ST HELENS PUBLIC HEALTH ANNUAL REPORT 2020/21

PERSPECTIVES OF THE COVID-19 PANDEMIC

#STHELENSTOGETHER

ST HELENS
BOROUGH COUNCIL

FOREWORD

Welcome to the Public Health Annual Report for 2020/2021 which focuses on the global COVID-19 pandemic and the impact this has had on the lives of people in St Helens. The report is in narrative style and the chapters were written by the key people involved in each of the different aspects of the COVID-19 response. The report covers various features of the response including provision of personal protective equipment and support for people who were isolating; some specific examples of work with the homeless, sexual health, drugs and alcohol and mental health; as well as the impact on settings such as schools and care homes.

At the end of each of the chapters there are recommendations, such as to focus on how to reduce inequalities and to build on the St Helens Together legacy. The learning from the pandemic and how people came together shows we can continue to deliver our council priorities such as promoting good health, independence and care across our communities; even in the toughest of circumstances. I would like to place on record all our thanks to every member of our fantastic communities, including our council staff, who worked tirelessly to help those in need.
St Helens truly came together. #StHelensTogether

Councillor Anthony Burns
Cabinet Member for Wellbeing, Culture & Heritage

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SECTION 1: BACKGROUND

INTRODUCTION

This Public Health Annual Report for 2020/2021 focuses on the global COVID-19 pandemic and the impact this has had on the lives of people in St Helens. We want to make sure we capture the key events of the year and make recommendations for the future.

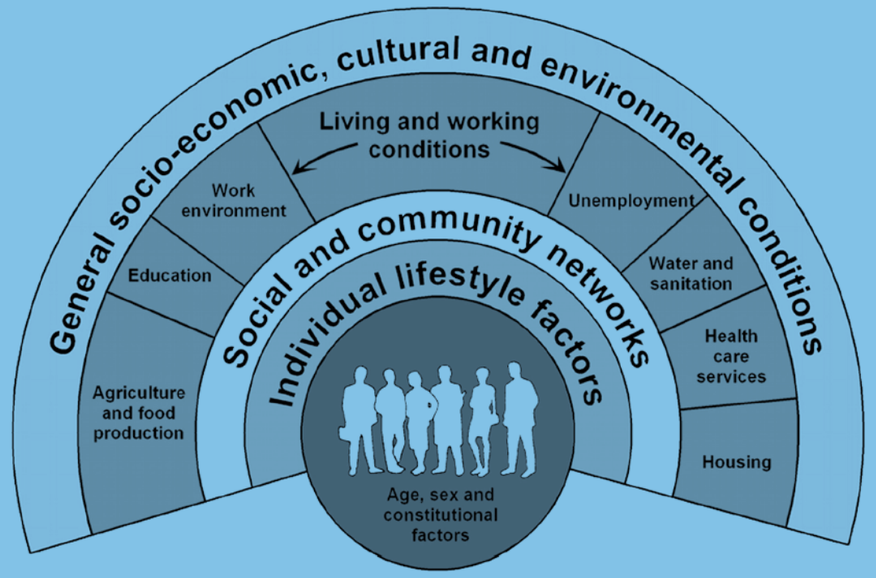
The COVID-19 pandemic is not the first and it won't be the last pandemic. Looking back, there were many changes that took place during the pandemic as we worked together and looked after each other. We were not able to include everything in this report as there was so much, but we hope this report gives you a flavour of some of the things that took place and some of the things that we have learnt and recommend.

Whilst undertaking this report, we particularly focused on the similarities to the influenza pandemic of 1918. Despite advances in technology, it is clear that as a nation and locally, we need to be better prepared for pandemics. Despite all the advances in healthcare, COVID-19 still took hold and ripped through our communities. The only key difference has been our ability to fast track treatments and vaccinations which is starting to pay rewards. Like the 1918 pandemic, it is the communities which are most vulnerable that have seen the biggest impact from the pandemic.

Never more so have the underlying determinants been highlighted as key issues throughout this pandemic. The inequalities that exist within St Helens and between St Helens and the rest of the country have been the reason our community in St Helens has been affected more than in other areas.

What do we mean by the underlying determinants of health? The Dahlgren and Whitehead model of wider determinants highlights factors that have an impact on our ability for good health, social and economic prosperity.

The Dahlgren and Whitehead model of wider determinants



Within the COVID-19 pandemic, factors that have particularly impacted on St Helens relating to the underlying determinants of health have been:

- Access to food for those self-isolating, those on low incomes and for low income families throughout the school holidays
- Financial support for those self-isolating
- Education disruption through restrictions, which particularly impacted on our vulnerable communities with lack of access to home education through access to IT.
- Work environment has had a significant impact on residents, with a higher proportion of care workers, workers in distribution centres and self-employed. People having to go to work and therefore at higher risk of contact with COVID-19.
- The impact of people self-isolating and losing income, and only six months into the pandemic in October 2020 did payments start to be processed for those self-isolating.
- The weather had an impact especially early in 2021, with cold weather keeping people indoors and in work, school and college environments, ventilation was a challenge.

INTRODUCTION CONTINUED

- The impact of COVID-19 in smaller compact households, those of multiple occupancy and homeless populations meant that infections ripped through these households a lot easier as social distancing was not easy or practical.
- The care sector was particularly impacted early in the pandemic by confusing guidance, particularly relating to PPE (personal protective equipment) and hospitals discharging patients into the care sector without testing for COVID-19. Despite this, the care sector has been the backbone to a strong response to this pandemic without which the deaths would have been greater.
- One of the biggest risk factors was people's age; with a higher than average elderly population, St Helens was always at higher risk of morbidity and mortality. ONS data for 2020 estimates that 27% of the population in St Helens is over the age of 60, compared to 24% nationally.
- In St Helens, we have a higher proportion of people living with long term conditions than England. One health condition that was highlighted as a key factor early in the pandemic was diabetes. In St Helens, there are 12,883 adults registered as diabetic on GP registers in 2019 (8% of the population compared to 7% nationally).
- Both cardiovascular and cancer mortality and morbidity are higher than those for England as a whole. This meant that in St Helens, 11,600 people were required to shield. This meant that many people shielding were not only at higher risk from COVID-19, but also more likely to suffer from the impact of isolation, which impacted on emotional and mental health.
- The biggest lifestyle factor that was a risk factor in relation to serious morbidity linked to long COVID or mortality was and still is obesity. In St Helens, surveys indicate that around 69% of the population aged 18 and over are overweight or obese, this is compared with 62% in England as a whole. This equates to 18,223 people in St Helens. Those at highest risk i.e. those obese account for 12% of people aged 18 and over on GP registers, this is compared with 10% in England as a whole.

A Joint Strategic Needs Assessment was developed specifically on inequalities. View the St Helens Joint Strategic Needs Assessment 2020 Inequalities Report

However, with all the factors that put St Helens 'at-risk', these must be weighed against the assets within the community. The population have been the biggest asset in relation to support, ideas and tackling and controlling the pandemic.

The 'St Helens Together' story has been really strong, communities coming together to feed the population and volunteers supporting the testing and vaccination programme. The way health, social care, public health, council workers, businesses, schools and colleges came together to do the right thing to protect our population is something we should be really proud of. Moving forward, we must not forget the strength within our community to support and direct improvements in the health, social and economic future of St Helens. It is with our communities that we will achieve improvements and tackle the systemic inequalities that have been around since 1918.

Reflections from Sue Forster

As Director of Public Health throughout the first year of this pandemic, I have been astounded by how many people volunteered themselves to help control the pandemic and support others. This is not just about volunteers but people who changed their roles completely to help the direct effort.

There were certainly difficult days, especially finding PPE for our care sector when PPE was in very short supply.

The constant challenge between restrictions and freedoms; the impact on people's emotional wellbeing, economic prosperity, managing the spread of the infection and protecting the most vulnerable were challenges nationally and for every Director of Public Health locally. The biggest challenge was the national communications where we would be guided by the science. However, because this is a novel disease, there was no science that linked the spread of COVID-19 and death and long-term health impacts versus the impact on economic and social wellbeing of the population.

We were living through a real time experiment, using the best data from the past and new knowledge particularly linked with behavioural science.

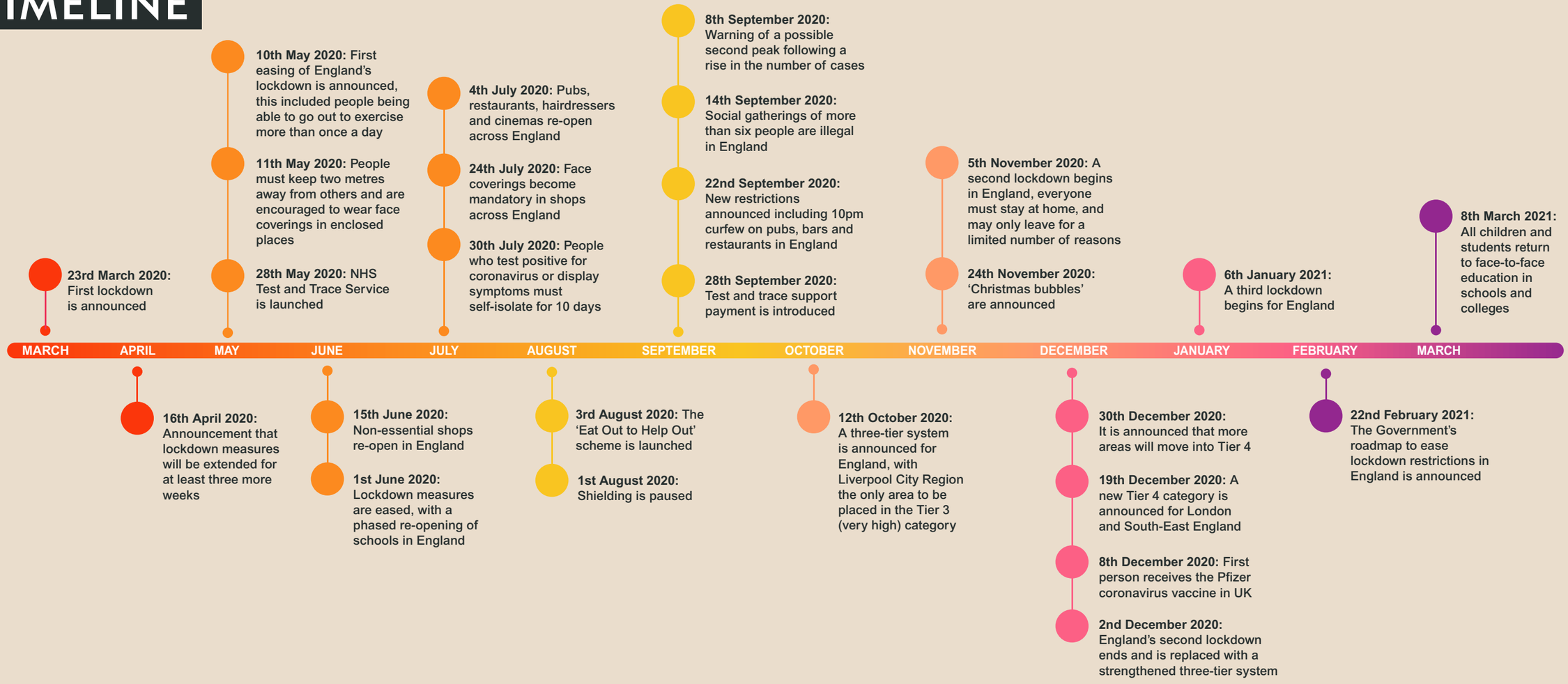
This is where public health nationally and locally was navigating the science and art. A key definition of public health is "the science and art of preventing disease, prolonging life and improving quality of life through organised efforts and informed choices of society, organisations, communities and individuals".

In this pandemic, the role of public health has been key and at a local level, has proved how working together within St Helens was really successful. This report highlights the challenges but how locally we managed emerging policy, science and tools to control the pandemic.

Recommendations

- Advocate to ensure local government and local public health is central to key emergency responses
- Advocate for changes to the national health protection and health improvement system, and recognise the importance of local public health within regional teams, linked closely with local government teams
- Develop a health inequalities strategy/plan that embeds improvements within our communities and local assets

TIMELINE


MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
JANUARY
FEBRUARY
MARCH
23rd March 2020: First lockdown is announced
16th April 2020: Announcement that lockdown measures will be extended for at least three more weeks
10th May 2020: First easing of England's lockdown is announced, this included people being able to go out to exercise more than once a day
11th May 2020: People must keep two metres away from others and are encouraged to wear face coverings in enclosed places
28th May 2020: NHS Test and Trace Service is launched
15th June 2020: Non-essential shops re-open in England
1st June 2020: Lockdown measures are eased, with a phased re-opening of schools in England
4th July 2020: Pubs, restaurants, hairdressers and cinemas re-open across England
24th July 2020: Face coverings become mandatory in shops across England
30th July 2020: People who test positive for coronavirus or display symptoms must self-isolate for 10 days
3rd August 2020: The 'Eat Out to Help Out' scheme is launched
1st August 2020: Shielding is paused
8th September 2020: Warning of a possible second peak following a rise in the number of cases
14th September 2020: Social gatherings of more than six people are illegal in England
22nd September 2020: New restrictions announced including 10pm curfew on pubs, bars and restaurants in England
28th September 2020: Test and trace support payment is introduced
12th October 2020: A three-tier system is announced for England, with Liverpool City Region the only area to be placed in the Tier 3 (very high) category
5th November 2020: A second lockdown begins in England, everyone must stay at home, and may only leave for a limited number of reasons
24th November 2020: 'Christmas bubbles' are announced
30th December 2020: It is announced that more areas will move into Tier 4
19th December 2020: A new Tier 4 category is announced for London and South-East England
8th December 2020: First person receives the Pfizer coronavirus vaccine in UK
2nd December 2020: England's second lockdown ends and is replaced with a strengthened three-tier system
6th January 2021: A third lockdown begins for England
22nd February 2021: The Government's roadmap to ease lockdown restrictions in England is announced
8th March 2021: All children and students return to face-to-face education in schools and colleges

INFLUENZA PANDEMIC OF 1918

The following is a summary of the Spanish flu (influenza) pandemic of 1918, taken from the 1918 Medical Officer Report for St Helens, to show how it compares to the COVID-19 pandemic:

The Borough of St Helens covered 9 wards:

- North Windle
- South Windle
- Parr
- North Eccleston
- South Eccleston
- Central
- West Sutton
- East Sutton

The population was 101,000 including those on military service.

There were high death rates due to the Spanish influenza epidemic, and St Helens had a higher mortality rate than England and Wales in the same time period.

The influenza epidemic caused 465 deaths from July 1918 to March 1919 (315 in 1918). Mainly impacted on healthy adults.

In the spring of 1918, Spanish flu passed over parts of Europe and appeared in St Helens in the first week of July 1918 and it disappeared after eight weeks.

The symptoms were a high temperature with a sudden onset sore throat, headache and muscular pain. Recovery was generally rapid. Many of the deaths were due to complications such as pneumonia and broncho-pneumonia.

However, influenza reappeared the first week of October 1918 and was more virulent than before. Fatality in children was small.

During the pandemic, there were a number of measures put in place to try and prevent spread and save lives.

Infections spread in schools and on 16th October, all public elementary schools were closed and most secondary schools. Sunday schools were also closed.

Magistrates instructed that public entertainment had longer intervals between performances so that disinfection of buildings could be carried out. Children under 14 were excluded from public performances.

Free supplies of gargles and lotions were provided for the population.

In the first week of November, it was estimated that over 2000 people in the borough were suffering from influenza.

Schools opened again on 18th November, but 10 days later the epidemic was so serious that they closed again on 29th November.

The local authority was given powers to enforce ventilation in places of public entertainment.

In the hospital, a ward of 20 beds was set apart in the isolation hospital for patients suffering complications such as pneumonia. 70 people were admitted the majority seriously ill, 13 died.

Four additional trained nurses were provided to support people in their homes.

The outbreak waned in 1919 and schools opened on 7th January. However, by the middle of February, a third wave broke out and was more virulent. Schools closed again on 19th March and opened on 1st June.

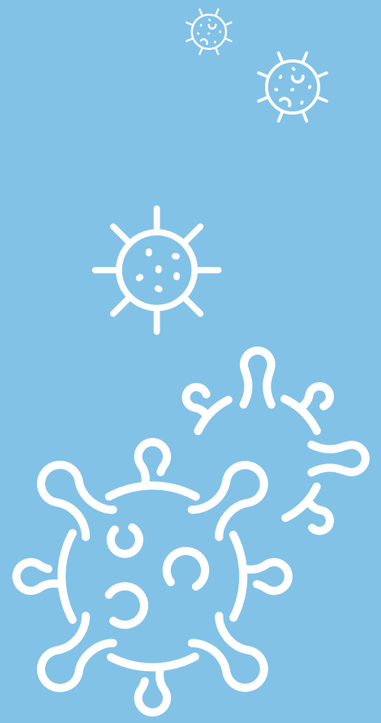
During the whole of the pandemic (July 1918 to April 1919), 472 people died and there were also a large number of deaths due to pneumonia (221) which could have been attributed to flu.

There was a police-aided scheme to provide clothing for 'destitute' children, 464 children received foot gear and clothing.

55,641 free school meals were provided by the Local Education Authority for a school population of 20,049. 32,384 school meals were provided with payments from parents/guardians.

The outbreak saw the need to prohibit people congregating in unsuitable premises. However, the local authority did not have these powers. The Medical Officer of the day questioned the closing of schools and the restrictions on entertainment when congregations were allowed elsewhere. The weakness of the public health legislation meant that the local authority made the following resolution:

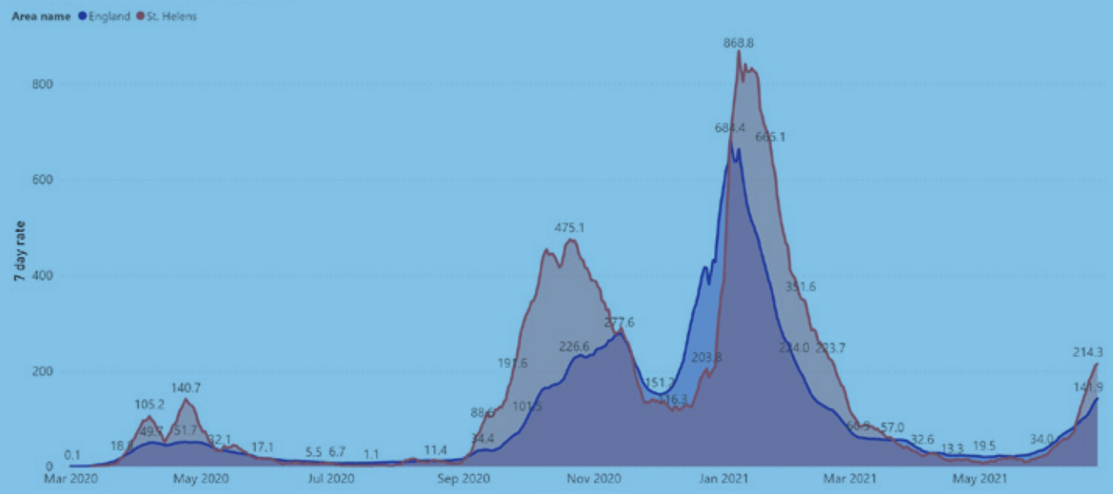
'In the opinion of this council, it is desirable in the interest of public health that the local sanitary authorities should be given power to prohibit during the occurrence of epidemic of infectious disease the congregation of person in building where the suitable precautions to prevent the spread of disease, cannot be, or are not taken.'



COVID-19 DATA AND INTELLIGENCE

St Helens case seven-day rates for COVID-19 have been higher than the national average throughout most of the pandemic:

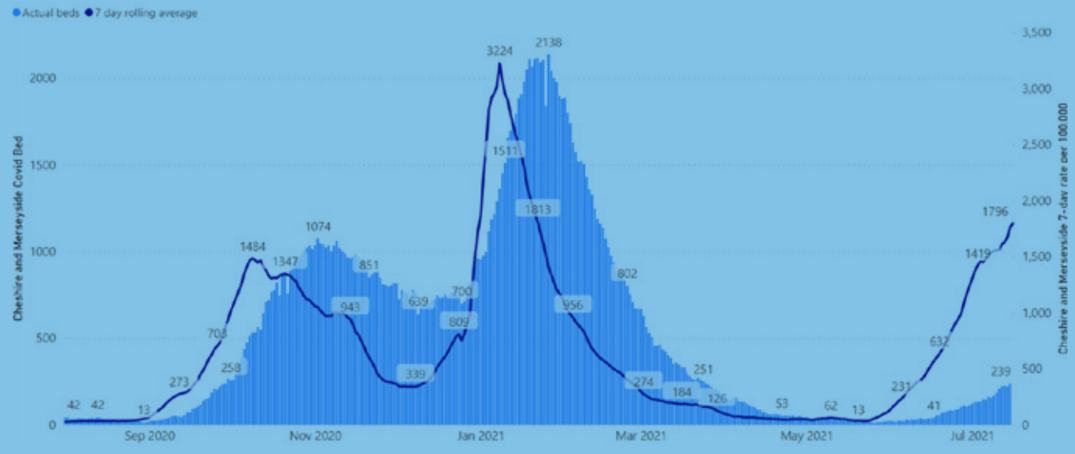
Comparison of St Helens to England of rolling 7 day rate from March 2020-July 2021



Source: PHE / coronavirus.data.gov.uk

Rise in hospital admissions is typically two weeks after the rise in cases. The "third wave" has yielded far fewer hospital admissions than previous waves, this is because of the effectiveness of vaccination:

St Helens data of 7 day rolling average per 100,000 cases of COVID-19, compared to the number of people in hospital with COVID-19 July 2020-August 2021



Source: PHE / NHS

Between April 2020 and March 2021, there were more deaths from COVID-19 than cancer or circulatory diseases:

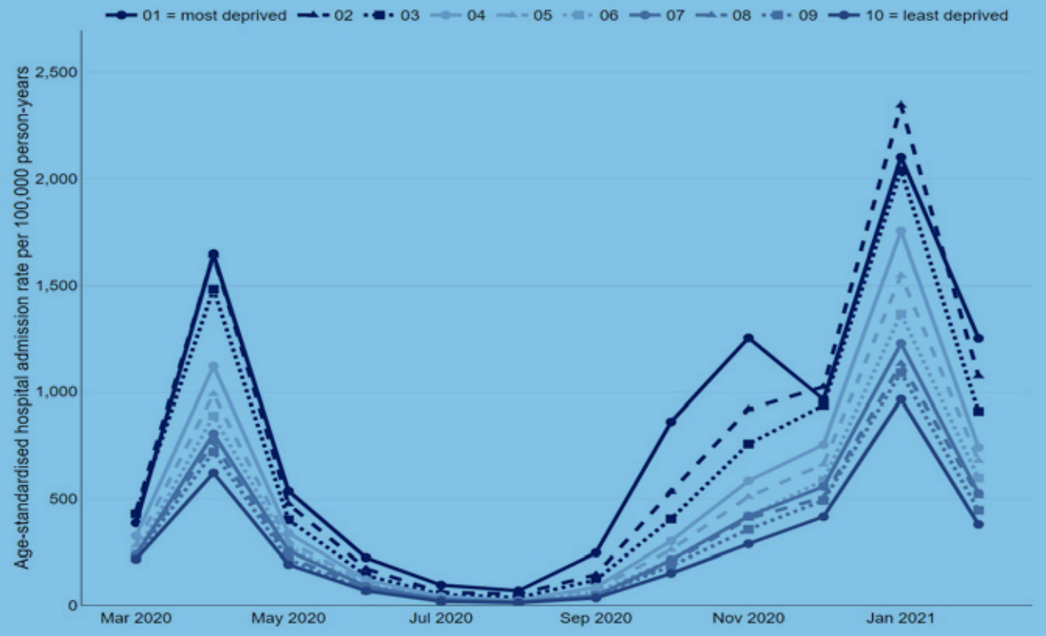
Difference in underlying cause of death category between April 2019-March 2020 as compared to April 2020-March 2021

Underlying cause of death category	Apr-2019 to Mar 2020	% total	Apr-2020 to Mar 2021	% total	*Year on year difference*
COVID-19	0	*0%*	502	*21.0%*	+502
Cancers & neoplasms	546	*26.8%*	473	*19.8%*	-73
Circulatory diseases	518	25.4%	451	*18.9%*	-67
Respiratory diseases	327	*16.0%*	241	*10.1%*	-86
Mental & behavioural disorders	176	*8.6%*	168	*7.0%*	-8
Diseases of nervous system	136	*6.7%*	145	*6.1%*	+9
Digestive diseases	137	*6.7%*	145	*6.1%*	+8
Death not caused by disease	66	*3.2%*	90	*3.8%*	+24
Sum of all other categories	132	6.5%	175	7.3%	+43
Total	2038		2390		+352

Source: St Helens Public Health Intelligence, Primary Care Mortality Dataset (PCMD)

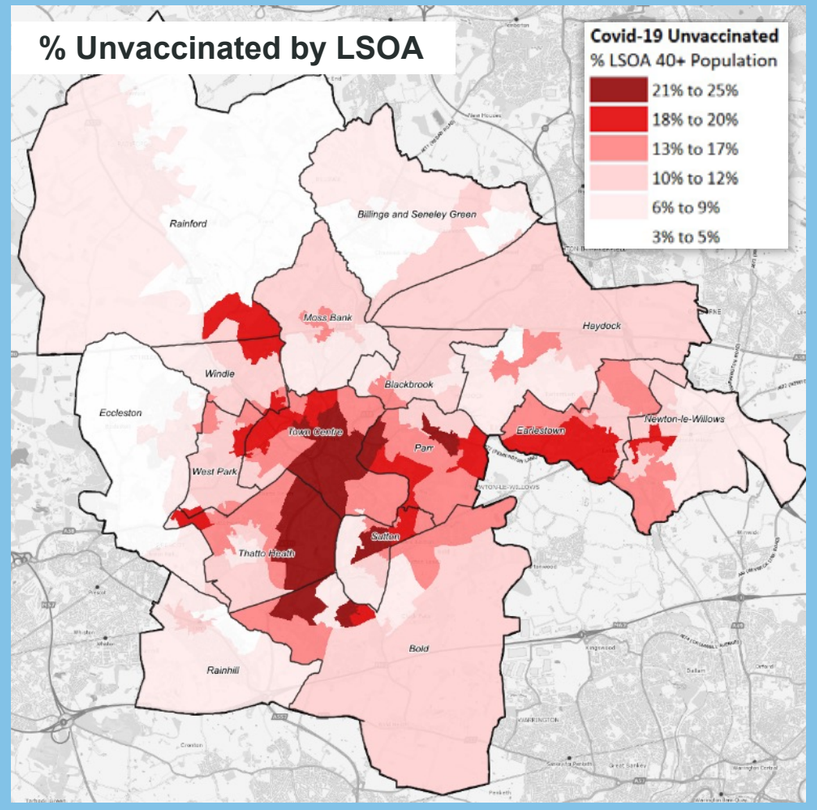
The impact of the pandemic to date increased with each increase in level of deprivation. There was a gradient in hospital admissions and mortality rates by level of deprivation. Across the pandemic to date, the cumulative admission rate for the most deprived in England was nearly three times the rate for the least deprived.

Monthly age-standardised hospital admission rate per 100,000 person-years, for COVID-19 in England by deprivation decile (all ages), March 2020 to February 2021



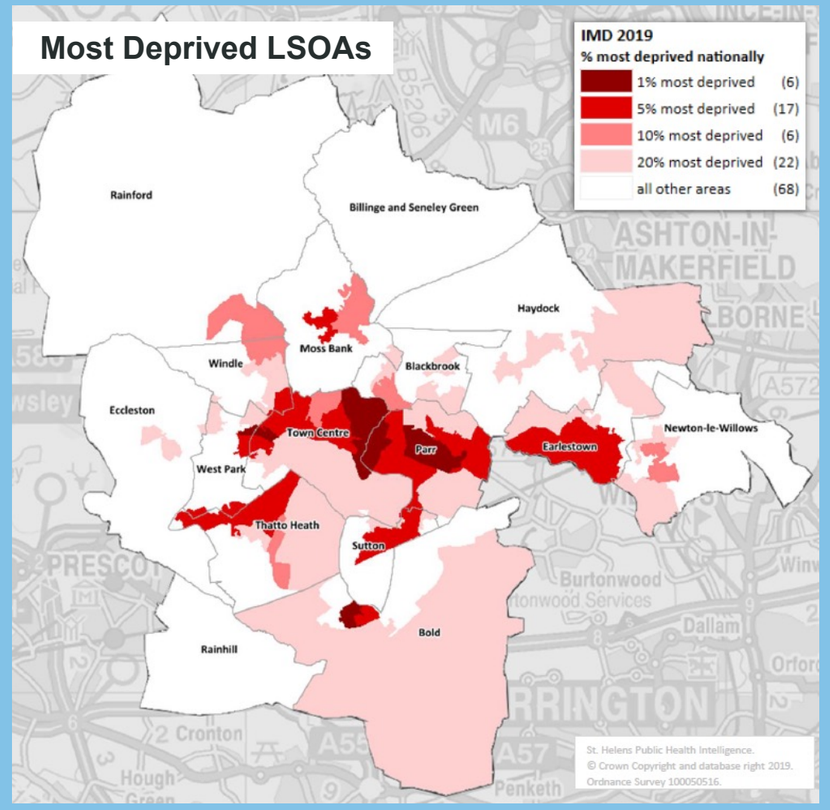
Source: COVID-19 Health Inequalities Monitoring for England (CHIME)

The two maps below show a correlation between the rate of unvaccinated persons (40+ as at the end of June 2021) by LSOA (Lower layer Super Output Area), and the LSOAs in the most deprived areas in England according to the 2019 Indices of Deprivation.



Source: NIMS Via Graphnet Health

This indicated we need to do more to support those in our more deprived areas to access vaccination, particularly as we know that people who live in a more deprived area are more likely to experience severe disease from COVID-19.



Source: English Indices of Deprivation 2019

SECTION 2: RESPONSE TO THE PANDEMIC

OUTBREAK MANAGEMENT AND RESTRICTIONS

Introduction

It is well recognised that basic infection control measures, minimising travel, identifying cases, contact tracing and isolation of cases is the way to prevent spread of infection. However, once the number of cases in the community hit a level where there is widespread community transmission, there needs to be more drastic measures to prevent spread of the infection. After the initial phase of the pandemic of COVID-19, where people who had travelled from hotspot areas in China and Italy were isolated, and testing those with symptoms in hospital, the Government needed to implement strong action to restrict spread to save lives and to prevent the NHS from being overwhelmed; hence why the first lockdown on 23rd March 2020 came into force.

Throughout the months of April and May 2020, the Government worked towards getting a test and trace system in place at sufficient capacity, to test symptomatic people and manage outbreaks and cases through a national tracing service.

It was the local authorities' responsibility to develop outbreak management plans, which were published by 30th June 2020.

What did we do?

St Helens took a very proactive approach to outbreak management. From June 2020, an outbreak management plan was produced and a team structure was developed. We put in place a system to manage complex situations such as working with schools, workplaces, homeless, vulnerable populations and care homes. We developed very strong governance with political leadership with the Outbreak Management Board, meeting very regularly during the summer months and understanding the intelligence and information required to manage outbreaks in the community.

Up until June 2020, schools had only been open for key worker and vulnerable children. Just before the summer holidays, schools opened for reception, year 1, year 6, year 10 and year 12. By the beginning of July 2020, even with low rates St Helens had a contact tracing team, managing complex environments working seven days a week. Early outbreaks in the summer of 2020 were linked to pubs, shops and community increases. A mixture of advice, inspection of COVID safe measures and engagement helped to keep infection rates low throughout the summer without restriction measures.

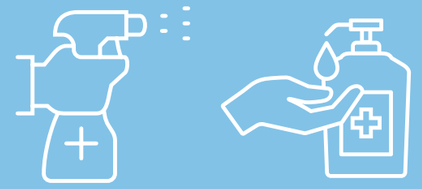
With the local system in place in summer 2020 and data flowing to local authorities from June 2020, the local authority public health teams could start to manage local hotspots, complex situations and analyse the epidemiology of the disease. The Outbreak Management Board became well versed in the data, the spread and the difficult decisions relating to advice to the public, communities, businesses, schools and colleges.

The first experience of a rise in infections in a geographical area was Eccleston Park in summer 2020. At this time, the seven day rates in the whole of St Helens were 14.4 per 100,000, but the rates in a small area of Eccleston Park were 92 cases per 100,000 residents. Whilst the total of number of cases were small, the Outbreak Management Board made the decision to take a proactive stance and advise people to get tested regardless of whether they had symptoms. This was local guidance and differed from the national recommendations that only those with symptoms should get tested. As a result of leaflet drops, environmental health and licensing officers targeting pubs, restaurants and shops, and communications through council social media and local media contacts, the rate of testing increased in the area. The subsequent results were that general community spread had not occurred. This proactive approach certainly helped to raise the fact that COVID-19 was in the community, and reinforced the social distancing, hygiene measures and the relatively new rules around mask wearing in shops.

After the Bank Holiday in August 2020 and a summer of few restrictions, with 'eat out to help out' schemes giving people discounts to support hospitality and summer holiday travel, combined with a full return of children and young people to school, college and university, rates started to rise significantly in St Helens.

St Helens took a proactive approach to managing outbreaks, despite national challenge, undertaking whole school testing of pupils and teachers at Rainford High, when we saw an increase in cases in several year groups. Our aim was to identify if there was asymptomatic spread and isolate quickly to prevent further spread and therefore reduce the disruption to the school. However, over 30 additional cases were identified through the testing and showed that spread had already occurred in all year groups. Thus, the school had to shut for 2 weeks. Without this action, the likelihood is wider community spread and higher rates.

Despite all the contact tracing and managing numerous outbreaks, St Helens rates continued to increase throughout September and into October 2020. Directors of Public Health across Liverpool City Region were pushing for greater restrictions to manage the increasing rate, as widespread community transmission was resulting in people becoming severely ill and starting to adversely impact on hospital admissions. Negotiations with government started with chief executives and local council leaders trying to get the right level of restrictions to support the reduction in transmission.



Towards the end of September 2020, greater restrictions were being put on certain areas of the country as infections increased. A new tier system was developed by government and Tier 3 was the highest at this point in time. On 12th October 2020, St Helens as part of Liverpool City Region were the first in the country to be put into Tier 3 restrictions. This meant that pubs, gyms, betting shops, casinos and adult gaming centres were required to close. However, as a result, a package of financial support was negotiated with local leaders.

Restrictions quickly started to have an impact on the case rates, but with schools, colleges and some essential business still open, the tracing and outbreak management team in St Helens were busy supporting local outbreaks and cases.

The Outbreak Management Board and Health Protection Board were meeting weekly, keeping a close eye on community transmission and hotspots. Data was used to drive the work of environmental health, community safety, police efforts and the St Helens communication strategy.

Despite St Helens starting to see a reduction in case numbers from the middle of October 2020, the national rise in cases meant that the Government announced a second lockdown for 4 weeks from 5th November to 2nd December 2020. Case numbers continued to reduce in the whole of the Liverpool City Region and on coming out of lockdown, the region was placed into Tier 2, meaning that hospitality and retail could open again before Christmas, but there were still restrictions on meeting indoors.

St Helens along with the boroughs of Halton, Knowsley, Sefton and Wirral had been negotiating with the Department of Health and Social Care to extend the pilot of lateral flow testing in Liverpool to the rest of the region. St Helens went live with testing people without symptoms to manage outbreaks and community spread on 7th December 2020. This was quickly rolled out to 3 testing centres in the borough and working with schools, colleges and businesses to manage the control of outbreaks.

Despite low levels of transmission in the Liverpool City Region, concern is noted nationally of a new variant discovered in Kent which had seen a rise in cases in the South East despite lockdown. By Christmas, despite large testing levels, rates started to increase again, and St Helens was seeing the Kent variant which was more transmissible. Similar to after the August Bank Holiday, people socialising on Christmas Day appeared to have an impact on rates. A third national lockdown was announced to start on 6th January 2021, but unlike the November 2020 lockdown, this was more like the first lockdown which included school closures.

January and February 2021 were tough months as there were many cases, many outbreaks, many people in hospital and even more tragically, many people dying. It was a busy time for the St Helens outbreak and tracing team. Some days there were five outbreak meetings a day. The cold weather also exacerbated the measure to prevent spread with businesses and individuals not always ventilating areas consistently.

Cases peaked in early January at 872 per 100,000 in St Helens and slowly decreased through January, February and March, with higher risk work environments constantly being sources of infections.

The new roadmap to recovery was announced by the Government with key dates for releasing restrictions based on the key principles that:

- The vaccine deployment programme continues successfully.
- Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
- Our assessment of the risks is not fundamentally changed by new variants of concern.

The full opening of schools happened on 8th March 2021 and this did not see a rise in infections.

In April 2021, cases of the Delta variant began to rise in some parts of the North West. We managed to get case rates in St Helens down to a seven-day rate of 13 per 100,000 in May 2021. However, we soon began to see more cases of the Delta variant and our case rates reached over 500 per 100,000 by the middle of July. Despite the increase in cases, nearly all restrictions were lifted on 19th July 2021.

What went well

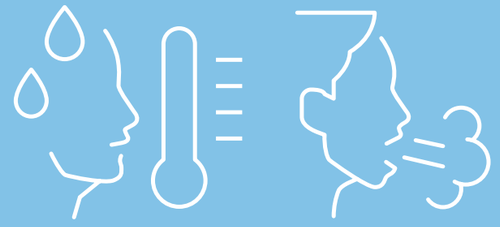
Throughout the pandemic, St Helens has been proactive at managing outbreaks and have had a seven day a week team on call since June 2020. The use of data to drive decision making has supported communications and proactive action in the community. St Helens residents and local councillors have been key in providing local intelligence to get ahead of data coming from the national tracing service. However, despite our best efforts, without restrictions once cases rise above a certain level, local outbreak management will not contain the virus.

Reflections

New variants and the winter certainly impacted on the transmission of COVID-19. There was a lack of understanding at the beginning of the pandemic of the transmissibility of the virus, in particular, asymptomatic transmission. The voices of Directors of Public Health became more important throughout the pandemic. National policy was not always driven by listening to the voices of local areas and what was needed.

Recommendations

- To advocate that more of the health protection function in the new public health system is based at a local level.
- To ensure outbreak management scenarios are tested on a regular basis in the future, to maintain skills and knowledge of managing a pandemic.
- Continue to monitor and respond to COVID-19 that is still very much in our communities.



PPE (PERSONAL PROTECTIVE EQUIPMENT)

What was the situation?

The emergence of the COVID-19 pandemic required an urgent response to secure PPE for the council, its partners and service providers. A coordinated approach across the Liverpool City Region was required to maximise the potential for securing as much PPE as possible, given the ensuing national shortage of available stocks.

The council response included engagement with the Merseyside Resilience Forum and the Merseyside PPE Cell was formed. The PPE Cell was a multi-agency group to act as a single point of contact for the Ministry of Housing, Communities and Local Government (MHCLG) to coordinate the approach for the Merseyside region for the needs, supply and distribution of PPE. Within the council, a PPE Board was established consisting of senior and relevant professional officers to coordinate the response within the borough.

What did we do?

The monitoring and control of the distribution of PPE from a single point of contact at central stores at Hardshaw Brook Depot has been in place throughout the year. A PPE email, including a proforma, was created for the ordering of COVID-19 related PPE. Requests were monitored and PPE allocated dependent on the needs of a service.

A logistics hub was created at Sutton Leisure Centre to compile orders and organised drive through collections for private care homes in liaison with adult care services. PPE drops were made to all schools in preparation for their wider re-opening in June 2020, with each one supplied with a 'goodie box' to ensure that they had a small stock because of restrictions to their usual ordering routes, and the fact that some schools had voluntarily donated their own supplies to local care homes during the March lockdown. Drops were also made to St Helens Voluntary Action Group for distribution amongst multiple organisations (e.g. YMCA, St Helens Food Bank, Hope Centre, St Helens Baptist Church)

At the height of the pandemic, an example of one week's requests included 13,950 gloves, 9,100 aprons, 5,880 type IIR masks, 2,424 visors and 4,190 hand gels. These were for various settings including nursing homes, supported living, children's services, homeless team and domiciliary care.

What went well

Controlling the supply of PPE at a critical time when supplies were scarce, and in some cases, deliveries were also slow. There was a need to ensure that all vulnerable clients and frontline staff received the correct PPE for their required needs. It should be noted that some suppliers increased the cost of their supplies by up to 700%, these suppliers were not used. The PPE group minimised the cost of PPE orders as much as possible dependant on the amount of resources needed.

Reflections

Without the control measures the PPE group put in place from the very start of the pandemic, the council could possibly have found services short of supplies. Staff in the group worked long hours to ensure that PPE resources were not compromised. At no time throughout the pandemic has the council run out of any of the PPE that has been required.

Recommendations

- If there is another pandemic of a similar nature, the PPE group should be re-established, to monitor and restrict supplies to ensure the PPE is received by the correct individuals across services.
- We should explore the potential to hold an agreed supply of stock in the stores system, for future pandemics.
- Liaison with Trading Standards to agree a process of certification to make sure products that are of the right quality are supplied.

COMMUNITY TESTING

What was the situation?

At the beginning of the COVID-19 pandemic in March 2020, the only people being tested were those being admitted to hospital with symptoms, as availability of testing was scarce. However, over the course of the year there was a scaling up of testing for people with symptoms but also for people with no symptoms.

There are 2 types of tests in general use, these are:

- PCR (polymerase chain reaction) are tests that are undertaken using swabs of the throat and nose and are sent off to labs to test for genetic material. These tests are for people who have symptoms of coronavirus.
- LFD (lateral flow devices) are tests that are undertaken using swabs of the throat and nose and detect proteins (antigens) that are present when a person has COVID-19. The swabs are analysed locally, using lateral flow devices on the site the swab is taken and there is a rapid turnaround of results normally within 30 minutes. These tests are undertaken for those who do not have symptoms.

What did we do?

St Helens set up community testing centres in December 2020, for the general population who did not have symptoms (LFT testing) and encouraged twice weekly testing. Initially 3 sites were set up across the borough: St Marys Market in the centre of St Helens, Chester Lane to the south of St Helens and Grange Valley to the east. At the sites, people were shown how to test and supported to do so. Around one in three individuals with COVID-19 do not display symptoms so testing helps to identify and isolate cases to prevent further spread.

The volume of testing peaked in St Helens with 8,219 tests completed between 14th December and 27th December 2020. However, since then less people have been getting tested through community testing. It is likely this reduction can be largely attributed to the impact of the vaccination programme, increased targeted testing and the introduction of home testing via the community collect programme and online ordering of test kits.

From 15th March 2021, an expectation was put in place alongside the supervised community testing programme that the test centres would be responsible for the distribution of home testing kits to the public. In response to this, we adopted a flexible approach to the allocation of resources and workforce planning. As the distribution of home testing kits outstripped demand for community supervised testing, we set up three mobile testing units to offer supervised LFT tests, as well as distributing test kits across all parts of the borough, including hard to reach communities such as travellers and asylum seekers.

The community testing team and mobile testing units have also been deployed to support and facilitate testing in secondary schools, to encourage regular twice weekly testing to minimise disruption to young people's education, and to effectively manage outbreaks within schools. In addition, mobile units have attended primary schools to encourage parents to test regularly, and test kits have been made available for collection via primary schools.

During June, July and August, in response to rising infection rates, we embarked on a programme of surge testing supported by the national team, covering over 20,000 properties within super output areas. Early indications are that this has proved an effective tactic in reducing and managing infection rates within the targeted areas.

More recently, eight pharmacies have enrolled onto the pharmacy testing programme, where people can be shown how to test, and we are supporting pharmacies to increase the use of this resource.

The St Helens business testing team have supported businesses to set up regular testing. The team working alongside the contact tracing and outbreak management team, linked with businesses who have had regular outbreaks to implement regular testing of staff and test and release schemes. The staff have also trained staff from several large distribution centres and have embedded regular testing in two distribution centres and supported another centre to set up who order tests via DEFRA.

The St Helens business team also linked with early years providers, many who had outbreaks throughout January, to set themselves up to test staff on a regular basis. There are now 10 nurseries undertaking regular testing.

In addition, the team have also supported and embedded testing within supporting providers, for example, the YMCA and Salvation Army. We have also supported testing within supported living and domiciliary care settings.

What went well

The rapid coordination of council staff and those from partner agencies to get the testing centres up and running and to adapt to deliver testing to different settings. However, this would not have been possible if it weren't for the flexibility and commitment of staff across all sections of the organisation and the support of partner agencies.

We have adopted a flexible approach to the deployment of resources. During December 2020, we mobilised quickly to set up three asymptomatic test sites with the support of the armed forces. After demand for testing peaked during December 2020, we amended our operations to set up three mobile testing units who have distributed thousands of test kits across communities, areas of high footfall and major events.

St Helens have developed a quality assurance framework to ensure that tests sites are practising to the best standards possible.

Data driven decisions to testing either in schools, businesses, early years or in geographies have been evident through both symptomatic and asymptomatic testing strategies, and informed by a comprehensive set of data and effective communications strategies.

The council has worked in partnership with public and private sector organisations to support and embed testing within schools, supported living providers, day centres for adults, schools and private businesses.

Reflections

Current challenges relate to the public perception of testing following the roll out of the vaccine and the reopening of society.

Supporting testing within schools is a priority for the council to minimise disruption to children's education, to ensure our children achieve the best possible educational outcomes.

The testing landscape is consistently changing, and a review of our current model of testing is required in light of the vaccination roll out, reduced testing and the reopening of society, coupled with reduced availability of testing kits.

Recommendations

- The ongoing support to schools to minimise any further disruption to young people's education.
- Completion of a comprehensive quality assurance exercise across all registered testing sites across the public and private sector.
- To review the current model of testing in response to the significant reduction in use of the two asymptomatic test centres.
- To promote a higher level of community take-up of supervised testing and test kit collection from the registered pharmacies.

CONTACT TRACING

What was the situation?

At the start of the pandemic, most of the testing capacity focused on the hospitals and then care homes. Once testing was available to everyone with symptoms, and we could identify cases in the community, we needed to isolate both the cases and their contacts for 10 to 14 days to try and contain the virus and stop it spreading to others. To complement the national NHS Test and Trace Team, we were asked to set up a local response and to make sure people in St Helens could access support to isolate and stay home (e.g. food parcels, medicine delivery, wellbeing).

What did we do?

St Helens Public Health established a multi-agency team from Environmental Health, Sexual Health and Public Health in June 2020 to be able to contact trace individuals once they had a positive diagnosis of COVID-19. As the pandemic grew, the service was further developed to provide advice to settings such as workplaces, hospitality and schools. We realised we needed a dedicated team to do the contact tracing and outbreak management, so we recruited and trained staff to manage the increase in cases through the worst of the pandemic through the winter of 2020/21.

Contact tracing started with a small number of postcodes and have then been able to cover the whole town, including adapting to the local zero policy, where cases come to the local team in the first instance rather than the national team.

The team of 8.5 contact tracers cover a seven-day rota and also cover from Environmental Health and Public Health officers for outbreak management of settings.

What went well

An established team from secondments of internal staff, alongside external candidates have come together and managed a phenomenal case load, with ever increasing and fast turnaround of changes in guidance. Schools have been fully supported and businesses through outbreak management meetings, they have welcomed the support and gratefully received the guidance and support from the team.

Having a local team is effective because it is people from St Helens who know St Helens. The team have been able to contact 85% of the individuals that have come through as complex or hard to reach and being regularly top of the LCR (Liverpool City Region) local authorities list for completion rates. The team were able to do door knocking and were one of the first in the LCR to do this. The team has established links with the CCG and NHS by contacting individuals who have been hospitalised and completing CTAS (Contact Tracing and Advice Service) records.

The team not only focused on completion of CTAS records, but their welfare state, being empathetic and having local knowledge led to people being able to advise on social care support if needed, shopping, prescriptions and advice. Quite a few residents just needed to talk if they were in need to off load worries and clarify information.

The staff went above and beyond by sometimes personally supporting local residents when in need.

The contact tracers have linked settings together so that intelligence is shared, and settings are followed up quickly by the outbreak officers.

Local story

In March 2021, a positive case came in on the CTAS (Contact Tracing and Advice Service) and the test and trace team made contact with them. They worked at a local distribution centre as an agency worker. They were unsure of their isolation period as they had symptoms two days prior to their test which had since gone. Three out of four of their family members had tested positive at different times. They explained that they had felt mistreated regarding their employment because of the positive test result. They wanted to work in St Helens and had applied for jobs within the council but had not heard anything back. The family applied for the £500 test and trace support payment but was declined.

The team initially liaised with the person via email, which led to speaking to their son as his English was very good and it was agreed the isolation period would be looked into. Isolation dates were confirmed via email. The team asked if the family needed help with an urgent food parcel and asked for a contact number to call the person directly and offered the help of a translator. Contact was made using an interpreter:

- The person confirmed they had access to food via food deliveries therefore did not need help with this
- Contact details of St Helens Citizen's Advice Service were given regarding the work situation
- Test and trace team requested consent to pass on the person's details to St Helens Borough Council's benefits service, to discuss the refusal of the £500 payment to see if we could help them locally
- Explained that the test and trace team could not help with the recruitment process within the council; however they provided the link to the website and advised that they needed to complete an application online as CVs would not be accepted

This is the first case that had been dealt with through the test and trace team that needed such complex support from varying resources. The translation service was easy to use and very productive and appreciated by the person.

Reflections

The COVID-19 teams throughout the council are still reviewing and updating guidance to meet the needs of the changing guidance from central government which is reacting to changes in the virus and spread. This has been a huge challenge and one that has been successfully met by St Helens Borough Council Public Health department.

Recommendations

- There are some options for the future such as the team managing both the cases and the contacts (currently, the national NHS Test and Trace Team manage the contacts)
- To continue to look at options and learn from other areas to make sure people are getting the support they need to isolate for up to 10 days

VACCINATION PROGRAMME

What was the situation?

We have faced an unprecedented vaccine programme during the year with an extended flu campaign and the COVID-19 vaccination programme, all to be carried out in the environment of continued social distancing.

What did we do?

We tested a new way of vaccinating with the flu campaign, with GPs working together to vaccinate on a large site. This set a blueprint for the COVID-19 vaccinations, where 33 practices worked together to deliver vaccinations from the Totally Wicked Stadium for the borough, along with GP provision of vaccinations to care homes, homeless people and housebound residents. In addition, a mass vaccination site was set up, also at the Totally Wicked Stadium, run by St Helens and Knowsley Hospitals (STHK), and two local community pharmacies. At its peak, there is capacity to vaccinate over 3,500 patients per day at the Totally Wicked Stadium. We have further supplemented this with free transport and a vaccine bus to access hard to reach populations.

What went well

The integration in St Helens has meant that the vaccination campaign was delivered to its maximum effect. These included relationships between GPs, the CCG, Public Health, STHK, the local authority, Saints rugby ground and the voluntary sector. We have worked together throughout the year which has put our vaccine programme in the best place it can be and led to delivery outcomes ahead of many of our neighbouring areas. The voluntary sector has supported the clinics on a daily basis; the programme couldn't have been delivered without them. We worked with the local authority to operationalise a vaccine bus which has delivered vaccines to more deprived areas, a local mosque, businesses with a high ethnic workforce, people with mental illness and learning disabilities and will continue to do so.

Local story

Chris and Roisin Hodgson's story – vaccination clinic volunteers

Before retirement, both Chris and Roisin worked for HM Revenue and Customs (HMRC) but three years ago, they decided to take early retirement and indulge in their passion of travelling the world. They were on a cruise from Dubai to India when India closed its borders as the pandemic hit.

Roisin had been volunteering at the council's asymptomatic testing centre when she spotted the call online for volunteers at the GP led vaccination centre, with Chris deciding to join her as he was bored of being at home watching TV. The couple applied together as they felt they wanted to give something back to the community. They were both accepted and worked at their first clinic on 23rd January 2021.

Chris: *"The best part is everyone has been so helpful and friendly, when you see patients coming in, they are so grateful that it's their turn to get the vaccine. Some patients are anxious when they arrive so it's nice to be able to reassure them and be the friendly face they need, sometimes we are the only face they will see that day."*

"Some patients see us as medical staff as we are wearing the full PPE and ask us any queries they may have. We always run things past the doctors or other staff if we are unsure of the answers. We do a mixture of jobs including taking temperatures, sanitising hands, guiding patients to wait and wiping down seats. Generally, it's about reassuring people and answering questions as best we can."

Roisin: *"Once the pandemic is over, we hope to get back to our travelling. Japan is already booked for later in the year…for now however, we are enjoying working at the vaccination clinic two or three sessions a week. Chris is also supporting Halton and St Helens VCA by delivering food parcels to those who are unable to get out the house due to either shielding or being recently discharged from hospital. It really has been great being able to give back to our community in this way and do our bit."*

Reflections

The programme has been incredibly successful, with over a hundred thousand vaccines delivered in 20/21 and many more to do in 21/22. This is a huge step towards a normal life again, and everyone who has been involved in the programme should be really proud. We also thank our residents for coming for vaccinations, none of this could have been achieved without them!

Recommendations

- The programme will have to continue through 21/22 and into autumn with a potential booster campaign.
- We will continue to work together to deliver the programme to its maximum effect, taking account of the clinical priorities of all providers.
- We will continue to develop a plan for the vaccine bus to deliver vaccines to those who are harder to reach.

ST HELENS TOGETHER

What was the situation?

In 2020 and beyond, the VCFSE (Voluntary, Community, Faith and Social Enterprise) sector and the council worked hand in hand to support residents through the coronavirus pandemic. Valuable contributions to the response were also made by individuals supporting each other, businesses remodelling and donating resources and finances and new partnerships were formed. This unified approach to support grew #StHelensTogether underpinned by a strategy, developed based on the lessons learnt during the first year of the pandemic and how we can use our knowledge and experience as we reset and recover.

During the pandemic, communications between the sector and the council have been stronger than ever. New technology enabled a wide number of partners to regularly come together, connect, access timely information and organise appropriate responses.

A seamless route to support was created, whereby a resident can telephone or email and can get connected through to the sector or even to an individual volunteer. This system (the "provider portal") enables volunteers and groups to reach back into statutory partners with queries, concerns or to refer people back for higher levels of support. This provides a strong foundation for future collaborative activities between Halton & St Helens Voluntary and Community Action (VCA) and statutory partners.

What did we do and what went well?

St Helens Together was the collaborative response to the coronavirus pandemic. It was formed of services right across the council working in partnership with Halton & St Helens VCA and their member groups and organisations, NHS St Helens Clinical Commissioning Group (CCG), local businesses and, most importantly, an increasing number of local volunteers. These partners worked together to support those most in need in our communities. This included setting up an emergency helpline, running a community hub to deliver food parcels and essential items to the vulnerable, supporting schools, families and children providing food and vouchers, and developing a volunteer portal to bring together volunteers with those in need, providing support for homeless people and developing a "St Helens is Open" database to help local businesses keep trading. This successful approach has recently been recognised at the iNetwork Awards 2020, where the St Helens Together campaign won the COVID-19 Response Recognition Award and Halton & St Helens VCA, together with the provider "Team Kinetic", won the Partner Excellence Award for the place-based volunteer portal.

In March 2020, the St Helens Borough Volunteering Portal was introduced. This offered a clear and simple registration process for people wanting to help. It offered organisations that needed additional or new volunteers support to engage offers of help.

A "Street Champion" role was created to connect volunteers with people that required support in their neighbourhoods and communities. At the backend of the volunteering portal, a community task dashboard was created, enabling a comprehensive volunteer management system with data that can be easily communicated. In late 2020, this work with volunteers supporting the response meant that we were able to mobilise to support both the council's efforts on testing and latterly the Primary Care Network and CCG led response to vaccination. Over 1,700 volunteers have registered on the portal since its introduction, and volunteers across St Helens have given in excess of 50,000 hours of their time to support local groups and their efforts and the St Helens Together response to supporting, testing and vaccinating local people.

These collaborative initiatives will grow, and we will use these strong foundations to develop the long-term legacy of St Helens Together.

Local story

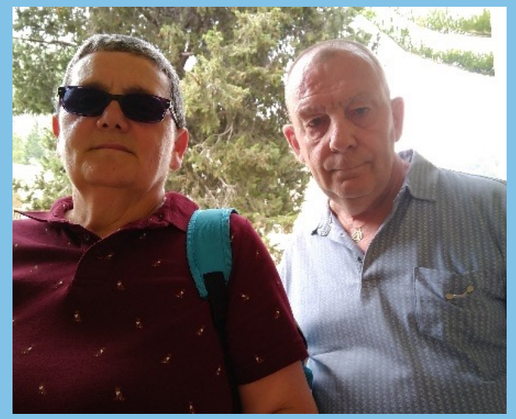
Zeb's volunteering story

My name is Zeb. Volunteering has been a large part of my life for many years. It is something I'm very passionate about. I love helping people, I've always had a strong desire to give something back. It is so inspiring to give your time and help others. I did not hesitate when I saw that volunteering notification, as I want to make a difference and help as much as I can, especially during this pandemic. Volunteering has played a massive part in giving me my life back, as I have high blood pressure and was suffering from severe depression.

The atmosphere, love and appreciation you get from the managers, doctors, vaccinators, volunteers and patients is heart-warming which has boosted my self-confidence, self-esteem and life satisfaction. I have given 383 hours of my time so far volunteering at both the testing and vaccine centres in St Helens. At the testing centre, I have helped people to register for their test, guiding them to testing bays and safely out to their exit and disinfecting and cleaning the bays. At the vaccine centre, I am meeting and greeting patients on entrance to the building and checking their temperature, guiding them to pre-vaccination areas and managing queues, ensuring social distancing is maintained. Chatting with patients while waiting and after their vaccinations. Supporting teams in observing patients in post vaccination area and disinfecting and cleaning the chairs.

Patricia & Roy's volunteering story

I was lucky enough to take early retirement in November 2019, and as my husband is retired too, we started to plan how to fill our time. Then along came the pandemic in March 2020 and put paid to any plans we had. I saw on Facebook the request for street champions and as we had just moved into the area, I thought it was a good way to help others.



So the chance to shop for people began and at first I had 3 regular people to shop for. I still have one regular weekly shop for someone. This along with picking up and delivering food parcels when I could was my way of helping those who, for whatever reason, couldn't go out and would otherwise have no food. When the chance came to help at the vaccination centre my husband Roy and myself decided we wanted to do our bit, it was a unique opportunity. From January, we have done two shifts a week and it is hard to describe the feeling this has left us with. It has been an amazing experience, seeing the look of joy and hope in people's faces as they received their first vaccination. For some of the older people it was their first trip out since the first lockdown. As this area of volunteering comes to an end, I hope to move on to something else where I can help others.

Recommendations

- Continue to build on the St Helens Together legacy as we move forward from the immediate COVID-19 response
- Ensure the volunteering portal and single St Helens approach to volunteer recruitment and mobilisation is embedded further
- Implement the St Helens Together Strategy

#STHELENSTOGETHER

SECTION 3: SUPPORTING PEOPLE

SUPPORTING THE HOMELESS DURING COVID-19

What was the situation?

As part of the national response to COVID-19, all people rough sleeping on the streets or sleeping in shared sleeping sites, such as night shelters or communal emergency provisions, were offered a safe place to stay. In St Helens, we housed over 150 single homeless people at different times during the pandemic in a local hotel. In addition, St Helens already had over 130 single homeless people supported in the local hostels. Many of these residents had a number of health risks including respiratory conditions and drugs and alcohol needs. We needed to help keep them safe from COVID-19 and provide environments that would support self-isolation and reduce further spread, should they test positive.

What did we do?

A local partnership was formed including housing, public health, CCG, drugs and alcohol services, hostel managers, a specialist homeless health GP and nursing team. The partnership met weekly and worked together to review guidance and support residents to stay safe and well. Actions included:

- **Infection control:** Working together with the Infection Control Team to ensure COVID safe environments - prioritising prevention and infection control in the hostels, supporting social distancing and mask wearing in a sometimes-challenging environment, supporting self-isolation and shielding.
- **Surveillance:** Establishing a daily surveillance system with accommodation providers to identify and isolate anyone displaying symptoms and reducing risk of outbreaks.
- **Onsite PCR testing:** Working with the Northwest Boroughs in-reach testing team to establish onsite testing at the hostels and hotel, for anyone showing any symptoms.
- **Drugs and alcohol needs:** Ensuring that those people with addictions to drugs or alcohol received the essential support they needed from the community substance misuse service, who provided a socially-distanced outreach service to make sure everyone's needs were met, and any potential new clients had the opportunity to engage with treatment and support.
- **Food:** Working with voluntary sector organisations such as Teardrops and The Hope Centre to ensure that the rough sleepers housed in the emergency accommodation received food twice a day.
- **Wider health needs:** Identifying opportunities to support the wider physical and mental health needs of those in supported accommodation by establishing an MDT (multidisciplinary team) approach for particularly complex individuals and arranging joint outreach health clinics.
- **Vaccinations:** Establishing vaccination clinics at the hostels and engaging residents via trusted and known staff.
- **Asymptomatic testing:** Training up hostel staff to deliver regular asymptomatic testing of residents to reduce risk of spread.
- **Outbreak management:** Quickly establishing an outbreak control team to manage and contain an outbreak in the hostel setting.
- **PPE:** Worked with hostels to ensure they had sufficient supplies of PPE for staff to remain safe.

What went well

- Good partnerships between services meant needs could rapidly be met and rapid effective response during outbreak situation.
- Establishment of 'in-reach' approach to testing and vaccination meant a high uptake rate for both.
- Communications to residents, via known and trusted staff, improved uptake of testing and vaccination and compliance with self-isolation during an outbreak situation.

Local story

In response to the pandemic, in March 2020 the Government requested that local authorities support people who were rough sleeping to come into safe accommodation, with the aim that no residents should be living without accommodation during the pandemic. The initiative, called 'everyone in', required a partnership approach between the council and the agencies engaged in delivering support to rough sleepers. During this time more than 150 vulnerable people were helped off the streets and into emergency accommodation, the goal being long-term housing with wraparound support.

This provision has enabled some of the most entrenched rough sleepers to engage with services and to receive the support required. Among them is Client D, a rough sleeper who had slept out on the streets for over a year and consistently refused every offer of support and accommodation, even under the new 'everybody in' initiative. Despite this the Housing Services Team within the council continued to check on him daily as his poor health was a great concern. Then in October 2020, Client D surprised officers by saying yes. Since then, he has been living in temporary accommodation with the right support and help to apply for long-term tenancy, claim the benefits he needs and open a bank account. Client D now has an opportunity for a bright, stable and healthy life.

Services have continued to support people just like Client D, to prevent rough sleeping, including offering emergency accommodation over the winter period. The council continues to work in partnership to increase the number of properties available for people who have experienced homelessness as part of the wider Homelessness Strategy for the borough.

Reflections

- The need to achieve a common goal to protect a vulnerable client group really accelerated partnership working and showed what could be achieved and has left a legacy of improved homeless health service provision that can be built on in future.

Recommendations

- Ensure partnerships are established between housing, hostels, public health, drugs and alcohol service and homeless health teams, to respond to the often complex needs of homeless individuals.
- Building trust and communication via trusted key workers and hostels staff is vital for this group of people.
- This group of people can have a range of complex needs but often do not engage with 'traditional' service models. An in-reach approach is more successful for them.

SEXUAL HEALTH SUPPORT

What was the situation?

During the coronavirus pandemic, sexual health was classed as an essential service, therefore it was necessary to find a way to safely deliver the care that patients needed, without increasing the COVID-19 risk for staff and patients. In addition to the clinical care for patients, non-clinical intervention, health improvement and education was provided across the borough. All face to face health improvement stopped immediately due to the closure of schools, the implementation of the national lockdown and the work from home if possible guidance. Sexual health had to find a way to continue to provide clinical and non-clinical care to the population of St Helens. In addition, some of the staff went to help out on the COVID-19 wards in the hospital to help look after patients with COVID-19.

What did we do?

The service reacted immediately by implementing a range of actions to enable a level of service to be safely delivered. Actions which were implemented were:

- Walk-in clinics stopped immediately to protect staff and patients. We provided support via online conference calls, text, email, and telephone.
- Telephone triage set up with booked appointments for those with a clinical need or vulnerability to be seen in person. We installed a telephone management system to ensure incoming calls were managed effectively.
- Any patient within a vulnerable group was prioritised for face to face appointments e.g. under 18s, learning disabilities, sexual assault.
- Under 18s were triaged over the phone and booked to be seen – this reduced face to face time but ensured visual assessment for safeguarding screening and Fraser competence assessment.
- Postal arrangements for medications were agreed with pharmacy and a process established.
- Arrangements were put in place to enable HIV medications to be delivered via Healthcare at Home, a third-party provider already working with the service and the wider Trust.
- The Refero system was used to facilitate video consultations for psychosexual therapy and some HIV patients.
- Developed a virtual dermatology clinic, enabling patients to securely send photographs of skin issues which could be assessed by the consultant and a treatment plan agreed.
- Implementation of an online facility to request home STI testing for chlamydia, gonorrhoea, syphilis, HIV and hepatitis B & C.
- Developed social media to enable information to be sent out quickly, providing accurate up to date details of service delivery and alternative access points.
- Facilitated home working arrangements for staff where possible, to maintain staffing levels and patient access whilst ensuring shielding staff remained safe, unnecessary travel was limited, and government guidelines were followed as much as possible.

What went well

- Telephone triage meant that patients were not required to attend clinic in person unless absolutely necessary. Some people reported this made the service easier to access, for example they did not have to travel with small children.
- We were able to offer patients a choice of appointment for psychosexual therapy i.e. video or telephone.
- Posting of medications meant patients did not have to attend clinic or a pharmacy to get necessary treatments.
- Booked appointments for those who needed to be seen face to face meant that waiting areas were not full, patients did not have to wait for prolonged periods of time, therefore minimising the COVID-19 risk.
- Home STI testing allowed patients to get screening without the need to attend clinic in person.
- Social media interaction became a vital way for the service to remain engaged with patients and partners.
- Over the Rainbow Group went live on Zoom allowing young LGBT* people to maintain much needed contact with a support avenue and could remain at home whilst doing so.

Local story

The service was asked to speak to the media about sexual health in the wake of the pandemic:

https://www.itv.com/news/granada/2021-05-18/why-experts-are-predicting-this-year-will-see-a-tsunami-of-stis

https://www.bbc.co.uk/programmes/m000sh8x

Reflections

The changes that have been implemented have created a new and effective way of working for the service and one which has been welcomed by patients and staff. It has become clear that the service is able to respond to an unprecedented situation and maintain an effective and safe level of service delivery.

Recommendations

- Maintain telephone triage and choice of appointment type
- Maintain availability of home STI testing, although this will be dependent on the financial ability following the pandemic
- Maintain posting of medications

DRUGS AND ALCOHOL SUPPORT

What was the situation?

Like many services, Change Grow Live (CGL) St Helens drug and alcohol service has had to adapt several elements of its delivery approach, in response to the COVID-19 pandemic and related restrictions. Adaptations have been very successful, received well by the people who use the service and underpinned by the team's flexibility, commitment and supportive leadership.

What did we do?

Whilst remaining open throughout the pandemic, CGL St Helens worked within Public Health England guidance and helped contribute to a national organisational COVID-19 action plan. CGL revised policies and procedures to allow continued interventions, whilst reducing social contact between frontline staff and the people who use the service.

What went well

CGL were really proud of the development and delivery of the digital offer during COVID-19. To maintain support and contact with the people who use the service, CGL introduced an accessible digital support offer. Previously, all aspects of the service were delivered in person; during lockdown, psychosocial interventions, as well as wider community training and engagement sessions, could also be accessed online. Staff were equipped with technology to enable remote working (e.g. laptops and smartphones). The service invested in additional IT – for example, a fisheye camera and microphone which captures multiple voices in a group setting, allowing people at home to feel like they are still in the room. Digital support includes:

- Phone/Video calls
- Zoom sessions – used for group work and 1:1 interventions
- WhatsApp – for recovery support, 24/7 support
- Facebook messaging – for contact and interventions
- Social media impact: Facebook activity has increased over lockdown, with a growing community of people following and interacting with the service. In May 2021, CGL reached 556,600k with Facebook posts

CGL were also very pleased to receive a large donation of smartphones and data from Tesco, and a generous donation of tablets from St Vincent de Paul Society for people who use the service, who otherwise wouldn't have had the ability to access online support.

Local story

Lena Larsen is a volunteer service user representative at Change Grow Live St Helens: During the pandemic volunteering has been on a digital platform but it really has been good. A typical day can be varied, from facilitating groups online via Zoom to attending service user involvement meetings.

The digital offer at Change Grow Live St Helens can vary from creative recovery – where we do all different types of activities from cooking, gardening, painting to crochet, and also a check in and chat to provide support – to peer to peer, SMART meetings, and meditation. We also have a structured timetable which is facilitated by staff.

My typical day is supporting and being the voice for our service users. We really are a team at Change Grow Live.

The best part of my role is watching service users change – from appearing on Zoom all chaotic, in the thick of addiction, to becoming a valued part of the group. It really is so rewarding.

Reflections

CGL has seen a great increase in demand for services during the COVID-19 pandemic and the digital offer has helped to provide support to more people in need. Whilst having its challenges, both staff and the people who use the service felt the introduction of digital interventions was successful and enabled workers to build and maintain strong connections in very challenging and uncertain times.

Recommendations

- Use social media as an effective tool to reach out to people who would benefit from engaging with the service.
- Invest in infrastructure and training to enable the continued development of digital interventions.
- Improve accessibility to online interventions and reduce digital inequality.

SUPPORTING PEOPLE TO KEEP ACTIVE

What was the situation?

As the COVID-19 pandemic hit, St Helens Borough Council's Culture and Wellbeing Service developed a hybrid delivery model, comprising of new digital programmes and bespoke offline programmes, allowing continued service provision during lockdown and shielding restrictions.

What did we do?

Digital innovation:

- Over 180,000 engagements with new online fitness sessions delivered via Facebook, YouTube, Zoom and Microsoft Teams, for local residents and staff, including specific exercise for both young people and older people, family activities, workplace fitness, Halloween and Christmas workouts. Live and pre-recorded options.
- Virtual 'Coffee, Quiz and Chat' sessions to tackle loneliness, providing a chance to connect with others and improve mental wellbeing.
- Online school competitions to ensure that pupils were able to continue to engage in competitive school sport, in line with government guidelines.
- Sports club support via online meetings: clarification on government guidance and 'return to play guidelines' for each sport, COVID-19 risk assessment support and how to safely re-open facilities, emergency funding advice and training for coaches and volunteers.
- Couch to 5k programmes and St Helens Santa Dash delivered virtually, with over 100 people taking part, helping to raise funds for Willowbrook Hospice.
- Home swimming skills sessions using innovative ideas of teaching basic skills in paddling pools.

New bespoke offline programmes:

- Physical activity programmes delivered in sheltered accommodation sites, allowing older, isolated residents to take part from doorways, balconies or gardens.
- 'Active at Home' booklets and online platform user guides, delivered with community food parcels and to key residents identified via partnerships.
- Outdoor gym sessions delivered at Taylor Park, Queens Park, Mesnes Park, Nanny Goat Park and Sherdley Park.
- 160 scheduled personal 1-2-1 outdoor training sessions at Newton, Queens & Parr.
- Walking fitness sessions took place each week that restrictions allowed.
- 70 personalised training programmes for residents to complete at home.

What went well

- The digital programmes increased service reach and engagements with new residents, including those who were unable to attend face-to-face programmes, due to health, travel, or time barriers, all at little additional cost.
- Implementing the hybrid model required a review of service provision and operations, resulting in new ways of working to be piloted to improve efficiency.

Local story

New sessions were established at Torus Extra Care sites, providing gentle exercise sessions for older people, including some of those most isolated. There were over 300 attendances across the sessions. Adaptations were made to meet the rules of the various tier changes, including:

- People taking part from their front doors or balconies
- Outdoor sessions in private courtyards
- Indoor seated exercise and wellbeing sessions
- Christmas themed session, with a visit from the Fit Forever Santa

"Just wanted to say thank you to you and your great team for all you have done and continue to do in these difficult times. The exercise sessions in the courtyard have kept me active while I'm housebound, I never thought I'd be able to exercise from my front door! I loved Mal's dance workouts, they really raised my spirits."

Resident at Parr Mount Court.

Reflections

Sport and physical activity have played a vital role in the health and wellbeing of St Helens residents, both young and old, during COVID-19 and continue to be essential in supporting a positive recovery, reducing health inequalities, promoting community cohesion and tackling loneliness.

Recommendations

- Maintain and develop this new hybrid delivery model to further increase service reach and provide value for money, examples include: launch of the new online 'Go Active' fitness membership option, providing more flexibility and generating additional income, streaming of exercise programmes into community and additional sheltered accommodation sites.
- Maintain increased partnership working to deliver integrated programmes, providing additional value for money and increased positive impact for residents.
- Produce a matrix of staff skillsets and evaluate how these skills can be best utilised, potentially removing the need for some external services and associated costs.

MENTAL HEALTH AND WELLBEING SUPPORT

What was the situation?

- During the pandemic response, we have recognised the potential impacts on the mental health of local people and of staff as they adapt to the new normal, new ways of working, or find themselves self-isolating due to COVID-19.
- We thought about the populations who were vulnerable and isolated community members; young people – 14-25 years; workforce - with an emphasis on men as 75% of suicides are by men; and those bereaved by COVID-19.

What did we do?

- Provided weekly sources of advice, tips and support for people on the council website, and continue to promote the 20-minute suicide prevention training for everyone.
- Produced and regularly updated a bereavement guide, which offers advice and contacts for national and local support services.
- This, alongside the Able Futures offer (DWP (Department for Work and Pensions) commissioned service to support mental health in the workplace) has been promoted to all the Mental Health at Work businesses across the borough.
- Rolled out the Offload programme within workplaces, piloted in the Co-op distribution centre and the council's contact tracing team.
- Another cohort of council Mental Health First Aiders (MHFAs) completed their training by the end of February 2021. There has been a cohort of community members trained for free and we have offered the training to businesses at a discounted rate.
- During Time to Talk Day and Mental Health Awareness Week, we raised awareness of the importance of MHFA support for council staff, offering drop-in sessions.
- Samaritans provided three courses to frontline staff throughout the year, supporting staff to support service users with the conversation regarding suicide.
- St Helens Wellbeing Service provided courses to both community and workplaces throughout the year, supporting staff with anxiety, self-care and bereavement.
- The offer of counselling support and resources to the crematorium suffering from anxiety and stress, care homes and children's centres staff as a result of bereavement due to COVID-19.
- The offer of support for schools as a result of mental health related incidences.

What went well

The rise in applications of staff and community members interested in becoming a MHFA and the increase in training for MHFAs in local businesses. Throughout the pandemic, we were able to continue to offer a range of support services for residents and staff. We continued to raise awareness of suicide and the service available to people such as the Stay Alive App and the 24-hour crisis line. We targeted support to our staff who were experiencing sadness due to the loss of life caused by the pandemic, such as staff working in care homes and the contact tracers.

Reflections

- Some of our staff, such as those working at the crematoriums continued to go above and beyond, many of our staff and those in the services we commission were redeployed from the usual role to support the COVID-19 response.
- We realised that one of the gaps we have is the need for more support for the bereaved.
- Promoting mental health and providing access to mental health support has to remain one of our highest priorities.

Recommendations

- Invest in establishing more of a service for bereavement support.
- Continue to provide support to people of all ages, as during the pandemic some people experienced loneliness, bereavement and trauma, ill health and loss of social support and loss of income.

SECTION 4: SETTINGS

SCHOOLS

What was the situation?

Prior to March 2020, the main priority for the school effectiveness team was the implementation of the School Effectiveness Strategy. Through collaboration with leads from across early years settings, schools and colleges, five priorities had been identified, and by September 2019, action plans were agreed, were being implemented and improvements being made.

It must be recognised however, by the end of March 2020, when COVID-19 was impacting significantly across our communities, our early years settings and schools were forced to close other than to vulnerable children and the children of key workers, and the focus of the school effectiveness team shifted to that of reset, recovery and sustainability.

What did we do?

At this point, the Education Recovery Group was established, and recovery action plans implemented. The members of the recovery group included head teachers, early years, school admissions, social care, school transport, SEND and union representatives. The group supported working with early years, schools and colleges, supporting the delivery of education whilst children and young people were studying at home during the first lockdown. The purpose of the group became to develop a system wide approach to the safe reopening and continued educational offer of early years settings, schools and colleges. The group has, and will continue to:

- Develop practical solutions for settings, services and families to address the short, medium and long terms effects of COVID-19.
- Consider ways to instil confidence in learners, parents and staff that education settings are a safe space prior to re-opening.
- Ensure that the needs of disadvantaged and vulnerable children and young people are considered in all elements of recovery.
- Advise on the impact on learners at key stages in their education e.g. exam years, transition years.
- Advise on the longer-term recovery activity needed to re-build resilience and capacity.

There have been six clear workstreams:

1. Learning, curriculum and assessment
2. Supporting vulnerable learners
3. Workforce support and planning
4. Early learning and childcare
5. Pathway planning
6. Business sustainability

What went well

All schools that have been inspected during the COVID-19 period, have received notification from Ofsted that they have taken effective action to provide education in current circumstances.

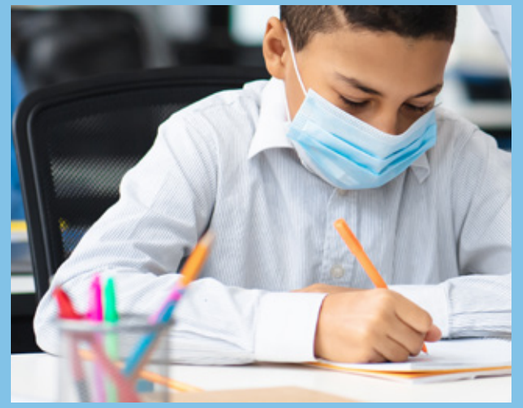
- Ofsted recognised: …"You and other leaders work closely with the LA…to support vulnerable pupils" "The LA has provided a range of support…this support has enabled school leaders to do all they can to be effective in providing continued ed in the current circumstances"
- 92% completion of EHCPs (education, health and care plans) within 20 weeks
- 100% of all early years settings remained open during the third lockdown
- We were successful in gaining further funding for St Helens to deliver a training programme for parents/carers and staff, which is being developed as part of the Better Mental Health project
- Data for those Not in Education, Employment and Training (NEET) went from 6% to 42% from March 2021; St Helens is the most improved authority in the Liverpool City Region
- Attendance has remained at least in line with national, if not above until July 2021
- Comprehensive transition documents agreed for Key Stage 2 – 3
- Over 168,000 meals or voucher for £15 per week per child were provided in the first year of the pandemic to families on a low income

Reflections

There were concerns around sustainability and sufficiency of early years settings when many were forced to close during the first lockdown. The local authority was able to respond with emergency childcare provision through the early years hub, and support was tailored to ensure all were able to stay open throughout the second lockdown period.

Recommendations

- The Education Recovery Group will become a multi-agency Education and Learning Board
- We promote inclusion to reduce inequality. We actively work together to champion the needs of disadvantaged children and challenge every organisation and every profession across the borough to do the same
- We will focus on the wellbeing needs of children and young people rather than the needs of institutions or groups



CARE HOMES

What was the situation?

Care homes and the team supporting them were faced with an unprecedented situation arising from the impact of the COVID-19 pandemic. The COVID-19 pandemic has had a massive impact on service users, service providers, the council and the workforce.

What did we do?

The last year has tested the resolve of staff in meeting the challenge of the pandemic and has stretched ability and resilience greatly. The staff have shown a high degree of professionalism and commitment to ensure services are maintained.

In line with national policy, it was necessary to shift focus from long term strategic planning and consider the short-term sustainability and viability of the care sector, whilst seeking to maintain financial effectiveness for the council. The overall objective is to build on that by setting out the direction of travel and laying the foundations for a post COVID-19 comprehensive market position statement.

Several measures have been utilised to ensure that care homes have been effectively supported during the pandemic. These include:

- Supporting the care home market to ensure there was minimum funded capacity, with the aim of achieving the twin objectives of market sustainability and financial effectiveness.
- Facilitation of provider mutual aid - a list is collated weekly should any provider be struggling with staffing shortages because of COVID-19. Utilised extensively, providers found it reassuring to know that they can call on other care providers if needed.
- Provision of PPE
- The council chairing provider support meetings, which is an opportunity to have an open and honest assessment of the service status.
- Undertaking daily monitoring of care homes with COVID-19 outbreaks.
- Training to set up COVID-19 test centres, subsequently setting up test sites at two day centres and a domiciliary care agency.
- Supporting the vaccine roll out to all staff in care homes, and ongoing support to managers facing resistance from staff in the uptake of the vaccine.

What went well?

Supplies of PPE were distributed to providers by the council, using council buildings as PPE hubs. Ongoing communication with the market relationship function enabled providers who were running low on stock to be provided with PPE on an emergency basis. A list of external PPE suppliers was distributed to all community providers to enable emergency access of PPE if required. The council supported the establishment, and facilitated the process, enabling providers to access the national PPE portal on an ongoing basis. Council staff were trained as trainers to deliver PPE donning and doffing training, alongside training to administer tests, which they rolled out to all care providers.

Supporting care providers

During the pandemic, daily calls were made, and support given to all providers, with the council as the main point of communication. This support remains available and in place.

There are ongoing communications with providers giving guidance and support. This includes support for test and trace, shielding and self-isolation, vaccination, government updates relating to COVID-19, facilitating additional funding because of the pandemic, infection control and public health guidance, PPE supplies and queries with regards to staffing issues, lateral flow testing and visiting in care homes.

Local story

On a local level, care homes have experienced impact due to COVID-19. At the height of the first lockdown, 19 of the 30 care homes had outbreaks, resulting in significant numbers of service user deaths, along with the death of a staff member.

The number of deaths, along with negative media attention focusing on care homes, led to an understandable hesitancy of family members to place their relatives within a care home. This has resulted in a large proportion of care homes with vacancies. The impact of this has resulted in the closure of units in two of the town's nursing homes.

Post-COVID-19, the council will need to ensure that there is a care home strategy in place, including bereavement support, which defines high level commissioning objectives and the future vision for the wider sector, to support the shift in the market due to COVID-19.

As well as dealing with the pandemic, the department are in the process of undertaking a piece of work setting out the departmental commissioning strategy, while providing a wide-ranging care sector status position and signposting the principles of service reform.

Reflections

A joint piece of work with Healthwatch was undertaken, which identified how care providers and service users/families were supported by the council/CCG during the first lockdown and identified what the council/CCG could have done differently. This report provided the opportunity to reflect on and use the learning from this feedback, to form the basis of an action plan for the department to implement these changes.

A key point from the Healthwatch report recognised that relationships between care homes and the council had been strengthened during the pandemic.

The pandemic has helped to strengthen and support a partnership approach across care homes, the council, Infection Control Team, CCG, CQC and Healthwatch in a bid to 'survive' the first wave and use this to better manage subsequent waves.

Recommendations

- Revisit the lessons learned from the pandemic and see if the actions undertaken remain relevant and have been embedded in practice.
- Build on existing relationships to further strengthen the support provided to the care home sector.
- Identify and review relevant pre-COVID-19 processes to see if they remain fit-for-purpose.

SECTION 5: CONCLUSION

Reflection by Ruth du Plessis

The last 18 months have been both the toughest and most rewarding. I like many of us have experienced mixed emotions, as I have felt both great sadness and loss and yet pride at how people came together to support each other. In public health, part of our training includes how to plan for and deal with a pandemic. Although I had studied previous pandemics and knew that they could have drastic effects on society, I don't think anyone could have prepared us for the impacts of COVID-19.

There were dark days, and I can remember several where I did not want to get out of bed, never mind lead a team or talk to people who were grieving. However, seeing the courage of others, such as NHS staff and those working in care homes, inspired me to keep going. I came across many people who became heroes to me, for some heroism was thrust upon them, others willingly rose to the challenge and others would have done if they could. Many of them will never have their names in the newspaper or will never be known for what they did and some of them prefer to keep it that way. I knew of people who worked seven days a week, 12 hour days to make sure people had the support they need, and whilst I would not advocate this in the long-term, it was amazing to see people's effort and courage on behalf of others.

I felt particularly proud of the response to the pandemic in St Helens because of the level of partnership, and willingness of people to help that I personally experienced. I have worked in previous places where some people would say things like 'that's not my job' and 'can't someone else help', whereas in St Helens, I found everyone came together and helped the best they could. It made me think that despite the difficulties we face in the borough, that we can overcome some of them by our resolve and determination.

Conclusion

There were some similarities with this COVID-19 pandemic and the influenza pandemic of 1918. The impacts on society were profound, not only due to the amount of suffering from the disease, but also the impact of restrictions. However, there are some differences such as IT and the ability to develop vaccines. Yet the same measures were used; hands, face, space and minimising travel.

During the pandemic, the spread of adaption was incredible as we had to suspend some of the usual processes as there was no time to discuss things in detail, it was the time to act quickly. It was impressive how services adapted their service delivery, and the luxury of having IT to be able to do things differently and still communicate with each other and provide services.

It was amazing to see how people were able to be flexible, with some people taking on a completely different role during the pandemic. It was amazing to see the resources we were able to provide by working together such as providing food parcels and PPE.

There were some things that we did not do so well. For example, we did not have enough testing and laboratory capacity to test everyone with symptoms until five months into the pandemic. Also, we should have been testing people without symptoms sooner, particularly those working in high risk settings such as care homes and other care settings. This also meant we did not commence contact tracing until the summer of 2020.

There are still some unknowns of this virus and perhaps more twists and turns to come. The success of the vaccination programme means that many of us are getting back to 'normal life'. However, there are some things that have changed for the long-term. For example, some services will maintain an online and telephone function as this means we can access services from our living room without having to travel. We have learnt that washing our hands and social distancing (and mask wearing) can work to prevent spread of several viruses, not just COVID-19.

Perhaps we have also learnt that we are stronger than we thought and that together, we can achieve great things with and for each other. We will need to continue to have the same resolve and determination as we re-build society and in particular, we need to make sure we do more to protect those amongst us who are poor and the most vulnerable.

ACKNOWLEDGEMENTS

We would like to thank all those who have contributed to the production of this report:

Julie Ashurst – Director of Commissioning, Primary Care and Transformation (NHS St Helens CCG)

Rob Banks – Corporate Procurement Manager

Alexandra Barber – Public Health Manager - NHS Graduate Scheme

Jill Barlow – Assistant Team Manager Test and Trace

June Bracken – Health and Safety Manager

Jo Davies – Assistant Director Education, Early Help and Children's Health

Ruth du Plessis – Director of Public Health

Rachel Fance – St Helens Service Manager - Change Grow Live (CGL)

Sue Forster – Director of Public Health

Melissa Halligan – Communications and Project Support Officer – Public Health

Elaine Hardie – Head of Market Relationships

Gemma Ireland – Sports Development – Adult Participation Lead

Nattalie Kennedy – Public Health Programmes and Commissioning Manager

Steven Knuckey – Public Health Intelligence, Evidence and Performance Manager

Roger Litherland – Public Health Analyst

Michelle Loughlin – Assistant Director of Public Health

Jane Marshall – Associate Directorate Manager – Primary Care and Sexual Health

Lee Norman – Head of Housing

Jason Pickett – Head of Access and Sufficiency – Children and Young People's Services

Sally Yeoman – Chief Executive – Halton and St Helens VCA

We would like to thank everyone who told their stories in this report and everyone who has helped to support the response to the COVID-19 pandemic. We also thank the Public Health Team for their support and St Helens Borough Council Design Team for design services.

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