the older age groups reported feeling less lonely and moderately isolated overall, those aged 85+ were more likely to report experiencing these feelings more frequently. Of these respondents, 43% reported feeling isolated 'often' and 29% reported feeling lonely 'often'. Over the course of the first lockdown and the beginning of the easing of restrictions, 'clinically extremely vulnerable' older adults who were advised to shield experienced higher levels of depression, anxiety and loneliness compared to those of a similar age, who were not advised to shield (Steptoe & Steel, 2020). This group also reported lower life satisfaction, lower levels of happiness and reduced quality of life (Steptoe & Steel, 2020).

Nationally, older adults with multimorbidity were also more likely to report depression and loneliness compared to those without multimorbidity (Zaninotto, et al., 2020).

Older adults from lower income households had the lowest levels of mental health prior to and during the pandemic – this implies that socioeconomic inequalities in mental health have persisted throughout the pandemic. During the first lockdown, higher levels of adversity were also reported by those with restricted finances and poorer access to their basic needs (Wright, Steptoe & Fancourt, 2020).

Examples of Local Responses:

- Our COVID Community Hub has provided a befriending service for those feeling isolated during the pandemic, including members of our older adult population.

- The COVID Community Hub has also helped to connect Derby residents with support from Mental Health First Aiders and Local Area Coordinators.

WHAT ELSE ARE WE DOING TO TACKLE INEQUALITIES IN DERBY?

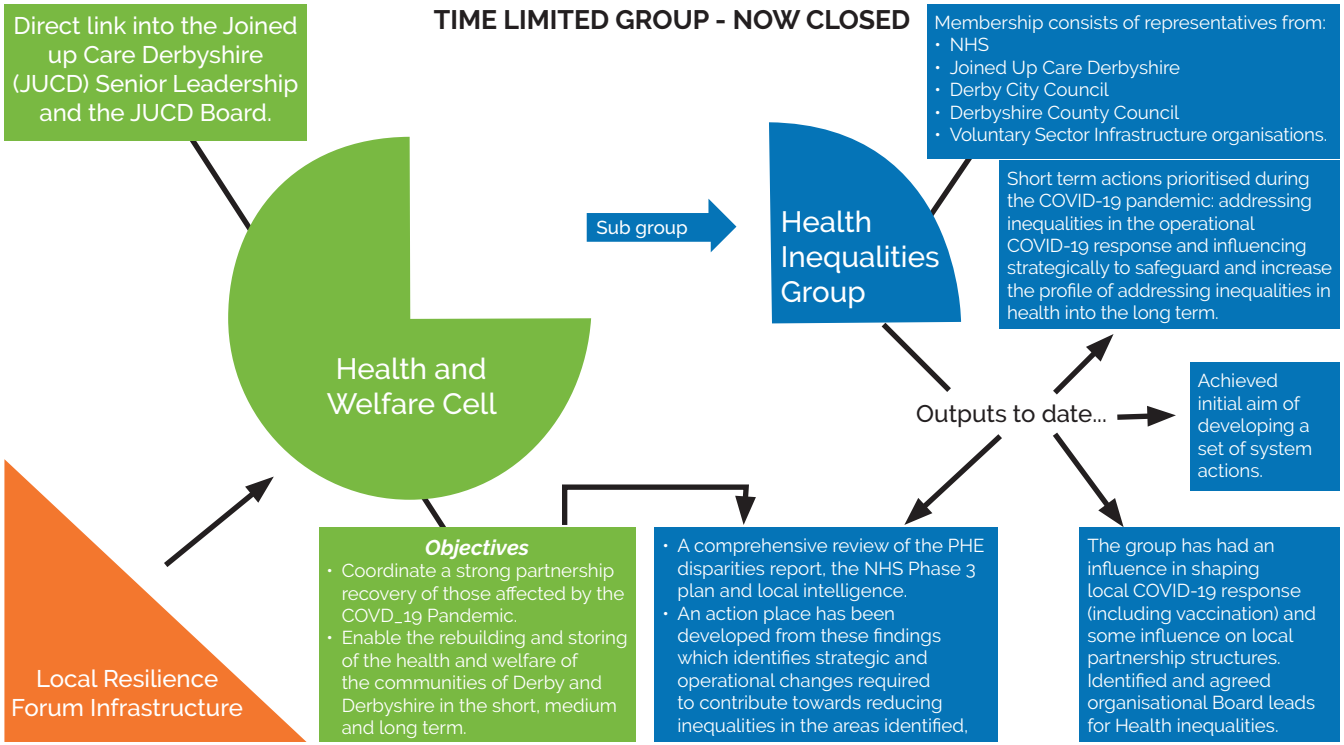


Figure 34. Diagram showing the interlinking objectives and outputs of Joined up Care Derbyshire (JUCD), Local Resilience Forum Infrastructure and Health Inequalities Group

Strategic Health Inequalities Group (SHIG)

Our response to inequalities during the COVID-19 pandemic has involved the establishment of a Strategic Health Inequalities Group, arising from the work of our Local Resilience Forum. The SHIG covered both Derby and Derbyshire. This group has now closed and will be taken up by the Strategic Intent function of Joined Up Care Derbyshire.

The Derby Health Inequalities Partnership (DHIP) was formed in response to the recommendations from the SHIG:

- DHIP is a practical response to the increased interest in community engagement to respond to health inequalities as identified in national reports such as Public Health England reports on COVID-19 inequalities.
- Covers the area of Derby city to support local planning and shaping of health services to better meet need.
- Will operate at the community level.

Derby Health Inequalities Partnership (DHIP)

The DHIP is a co-led, joint initiative between Derby City Council and Community Action Derby, working together with community organisations and leaders to help achieve better health outcomes in the city. The DHIP has identified 3 themes of development work:

1. Community consultation and engagement to understand what health issues are most important within our communities: the human experience behind the inequalities data.
2. Health promotion/ education: supporting the development of knowledge, skills and confidence in health issues.
3. An advisory function to health services and providers to improve their offer for our communities and holding to account for actions following that advice.

Recommendations

Preconception and Early Years (0-5 years)	• Widening gap in school readiness. • Disruption to physical and cognitive development. • Reduced support for new mothers and pregnant women. • Gaps in childhood immunisations.	• Improvement of targeting of services to families facing the greatest challenges, particularly those from low-income and Black, Asian and Minority Ethnic communities. • Improved support and information for parents regarding school readiness and child development, including provision of resources and guidance. • Improving communication between early years services to spot issues early on, assisting prevention. • Working with the NHS to maximise immunization uptake
Childhood and Adolescence (5-19 years)	• Widening disadvantage gap. • Food insecurity. • Inequalities in rising overweight and obesity by deprivation. • Disproportionate impact of lost education. • Long waiting times for mental health support and disproportionate impacts on vulnerable groups. • Risk of COVID-19 as a traumatic experience.	• Continue to work with and support local food banks and our COVID Community Hub. • Continue to gain an understanding of student educational needs and targeting of strategies to improve attainment in specific groups. • Targeted mental health support for those adversely affected, including those of Black, Asian and Minority Ethnic communities and vulnerable groups. • Focus on the provision of trauma-informed services.

Life Course Stage	Challenges	Opportunities
Working Age Adults (16-64 years)	• Unemployment and financial insecurity, particularly among younger adults. • Declines in physical activity. • Changes to smoking, gambling and alcohol consumption behaviours. • Risks to poor mental health and rising isolation and loneliness. • Missed and postponed elective care and screening appointments.	• Explore barriers to engaging in positive health behaviours in the local community. • Continue to work with partners such as Livewell to improve health behaviours and explore opportunities to work with targeted groups. • Continue to work with services such as Community Hub to support vulnerable and isolated people. • Continue to work with the NHS to increase screening and support those on waiting for elective care.
Older Adults (65+ years)	• Reduced physical activity and increased risk of deconditioning and falls. • Risk of loneliness and social isolation. • Disproportionate impact of health behaviours and mental health on those shielding. • Missed and postponed elective care.	• Engagement with older population to encourage lifestyle changes. • Continue to work with services such as Community Hub to support vulnerable and isolated people. • Continue to work with the NHS to increase screening and support those on waiting lists for elective care.

1. Monitoring:

Continue to monitor COVID-19 in Derby and inequalities arising and being exacerbated. We will continue to use the breadth of knowledge and intelligence available to us including:

- Reviewing evidence from UKHSA in relation to local area
- Deep dive analysis of areas moving away from average
- Review of relevant contact tracing details
- Focussed additional testing as suitable for the local population
- Engagement with local communities to understand any issues and concerns

2. Maintain Partnerships and Services:

Leverage the success of services and partnerships established in our city during the pandemic and use this to ensure that we can continue to support those in our community. The pandemic has highlighted the generosity of people in our city and our ability to quickly identify and reach those in need. Initiatives such as our Derby's Community Hub and the Food4Thought Alliance should be maintained and adapted to continue to support those most in need.

3. Community Engagement:

This report has explored inequalities in the risk of COVID-19 and its outcomes, in addition to inequalities resulting from the pandemic's impacts. However, our access to local data remains limited and our knowledge will continue to evolve as the pandemic progresses. Through the Derby Health Inequalities Partnership, engagement with our communities should be prioritised, particularly with high-risk groups, to improve our understanding of the lived experiences of COVID-19 in our city and the exacerbation of inequalities.

4. Health in All Policies:

The way the pandemic has been experienced in our population has often been determined by pre-existing inequalities and many of the impacts of COVID-19 are likely to affect our population in the long-term. This needs to be considered in future decision-making and to tackle inequalities, we need to focus on the causes of the causes, otherwise referred to as the social determinants of health. A 'Health in All Policies' approach can be a powerful tool to consider these social determinants and reduce inequalities.

We should also continue to embed the six policy objectives of the Marmot Review into our core functions, building a society which prioritises fairness in decision making, from birth through later life.

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop health and sustainable places and communities
- Strengthen the role and impact of ill health prevention

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Derby City Council
The Council House Corporation Street Derby DE1 2FS
www.derby.gov.uk