

# **York: the Pandemic Years** **Annual Report of the**

Director of Public Health 2020–2022



To the chap at Track and Trace... you are my hero. We all tested positive and my little girl was in bits thinking Santa wouldn't come this year because we all have COVID. Whilst I was going through all the Track and Trace questions my little one was getting impatient and asked who I was on the phone too whilst in tears about Santa... he got wind of this and said for me to put him on loud speaker! So I did... he pretended to be Santa and spent a good few minutes having a chat with her about how he was coming, that his reindeer were set to land on our house on Christmas Eve! You have lifted Christmas spirit in this house! You're amazing!  
Thank you!

York Mumbler Chat Group

# Contents

Foreword from the Director of Public Health for the City of York	4	<b>Chapter 2: Impact</b>	<b>28</b>	<b>Chapter 4: Control</b>	<b>52</b>
<b>Chapter 1: Spread</b>	<b>8</b>	Early Impacts: Summer 2020	29	Lessons learned from history	53
Early 2020	9	Winter 2020/21: testing testing	32	Vaccinations: our best control measure	54
Timeline of events	13	Lessons learned from history	34	Recommendations of my Annual Report	58
Outbreak response	18	Impact stories	37	List of contributors	63
Working with care homes	22	<b>Chapter 3: Voices</b>	<b>46</b>	Annexe: update on recommendations from the 2019 York Director of Public Health report	64
Lessons learned from history	25	Public voices	48		
		Public Health team	50		
		Healthcare professionals	51		

**The Tsunami hit,  
Covid-19 flooded  
our lives.  
We bailed with  
buckets.**

Haiku from a member  
of the York Covid-19  
Contact Tracing team,  
January 2021

## Foreword from the Director of Public Health for the City of York

I'm so grateful that you are taking the time to read my Annual Report, which (for reasons which will become apparent) actually covers the years 2020 to 2022.

A Director of Public Health Annual report is a statutory function of my role, and a very useful one, offering a chance to stand back periodically from the everyday melee of our work in health and care and gain some perspective on the state of the city's health. This time, we have chosen to focus on the COVID-19 pandemic and its effects in our city, which was the obvious choice for the report's theme.

Like so many places, our city has suffered hugely over the last two years from a pandemic which has impacted us all to a greater or lesser extent. At the time of writing, COVID-19 has taken the lives of 476 York residents and left many others with long term symptoms and illness, while the consequences of lockdown have affected mental health and have had massive economic and social implications which will take a generation to recover from.

**I want to use this opportunity to express my condolences and sympathies to all those whose lives have been affected by what has unfolded over the last two years.**

The virus has also challenged our health and care system like never before, and alongside it the systems of support on which we all rely but perhaps take for granted – those who fill our supermarket shelves, drive our buses, teach our children, and other critical workers.

**So I also want to take this opportunity to thank everyone in the city for going above and beyond in this period: for the blood sweat and tears you have put in to serving our city in one of its darkest moments.**

### **Public Health, past and present**

One of the things I find most profound about these reports is the way they create such a strong link with what has gone before, not least because a Chief Medical Officer for Health annual report has been produced in York for over a century. We all know, of course, that York is a city steeped in history. The Romans first settled on the banks of the Ouse in 71AD, and since then, the city has grown to become a northern centre of industry and progress, from its ecclesiastical providence to its railway and chocolate-making industries. York's public health history is equally as diverse and innovative.

To take just two examples, Dr Catherine Crane (1903-1979) held the post of Chief Medical Officer for Health in York, the first woman to hold such a role in a city in the United Kingdom; I am honoured to follow in her footsteps. Appointed in 1946, she oversaw the creation of the NHS in York and pioneered preventative medicine, campaigning for the advertisement of a link between smoking and lung cancer. Work on the social determinants of health was also born in York. The reformer Joseph Rowntree (1836-1925) identified that standards of living impacted heavily on quality of life and health and ensured that employees at his factory were given the right living conditions, free education, and a pension for old age.

Public health has again found itself as a focal point of the city's history in 2020-2022. I remember vividly the phone call our team received from Public Health England on the 30th January 2020

informing us that the first UK cases of COVID-19 had been identified in our city. Playing such a pivotal part in city life is not novel for us, and whether it is through the slum clearances of the early 1900s, improving air pollution in the 1950s, rolling out polio inoculation in the 1960s, or tackling the HIV epidemic in the 1980s and 90s, public health issues are never far away from the news. And so again, public health has been thrust into the limelight as we've navigated lockdowns, social distancing, masks, and vaccinations. All of these have historical antecedents in the story of infection in York as medical officers and public alike have strived to keep death and disease under control. I hope you enjoy reading my report.



*Sharon Stott*

History doesn't repeat itself, but it rhymes. So said Mark Twain (possibly). The approach we want to take in this report is to draw out the rhymes, parallels and precedents for the collective experience and trauma we have been through as a city between 2020 and 2022 during the COVID-19 pandemic. We hope that the stories of the past will resonate with the stories of the present, giving them a new depth of meaning.

We are fortunate to have had access to a rich variety of archive material on the history of infectious diseases in York, including within them the stories of past outbreaks, from the Black Death of 1349 to the Spanish Flu Pandemic of 1918-1920.

As we tell the story of COVID-19, we will interweave past and present, reflecting on the story of our current pandemic while using the historical narratives as a counterpoint.

We will follow a structure which takes us through three phases of any infectious disease or outbreak:

the *spread*, or the story of a pandemic's beginning

the *impact*, or the story of what effect a disease has on a population

the *voices*, or the story of the lived experience of a pandemic

the *control*, or the story of how an outbreak starts to end



**It is the knowledge of the way in which diseases are propagated which will cause them to disappear."**

Dr John Snow, York-born physician and founder of modern public health methods

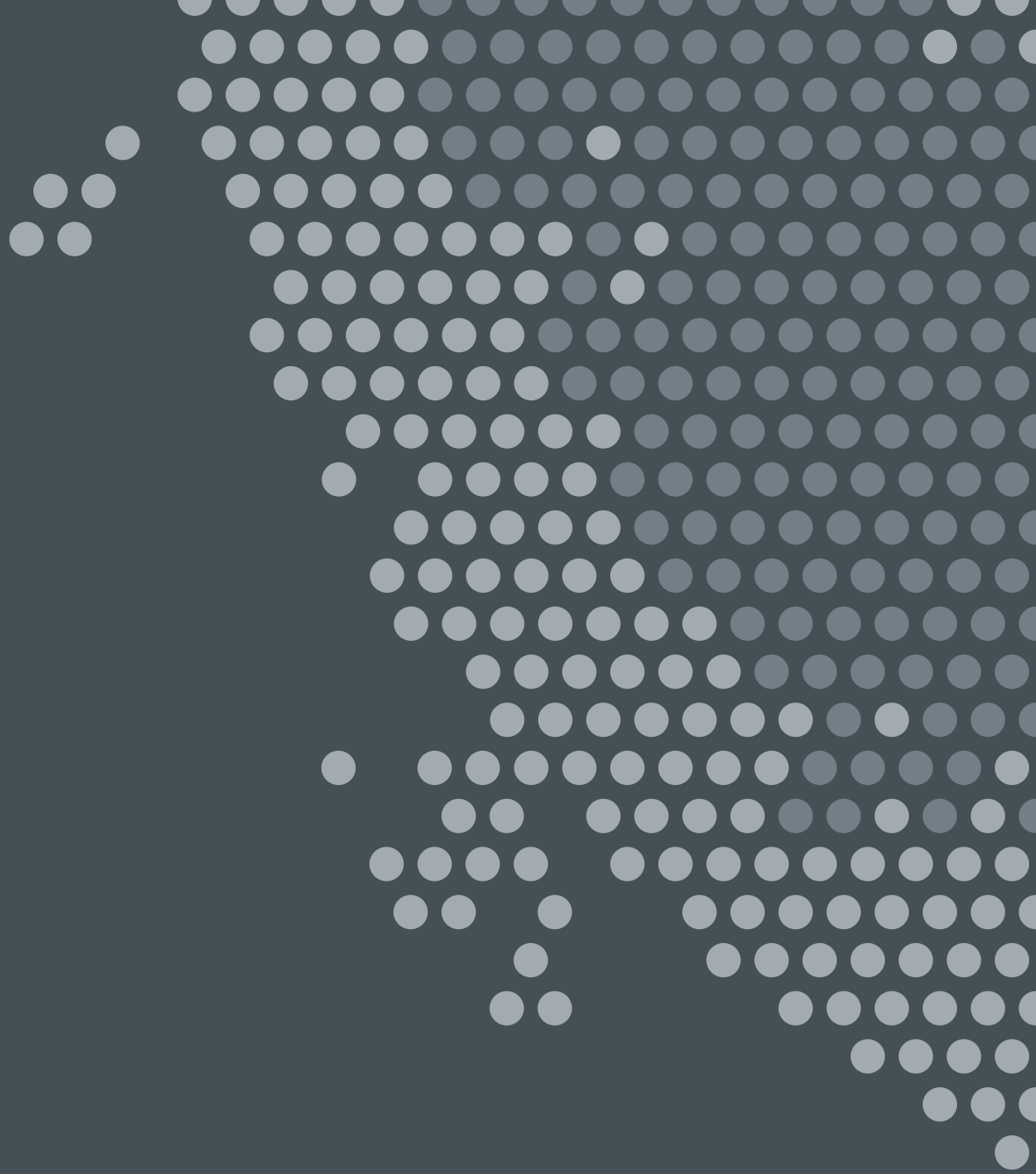


**COVID-19  
VACCINATION  
CENTRE**

COVID-19 VACCINATION CENTRE  
PLEASE NOTE WE ARE UNABLE TO ANSWER ANY PHARMACY RELATED QUERIES

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# Chapter One: Spread





# Early 2020

On 31st December 2019, the World Health Organisation (WHO) was alerted to cases in Wuhan City, China of a community-acquired pneumonia with unknown cause.

On the 7th January 2020, it was identified as a novel coronavirus, of the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS), and it quickly became apparent that although the severity of the disease was less than both of these, its ability to spread was far higher. In February 2020, as the disease started to be identified in many countries internationally, the WHO labelled the virus SARS-CoV-2 and the disease it causes COVID-19. By March, they had declared a global pandemic.

On the morning of the 30 January 2020, reports began to emerge in York of two visitors to the city being taken to hospital the previous evening with symptoms of coronavirus, and by 2pm the Director of Public Health had received a call from Public Health England notifying two suspected cases, which were confirmed early the next morning as the first cases of the disease within the UK.

Our local team worked tirelessly with partners from the NHS, PHE, local press and the University of York, with the story of what happened that day since being told many times, in academic papers and articles in broadsheet newspapers. One notable aspect of this episode is that due to high quality contact tracing, no other cases of COVID-19 were linked epidemiologically to these two cases.

# First Lockdown

As the number of cases started to rise in York and the UK, the NHS hospital beds began to fill up with ill patients, the NHS declared a level 4 incident.

Public health messages from central government became more serious, moving from encouraging people to wash their hands to guidance to those over 70 and vulnerable to avoid contact with those outside their household. On March 23rd 2020 Prime Minister Boris Johnson declared the first of three national lockdowns, advising us all to stay at home. Restrictions were put into place immediately with the public only able to leave home for food, medicine and limited exercise. Almost 1.5million people in the UK who were considered the most clinically vulnerable were asked to shield from all contact for 12 weeks.



# York snapshot at height of first wave (Apr/May 2020)



Patients in general beds  
(30 April 2020)



out of 25,808 pupils attending school in April 2020



Patients in mechanical ventilation beds  
(24 April 2020)



Employees furloughed in York out of 95,300 eligible  
(April 2020)



## Across the pandemic

**512**

deaths of York residents with COVID on the death certificate  
(August 2022)

Highest case rate:

**2047**



cases per  
100,000 York  
residents  
(4 January 2022)

Number with at least 2 doses of vaccination:

**157,599**

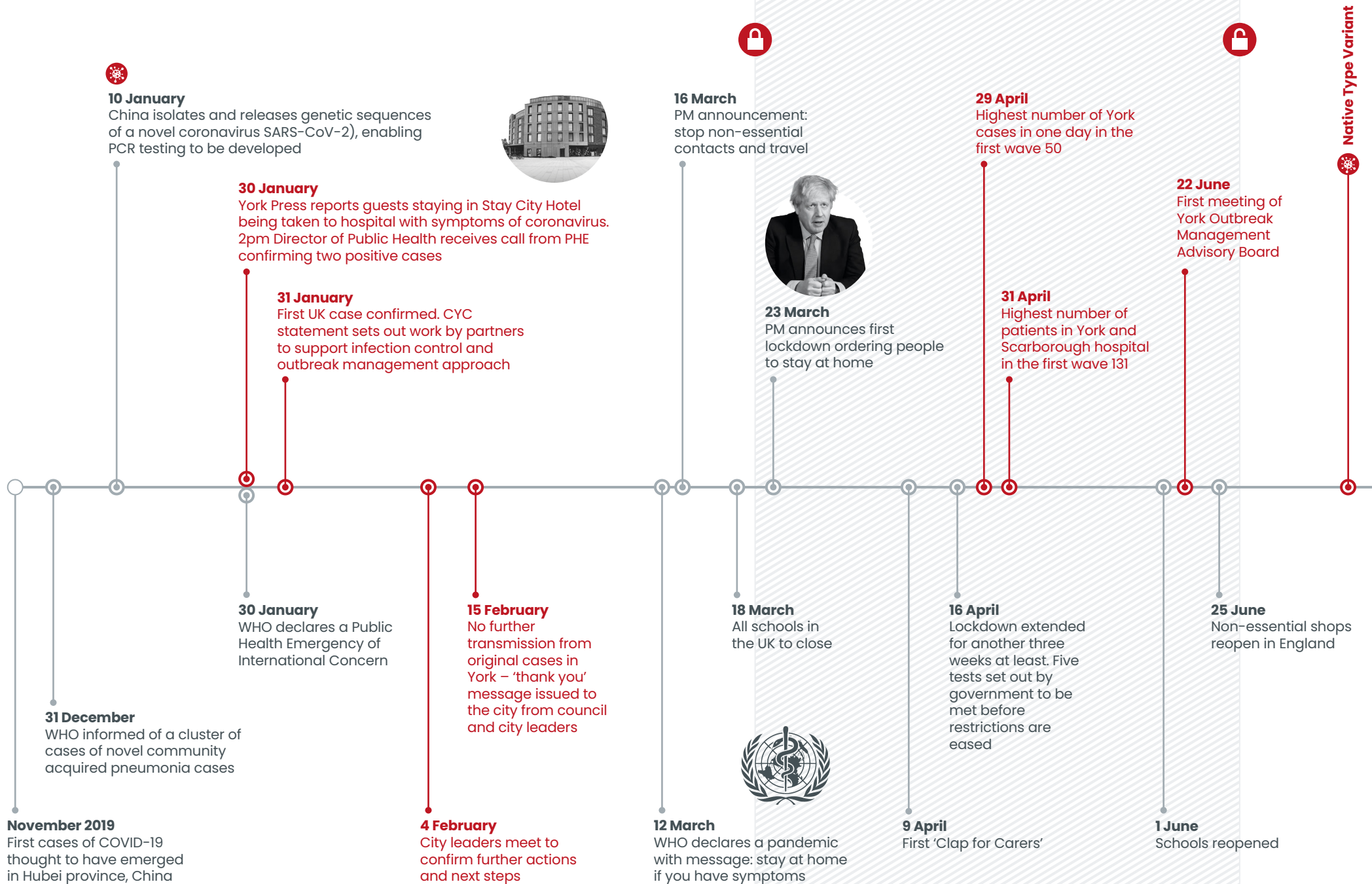
(as of September 2022)





# Timeline of Events

2020-2022





**1 July**  
Publication of York outbreak management plan

**4 July**  
More restrictions eased. Pubs, restaurants, hairdressers reopen

**3 August**  
PM announcement: stop non-essential contacts and travel

**14 September**  
'Rule of Six' for gatherings in England

**22 September**  
New restrictions introduced in England in response to increasing cases

**30 September**  
Spike in York cases. National figures now reach over 10000 per day

**14 October**  
Three-tier system of restrictions introduced in England

**31 October**  
Second national lockdown announced

**24 November**  
Up to three households can meet for five days during the Christmas period

**30 November**  
Publication of York outbreak management plan

**2 December**  
York enters tier 2 at the end of lockdown

**2 December**  
End of second lockdown and reintroduction of tier system  
York enters tier 2 at the end of lockdown

**8 December**  
First Covid vaccine administered in the UK



**Mid-December**  
Alpha variant becomes the dominant variant rising in the UK

**14 December**  
Gordon Short becomes first York resident to receive a Covid vaccination. Eileen and Kenneth Ward are the first couple invited to have the vaccine

**26 December**  
Tier 4 restrictions introduced in areas of England

2021

Alpha Variant



September  
Delta Variant



2022

**4 January**  
Second wave of cases peak in York at 252 in one

**26 January**  
216 COVID-19 positive patients in York and Scarborough Hospitals

**22 February**  
Roadmap for the lifting of third lockdown

**8 March**  
Schools in England reopen

**14 June**  
Acceleration of vaccination programme. Restrictions on weddings and funerals lifted. Delay to further reopening

**14 September**  
PM unveils winter plan for England in event of unsustainable pressure

**30 November**  
CYC issues announcement on new public health measures in response to the new variant. This includes compulsory face coverings, a return to working from home

**29 December**  
York cases reach their highest on one single day across the whole pandemic (843)

**6 January**  
Third national lockdown

**12 April**  
Non-essential retail reopens

**19 July**  
Most social contact limits removed

**26 November**  
Omicron variant identified

**16 December**  
York responds to vaccine booster rollout and advises all residents to receive a booster if they have not already. CYC staff invited to be redeployed to assist with the rollout

**4 January**  
Children to return to school but restrictions to be tougher

**29 March**  
Bubbles of six people allowed to mix outdoors

**July**  
Delta variant becomes the dominant strain, with a peak of 190 cases in York on one day

**8 December**  
Omicron variant causes spike in cases. Plan B measures put in place



**Omicron Variant**



**5 January**

Figures suggest 1 in 15 UK residents had Covid-19 on New Year's Eve. Boris Johnson confirms plan B measures in England will continue for another three weeks

**13 January**

Nearly 1 in 3 local authorities report care rationing for elderly and disabled people due to staff shortages

**17 January**

Self-isolation in England cut to five days

**13 January**

Six million people on hospital waiting lists. Approximately 1 in 20 are waiting over a year for routine surgery

**11 January**

Asymptomatic people in England no longer required to take a PCR test after positive LFT

**7 January**

Fully vaccinated people from England are no longer required to take a COVID-19 test before travelling abroad. People in England are no longer required to self-isolate while waiting for PCR test results

**February  
Omicron BA.1**



**16 February**

Number of inpatients with Covid-19 in England falls below 10,000 for the first time since December

**24 February**

All legal Covid-19 restrictions are officially lifted in England

**March  
Omicron BA.2**



**11 March**

Report published by House of Commons Education Select Committee highlights "devastating" impact of school closures in England leading to greater inequality. Yorkshire & Humber and North East most seriously affected areas

**15 March**

Lifting of compulsory vaccines for care home workers

**21 March**

Launch of Spring Booster Programme. Offered to up to 600,000 people over 75, care home residents and medical vulnerable people over 12 years

**30 March**

Number of COVID-19 positive patients in York and Scarborough hospital reaches the highest level for the whole pandemic (287)

**1 April**

COVID-19 outbreak response formally ends under the 'Living with Covid-19' strategy, including the end of national PCR community testing and local asymptomatic testing

**7 April**

Hospitals under immense strain with large national issues around ambulance diversion

**19 April**

Social distancing no longer required in NHS Hospitals, GP Practices and emergency departments

**May  
Omicron BA.4 & 5**



# Outbreak Response

The City of York public health team faced unprecedented circumstances to try and protect its citizens from the virus' spread as much as possible. Covid-19 was considered such a dangerous virus because of its unusual level of transmissibility, and as a new virus that had not yet circulated amongst human populations (and thus having a large number of people susceptible).

While seasonal flu can cause a spike in cases- in winter, for example- novel viruses are most likely to cause pandemics. These new diseases are able to spread rapidly leading to high rates of death and disability due to the large number of people they infect. Our job as a public team was to limit the number of people in the population this virus reached, through social distancing measures and through testing and tracing, until the virus changed or effective vaccination and treatment were found against it.

## How does contact tracing work?

In Public Health, contact tracing is the process of identifying people who have come into contact with an infected person. Contact tracing aims to find cases quickly so that they can be isolated, to break chains of transmission; it can also be done 'backwards', aiming to identify a common source of cases who may be infecting others. A core part of communicable disease control, it has been in place for decades and is commonly used to prevent the transmission of TB, some sexually transmitted infections, bacterial infections (diphtheria for example) and of course COVID-19.

In June 2020 the city approved a Local Outbreak Management Plan which set out seven key steps that would be taken locally to protect the population as best we could from Covid-19. Part of this work involved prevention, supporting people to isolate when symptomatic, to stay at home during periods of lockdown, and to stay safe when out in public when restrictions had eased. As well as this, outbreak management, a core part of the public health field, became vital, as daily decisions on emerging situations in schools, care homes, hospital wards, universities and other settings were made to try and limit the spread of infection. This was through testing, closure, and other precautions.



During the summer of 2020 measures were aided by the establishment of testing facilities across the city, and local teams of contact tracers. In all, this effort across 2020 to 2022 resulted in a huge amount of outbreak management work which will have prevented thousands of Covid-19 infections in the city:

- Setting up two PCR testing sites
- Setting up an outreach team to deliver tests and vaccination information door-to-door
- Establishing the region's most successful contact tracing team, achieving consistently the best contact tracing success rates in Yorkshire and Humber over a number of months
- Starting local staff contact tracing prior to NHS Test and Trace being established
- Deploying over 20 staff into our city model
- Actioning over 16,000 contact tracing referrals
- Enabling and coordinating a PPE supply route in the city which ensured health and care professionals were kept safe during the first wave
- Establishment of our 'Rapid Expert Input' contact inbox, with 9-5 seven day a week advice available from public health specialists, which responded to over 21,000 contacts
- Work on tackling vaccine inequalities, including the identification of communities with low uptake, deployment of pop-up clinics, door-to-door outreach, work through voluntary and community sector groups, an innovative 'vaccine tracing' project in conjunction with a primary care network with low uptake

We knew from early on in the pandemic that the consequences of Covid-19 became more severe the older you were, with the proportion of people with the disease dying seen to range between 1 in 3000 for those between 20 and 29 years old to 1 in 10 for those over 80, at least in the early stages of the pandemic. This meant that those living in care homes, residential accommodation and supported living facilities were especially vulnerable, and containing outbreaks in those settings became a vital part of our work.

Public health worked with the CCG, adult social care and providers of care services based on an 'eyes on the ground' principle where strong relationships were built with all care settings through site visits, daily risk assessment and case management.



# Working with Care Homes

Care homes faced unprecedented challenges during the pandemic. To ensure the safety of their residents, staff undertook a vast amount of work into infection, prevention and control in the City's facilities.

Training was devised to enhance staff skillsets alongside the standard training model. This aided the support of all residents in ensuring their health, wellbeing and safety needs were met. Enhanced training was implemented to provide staff with additional clinical skills. This included the use of pulse oximeters to measure blood oxygen levels. As extremely low saturation rates were a symptom of severe Covid-19 illness, these were issued to all homes and some supported living homes.

Usual care continued to be provided to all residents including end of life care, identifying deteriorating conditions and management of pressure ulcers. An arrangement was made with GPs to work more closely with care homes to ensure residents were well-supported clinically at a time when they were shielding. Technology was introduced early to enable virtual consultations. This extended to residents being able to communicate with their families and loved ones.

Care homes were also instrumental in supporting the NHS with vaccine roll-outs. Management of Covid-19 in care homes was supported by regular strategic meetings with partner agencies such as Care Quality Commission (CQC) and Office of Health Improvement and Disparities (OHID- previously known as Public Health England). Staff wellbeing was also prioritised throughout the pandemic to ensure support was offered when needed. Additional safeguarding measures were put in place for the workforce including support staff wellbeing, and the development of registered nurses and trainee nursing associates throughout the pandemic.

## Other settings were prioritised too, including:

- Our Universities and Colleges, with a fortnightly Higher Education cell involving all four HE and FE institutions established in Summer 2020, LFD testing sites launched in both universities, and an innovative project with the DHSC and the private sector on LAMP testing rolled out across hospitals in our region
- Schools, with guidance and support around testing and outbreaks provided daily across a number of month, and our public health team speaking personally to every primary and secondary head in the city and becoming an integral member of York Schools and Academies Board
- Our city centre management and support to businesses, with COVID-19 Marshalls and the City Centre team leading on award-winning communications and city centre COVID-19-safe measures



# Lessons from history Cholera & Spanish Flu

Image: Many residents lived in poorly ventilated properties that were filthy and rife with disease. The cholera pandemic necessitated the need for deep cleaning and whitewashing of houses to slow the spread of the disease.



Covid-19 is not the only disease outbreak York has seen. “It is the painful duty of the General Board of Health to notify a third visitation of epidemic cholera” opens a memorandum from the General Board of Health dated September 20th 1853.

The outbreak was first recorded in Persia- modern day Iran- and spread north-westerly to Russia and Scandinavia, before reaching the North East coast. In an early example of the tier system introduced by the Government in late 2020, the inhabitants of Newcastle, Gateshead and Hexham were advised to remain localised to their area. It was hoped that the measures would help to contain the disease.

Attitudes of the day as to the cause of disease had changed little over the centuries. “Bad air” from rotting organic matter was still widely believed to be the cause of diseases such as cholera. The York-born Dr John Snow published in 1849 his essay On the Mode of Communication of Cholera theorising that cholera was in fact due to contaminated water sources. His theory was ridiculed until 1854 when the removal of the Broad Street Pump in Soho, London saw cases rapidly decline. It wasn't until the 1870s when British Surgeon Joseph Lister developed the germ theory of disease; the understanding that microorganisms called pathogens, or “germs” led to disease. Nonetheless, concerns regarding personal and domestic hygiene were of high concern in the management of the infection. In 1832, York faced an epidemic of the disease which resulted in the deaths of 185 people in a population of 25,357.

Accounts had tracked the disease and had established that cleanliness was highly regarded as an effective measure against the spread. When cholera affected York in 1832, residents were required to keep their bodies clean and their houses well-ventilated. In extreme circumstances, the dirtiest residences were fumigated with burning pitch and rooms whitewashed. Water Lane was especially targeted.

The Covid-19 pandemic has often drawn comparisons to the Spanish Influenza pandemic of 1918-1920. Local lockdowns along with high quality epidemiological science meant that measures implemented to control the disease were not that dissimilar to Covid-19 measures. The pandemic reached York around the 30th June 1918 and lasted for roughly four weeks.

A further wave, considered to be the pandemic's deadliest, began in October and lasted until January 1920. 300 York citizens were recorded as dying from influenza-associated pneumonia with the highest proportion being women who worked indoors mainly as housewives. One of the key features of the disease was its high mortality rate amongst young healthy adults. Subsequent research in the 21st century confirmed that most of the deaths recorded as pneumonia were in fact a phenomenon called the cytokine storm. The competent immune systems of the younger and healthier adults was a disadvantage as their bodies were overwhelmed with extremely high levels of inflammation, essentially causing victims to drown in their own fluids.

Image: How to Avoid the Cholera information

ONE HUNDRETH THOUSAND.] [Price 1d. each, or 8d. per dozen, 4s. 6d. per 100.

## HOW TO AVOID THE CHOLERA:

BEING  
**PLAIN DIRECTIONS FOR POOR PEOPLE.**  
By DR. CHALLICE, of BERMONDSEY,  
AUTHOR OF "MEDICAL ADVICE TO MOTHERS ON THE MANAGEMENT OF CHILDREN."

*Whatever may be the cause of Cholera, thus much is certain, that hitherto, almost without exception, this pestilence has been the portion of the poor, and we know that those who are in want of food and clothing most readily fall the victims of this disease. Let therefore the working man, the head of a family, reflect, that by idleness or drunkenness he not only exposes himself, but in all probability his wife and his children, to the attacks of Cholera, by depriving them of the comforts and the necessaries of life.*

1. Good health, good spirits, and industry, are the best preservatives. If you are ill, send for a doctor.
2. Keep the whole of the body clean; do not spare soap and water; rub the skin well dry after washing. Cholera is fond of filth. Parents, apply this rule to your children.
3. Live plainly, and avoid all excesses. Go early to bed; the hard-working man requires rest, not excitement, after his day's work. Drunkenness and late hours are great friends of the Cholera.
4. Sleep as few in the same room, or in the same bed, as possible; make every shift, rather than be crowded at night.
5. Early in the morning, remove all dirty or offensive matters, open your windows and doors, turn down the bed-clothes, to let the fresh air pass over them.
6. Do not take your meals in the bed-room; if you cannot help yourselves in this respect, there is still greater necessity for cleanliness and fresh air.
7. Washing or drying clothes in the bed-room is always bad, and, in times of sickness, very dangerous.
8. EAT ONLY OF GOOD FOOD. Half a pound of good meat is better than one pound of bad. One good loaf is better than two bad ones. Cyder and sour or hard beer are injurious. Let not your children stuff themselves with apples, plums, pears, or sweet stuff. Rice, tapioca, barley, and oatmeal, are cheap, nourishing, and wholesome.
9. Cleanse out, and thoroughly scour, your water-butts or cisterns; boil the water before you drink it or give it to your children. Impure water is the cause of many diseases.
10. If there be offensive smells in your house, from sewers or cesspools, complain to your landlord; if he take no steps for removing the nuisance, complain to the parish authorities; if they don't assist you, apply to the magistrates. The law now protects from poison as well as starvation.
11. If you get wet, change your clothes as soon as you can; warm and dry clothing, however homely or coarse, will do much to keep off Cholera. Flannel should be worn next the skin round the body, and the feet be kept dry and warm with worsted stockings.
12. Go out, and take your children, into the fresh air as often as you can; pure air and wholesome exercise may keep off Cholera, as well as Fever.
13. Take no *strong physic*, as Epsom salts, senna, &c. If opening medicine is wanted, a small tea-spoonful of powdered rhubarb, with a little ginger and carbonate of soda, or a small wine-glassful of the compound tincture of rhubarb, or the compound *rhubarb* pill, (which may be bought for 4d. or 6d. per dozen,) may either be taken with advantage. For children, nothing is better than rhubarb with magnesia, in *small doses*, repeated every four hours till the proper effect is produced.
14. If you have bowel complaint, leave off work. Rest and lying in bed are most necessary; many a working man has lost his life by neglect of this rule. Get this mixture, for preparing which a druggist ought not to charge a poor man more than sixpence:—

1 drachm of Aromatic confection.	1
1 " Prepared chalk.	1
1 " Sal Volatile.	1
1 " Laudanum.	1
2 " Tincture of ginger	2
2 " Tincture of kino.	2
3 ounces of Cinnamon water.	3

A table-spoonful to be taken every two hours till the relaxation is stopped. A child under ten years, half the dose; and from three to five years old, a fourth part only. For infants it is not suitable. Broths and hot tea are injurious, and increase the relaxation of the bowels. Arrowroot, or rice boiled in milk, or gruel, with some grated ginger or cinnamon powder, should be taken, and these not *hot*, but nearly cold.

15. Should the Cholera, however, attack you, or any in your house, don't be alarmed—it is not catching—the disease is now better understood than heretofore; mild cases are easily cured, and the worst cases are not always fatal.

16. Neighbours and friends have a bad custom of crowding a sick room. Where there is *Cholera*, it makes the disease more dangerous; therefore, don't do it.

17. As a measure of precaution, every family should, if possible, have a pound of the best mustard, one quart of vinegar, half a pint of brandy, (which must be corked and sealed,) and two pounds of salt, in the house; also, the fire laid ready for lighting at a moment's notice, with a large kettle full of water on the hob. Then, in case of sudden attack before a doctor can be fetched, apply a vinegar-and-mustard poultice over the whole belly, as long as it can be borne, or at least for twenty minutes, and let the arms, feet, and legs be constantly rubbed with flannels dipped in hot vinegar. Constant friction in this manner may save many a life. The body of the sufferer becomes in the same state as one nearly dead from drowning or suffocation, and every one knows how often life is restored in such cases by persevering exertion for *hours*. Two of these pills should be taken at *once*, with a table-spoonful of brandy, and one pill with a table-spoonful of brandy-and-water, cold, every half hour. But don't delay getting a doctor.

Cayenne Pepper . . . . .	12 grains.
Camphor . . . . .	12 "
Calomel . . . . .	12 "
Aromatic confection sufficient to make into twelve pills.	

Brandy is certainly most valuable in Cholera to those who have constantly taken it, derive little or no good from it.

Lastly. It cannot be too often repeated, that bad bread or bad vegetables, unsound meat or stale fish, tend most powerfully to derange the stomach and bowels, and to bring on Cholera. Let the *dealers* in these staple commodities of life reflect on their very serious responsibility at the present moment, and on the public indignation which will most justly fall upon them should *human life* be sacrificed by the sale of unwholesome food—a too common practice, and a wicked imposition upon the poorer classes.

LONDON: HENRY RENSHAW, MEDICAL PUBLISHER, 356, STRAND.

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# Chapter Two: Impact



## Seeing the early impacts: Summer 2020

As challenging as lockdowns are for many, both now and in the past, they have functioned as necessary measures and indeed are often the only available means to try and control the spread of a novel disease, until a population's immunity increases or treatments and vaccines become available.

As summer 2020 arrived, the UK was emerging out of its first lockdown, and it was clear that whatever course the pandemic would take, even at this point the effect of the crisis on the health and wellbeing of the population had been huge. In York, the public health team led work to try and understand the impact of COVID-19, including the experiences of our residents, how changes to access for

our health and care system had affected people's ability to get the care they need, and how the wider determinants of health, such as the economy, education and air quality, had been hugely impacted by a once-in-a-generation event. A rapid Health Needs Assessment was produced in June 2020, a summary of which is included here:

The review concludes that COVID-19 has already caused significant impact on all-cause mortality, created a new category of clinical need (post-COVID-19 care) for a large number of people, led to significant unintended consequences of the system response to COVID-19 - deferred and delayed care, missed prevention opportunities and healthcare-

avoiding patient response - and significant unintended consequences of the policy response to COVID-19 - including economic threat, mental health worries due to lockdown, educational disadvantage, all of which threaten the poorest and most marginalised communities the most.

## To be re-labelled- Covid-19 Rapid Health Needs Assessment, May 2020

Population Health Impacts of COVID-19 in North Yorkshire and York			
Direct	COVID-19 deaths so far	406	NY+Y cumulative up to 01/5
	All cause deaths in week 18	311	NY+Y vs 170 week 18 average 14-18
	Hospitalisations	2007	NY+Y cumulative up to 12/5
Immediate	% of all deaths due to MI or stroke	▲ 15.3%	(York, vs 11.9% same period 2019)
	A+E attendances	▼ 52%	YTH w/c 5/4/20
	No elective admissions	▼ 48%	YTH w/c 5/4/20
	Non elective admissions for chest pain	▼ 44%	YTH
	Adult impatient mental health admissions	▼ 54%	NY+Y
	Referrals to adult mental health crisis teams	▲ 15%	NY+Y
Chronic	2ww referrals	▼ 75%	VoY and SR CCGS
	IAPT referrals	▼ 56%	NY+Y
	% of people who they had difficulty accessing care due to C19	45%	VoY
	Falls prevention referrals	▼	York
Long Term	Socials prescribing links made	over 1000	York
	Air quality	▲ 30%	York (NO2 reduction)
	Domestic violence incidents	▲	NY+Y
	People furloughed	c 1000,000	NY+Y
	Referrals to stop smoking services	▼ 40%	NY+Y
	Referrals to substances misuse services	▼	York

# Introduction to Covid testing

## How do PCRs/LFTs work?

LFD (Lateral Flow Device) tests are used for symptom free COVID-19 testing and work very much like a pregnancy test. These types of test are diagnostic devices to confirm the presence of a particular substance – this could be an enzyme, an antibody, or a chemical in drinking water, for example. For diagnosis of COVID-19 the lateral flow test looks for antibodies that have been produced due to the person being exposed to COVID. When a sample is added to the well of the LFD, the sample flows along the absorbent paper which ensures a consistent volume of sample reaches the testing strip which detects the antibodies for COVID. The presence of antibodies is indicated by the appearance of the indicator line.

PCR (Polymerase Chain Reaction) tests are used to detect the genetic material (RNA) of a specific virus. This test identifies that the virus RNA is present in the body at the time of testing and is done on patients who are displaying symptoms of a viral infection. PCR testing is a well-used diagnostic tool and laboratory technique and previously has been used for DNA fingerprinting, diagnosing genetic disorders and detecting bacteria/viral infections.

Philippa Press  
Public Health Specialist Practitioner  
Advanced, City of York Council



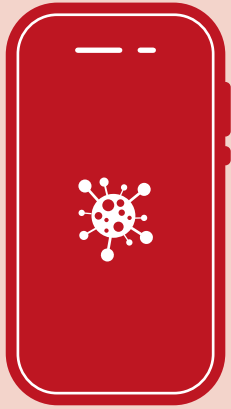
# Winter 2020/21

## "testing testing..."

The winter of 2020/21 saw another wave of infection in the city, with community testing facilities at Poppleton Park and Ride and Wentworth Way at times becoming overwhelmed with the volume of symptomatic people arriving at their doors. As part of the response, the city sprang into action by setting up a number of amenities:

- Asymptomatic testing response
- Seven walk-in sites established in community venues
- Large number of testing staff and contact tracers employed
- Support to schools and care homes given to test residents, staff and pupils on a bi-weekly basis
- Thousands of test kits delivered to countless homes targeted by data on local outbreaks.

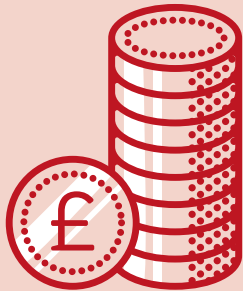




To date a total

**3079**

Test and Trace Support Payments of £500 have been paid to eligible CYC residents. (1,478 standard payments and 1,601 discretionary payments) at a total cost of £1,539,500.



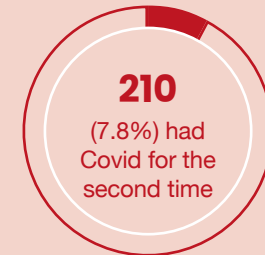
**5218**

Additional Restrictions Grants have been paid by CYC at a total cost of **£6,446,473**



**809**

Omicron Hospitality and Leisure Grants have been paid by CYC at a total cost of **£2,751,507** As at 27.2.22



Positive covid test

**79814**

UKHSA Covid-19 Situational Awareness Explorer reports total of **79814 positive covid tests** for CYC residents (March 2022)

# Lessons from history

## Bubonic Plague

Image: Two men discovering a dead woman in the street during the great plague. Wood engraving by J. Jellicoe after H. Railton.



When the bubonic plague reached York in 1665, the devastation to the city was unprecedented with vast numbers of deaths. The plague had devastated York and the local area at numerous timepoints in history since the 14th century. But by the mid-1600s, military movement during the English Civil War, reintroduced the disease.

1665's Great Plague outbreak necessitated lockdown and businesses were unable to trade particularly in goods imported from the port towns of London, Hull or Newcastle. In a move almost identical to the covid interventions of late 2020, York introduced a tier system which curtailed the movements of the public to control the spread of disease.

York locals were unable to leave the city, with those resident elsewhere unable to enter. In one show of exasperation at the sudden loss of freedom of movement, Michael Scarr, a Newcastle local, assaulted a city Watchman who had barred his entry into York. He was sentenced to prison, the length of his time unknown.

York residents were equally punished and court sessions were held for those who had gone to Hull.

Despite lockdown efforts, York was badly affected. Victims were buried outside the city walls as an additional measure to control the spread of the disease. Colloquial evidence suggests, according to the Telegraph & Argus article Nostalgia: Pubs Closed and Families Quarantined in Yorkshire Plague, 25 October 2020, that the grassy embankments supporting the ancient walls are plague pits.

Four centuries earlier, The Black Death of 1348 hit York with such force it is estimated half the population died. The churchyards were overflowing and surviving records indicate that half the parish priests succumbed. 14th century York was unlike the York of today. Long before the reliance on global trade, medieval citizens were largely self-sufficient, producing their own food, wool and leather. The high mortality rate meant, therefore, that residents from the surrounding areas were brought in to York to replace those lost. The numbers of craftsmen and traders increased dramatically; landowners, once used to overseeing the work of peasants, had no option but to roll up their sleeves and do

the work themselves. In an interesting twist, York prospered despite the devastating number of deaths.

‘One of the most obvious effects of continued epidemics of plague was to remove the least economically productive sections of the city’s pre-Black Death population and to increase the per capita wealth – and therefore purchasing power – of those who still remained in a much less crowded town (Barrie Dobson, historian).

unvaccinated.

**TABLE 2a.**

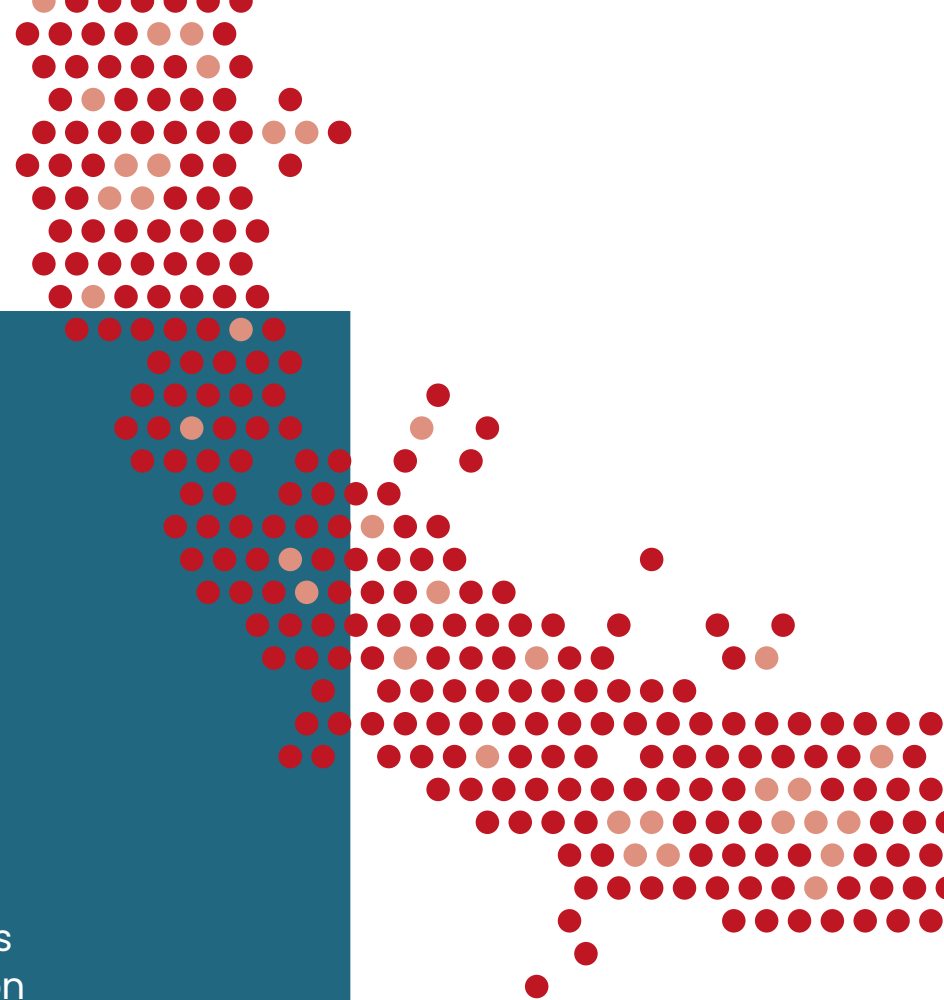
1. Year.	2. Successfully Vaccinated.	3. Percentage of total births	4. Vaccination postponed or certified as insusceptible of vaccination	5. Died or removed from York unvaccinated.	6. Declaration of "Conscientious Objection."		7. Re-vaccinated by Public Vaccinators.
					Number.	*Percentage.	
Averages for 7 years, 1901-1907	1,884	83.4	26	276	58	—	—
Averages for 5 years, 1908-1912	1,401	69.4	24	241	350	20.3	28
1913	1,058	53.5	43	297	590	36.0	21
1914	918	48.3	56	349	575	38.4	26
1915	822	46.2	72	336	571	41.6	26
1916	741	42.1	113	320	602	45.4	17
1917	514	40.2	108	238	448	48.6	15

\* Percentage of total births less figures in columns 4 and 5.



# Impact stories from across the city

The pandemic impacted heavily on a number of local services and businesses. Sadly, some businesses were unable to continue in operation whilst others are continuing to try and adapt to post-lockdown life. For York's health services, continuing to provide care to patients with new and existing health problems not related to Covid-19 has been challenging. Below are some of the experiences from across different sectors and parts of community life in York, on the impacts and experiences they have had of the pandemic.



## York Centre for Voluntary Services

Covid-19 dominated everything we did at York CVS. The demand for information, advice and guidance was huge, from our members, individuals and partners. York CVS came together to provide a range of support to people who were impacted by the pandemic.

We set up a hotline staffed by the Social Prescribing team which redirected people calling GP practices for non-medical help. March- June 2020 alone, saw 1,759 people supported through the hotline.

GPs also provided lists of over 1,000 vulnerable people to offer a weekly

welfare call. Included were people with dementia or awaiting diagnosis. We made weekly welfare calls making sure they had essential help; 876 welfare calls were made from March to June 2020.

In May 2020, we ran a Covid-19 Monitoring Hub. Individuals who were symptomatic for Covid-19 were contacted regularly. It was recognised that on days 7 to 10 of infection, symptoms could worsen, so we ensured people had access to appropriate medical support. Volunteers were recruited to make daily calls to hundreds of patients; it is true to say lives were saved through this vital work.



## St. Leonard's Hospice

### Emma Johnson

COVID-19 has had a profound impact on our services. Initial challenges saw us responding to successive mandates and guidance on lockdown and protecting vulnerable patients and staff. Out-patient services were suspended and restrictions to visiting in-patient facilities meant patients were increasingly choosing to remain in their own homes. Much of our initial focus was therefore on rapidly expanding Hospice@Home services and improving co-ordination of care in communities. Patients that were in-patients had to embrace ways of connecting with loved ones using online platforms and experienced a very different kind of holistic hospice care from that previously provided.

We embraced innovation and rapid service transformation and collaborated with NHS colleagues to deliver the best possible response to patient and family needs.

Latterly, we have seen professional fatigue in staff and emerging complexities relating to the needs of more patients.

We also need to address inequalities highlighted before and during the pandemic regarding under-represented patients in our services. 'Living with COVID-19' continues but the health risk to the most vulnerable patients remains and we need to be cautious of

re-opening services in a safe and inclusive way. Home deaths have increased by 30% since the pandemic. Whilst this is often cited as being a patient's preference, we also need to ensure that support is available to make death as good as possible, and that bereavement support is available to support those left behind.

The pandemic has also highlighted the need for greater awareness and engagement in public discourse on death and dying, and that patients have the right to influence their care by communicating their wishes using advance care planning.

## City of York Council Regeneration and Economy

The pandemic has had a seismic impact on York's economy. Covid-19 restrictions were particularly acute in York where a significant proportion of businesses and workers operated the sectors hit hardest such as retail, health and social care and hospitality.

Re-opening York after the first lockdown we implemented a One Year Transport and Place Strategy, expanding pedestrianised areas to create space for social distancing, and managed seating and outdoor space for hospitality. Throughout different lockdowns and tier systems we were able to support our economy by being flexible, creative, whilst ensuring public health always remained the priority.

We have provided over 25,000 Government grants to York businesses worth over £114 million and invested £1 million in additional local support. We also established a Business Growth Voucher Scheme providing vouchers to around 550 local businesses.

York's residents and businesses have remained resilient. We have consistently had the lowest percentage of the working age population claiming out of work benefits of any major city across the UK during 2021 according to the Centre for Cities, despite 16,000 people furloughed. Business activity and consumer demand has also remained strong throughout.





## City of York Council Communities Team

We opened nine virtual volunteer hubs on 27 March 2020 to coordinate the 1000-strong volunteer activity and distribution of essential supplies to those residents who needed support. A dedicated helpline team was established to deal with calls from residents and deploy the required support.

Support was provided to residents in a wide variety of ways:

- Making contact with people on the government shielding list who asked for help when registering with the NHS, door knocking where necessary.
- Provision of emergency food parcels for those with no other support

mechanisms who are waiting for the government food box or who phoned the CYC help line.

- Case management of those of the shielding list who need shopping due to religious or dietary requirements. Volunteers are sent out to shop then deliver to the door.
- Wellbeing calls to any resident who needed them.
- Assistance with shopping obtaining supplies for any resident.
- Any other help that might be required due to a resident having no other means e.g. collecting post or prescriptions, looking after pets.



## The Impact on Air Quality in York

The Covid-19 helpline became a post Covid-19 'Action line'; making the clear transition from an emergency response to a community approach, looking at longer term solutions, both for those directly affected by the virus and for those affected by the longer term impacts individually and within the community. This model emphasised a person-centred approach supporting residents through a crisis and helping to build resilience to prevent future crises.

During the first lockdown, it was widely reported that air quality improved to such an extent that natural landmarks were visible for the first time in decades.

People in India were able to see the Himalayas whilst citizens of Venice reported that the clarity of the water was such that sea life could be seen. York was no exception as reflected by Mike Southcombe, Public Protection Manager:

Air pollution has an adverse health impact on everyone and is responsible for more preventable deaths than any other factor except smoking.

During the Covid-19 lockdown, people drove less and this resulted in York meeting the health-based air quality objectives for nitrogen dioxide and particulates in 2020. Air pollution did increase in 2021, however not to levels seen in 2019.

City of York Council continues to act to improve air quality via measures in York's third Air Quality Action Plan, including the Clean Air Zone for busses and encouraging more people to walk and cycle.

The government are currently reviewing the air quality objectives in line with World Health Organisation guidelines. We must continue to monitor air pollution effectively and ensure that our actions are sufficient to meet the new targets.

## Universities

### Ian Wiggins, Director of Operations, University of York

“University communities were at the forefront of the city's response to the pandemic. As the first lockdowns began in March 2020, York's institutions were some of the first in the UK to provide support and resources, including PPE, to the NHS. As well as producing visors and face shields for healthcare staff, the University of York also provided PCR machines and technical expertise to the city's hospital, supporting the team there to set up their first Covid-19 testing capabilities. Our students were also quick to volunteer: medical and nursing students graduated early to start work supporting Covid-19 patients and countless other students donated their

time supporting community groups, particularly assisting the most vulnerable residents in the city.

As the pandemic continued, the city's further and higher education institutions came together to support the return of students to campuses and face to face education. Through collaboration with city and higher education institutions we responded well to rising student cases, dealing with outbreaks in a compassionate and measured way, avoiding some of the mass isolations and protests seen in other University cities.

Public health teams and universities also worked closely together to roll out and sustain a mass asymptomatic testing effort across the city, bringing together city and university space and expertise to provide testing for all residents.

Working with the York Public Health team, we also supported a mass roll out of vaccines as soon as students became eligible, with York's institutions seeing some of the highest take up rates across the sector. The relationships developed during Covid-19 are also continuing post-pandemic with a reinvigorated student health network driving brilliant work on a wide range of issues affecting students mental and physical health.

## York Public Protection Team

During the Covid-19 pandemic public protection supported public health colleagues in providing support and advice to businesses about Covid-19 control and prevention measures, primarily focussing on the 'hands, face, space and ventilation' message, along with health and safety responsibilities and compliance with the various legislative requirements in force at various times during the pandemic.

This included officers responding to 2,164 complaints from members of the public about businesses allegedly not complying with legal requirements. Despite the number of complaints

businesses were generally found to be compliant, with public protection only needing to serve 5 prohibition notices and 22 fixed penalty notices for non-compliances. A small number of direction notices were also served in order to ensure compliance with legislative requirements. public protection Officers also provided advice to event organisers to enable events to take place, when they were legally allowed to do so, in a safe manner with the necessary control measures in place.

In addition to this public protection also employed Covid-19 support marshalls to assist in the response, with 6 marshalls

being employed from December 2020 through to March 2022. During this time they provided a visual presence in the centre of York and suburbs, providing encouragement and basic advice to members of the public and businesses about virus control measures. This involved nearly 5,000 interactions with businesses, 8,500 interactions with groups of people, and giving out nearly 2,500 face coverings. A further role they had was to collect discarded face coverings from the streets of York, with 5,237 face coverings being collected.



# Chapter Three: Voices



## Same storm, different boat

Covid-19 has undoubtedly had far-reaching consequences for every individual. The opening quote was often circulating various social media platforms as a means of highlighting the different challenges faced as a result of the pandemic.

Health, financial and job concerns were evident in the majority of the population. Sadly, other health concerns, both new and existing, were heavily impacted; thousands of York residents were made redundant despite the furlough scheme and those self-employed faced months of no income. Parents had to ensure their children were still learning despite school closures, often whilst working from home themselves.

It wasn't all negative, however. People benefited from working from home which improved their quality of life. Less traffic meant people benefitted from the cleaner air and in many cases, there was a greater sense of community spirit as people rallied round to provide support to the more vulnerable members of society. The next page brings the experiences of York residents and workers during the pandemic.



## Public voices

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“I had symptoms and have now been off work for nearly 3 weeks ... unable to get tested ... have struggled for breath and had chest pains, reality quite scared for my life. Didn't want to call for an ambulance...”

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“I am deaf, and am worried about the introduction of face masks - then I cannot lip-read people ”

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“I am confused over the Government's shielding letter ”

---

“I need to work and earn and provide, and this lockdown is killing me”

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“I care for my Mum with dementia who is starting to feel very low. It is really difficult to deal with her wellbeing & my own”

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“No dental appointments available for my child, despite contacting our surgery. My son is in lots of pain ”

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“I have suffered with bad mental health in the past, but am now unable to use my coping mechanisms such as seeing friends”

---

“I fear the families like me who don't fall into any brackets for financial support due to currently having too much savings ...by the end of the year I am going to be, but by then people will have forgotten about me ”

---

“I have had a baby during lockdown. Midwives, hospital care and health visitor care has all been affected. Also not been able to access support group for breastfeeding which I have found very difficult. ”

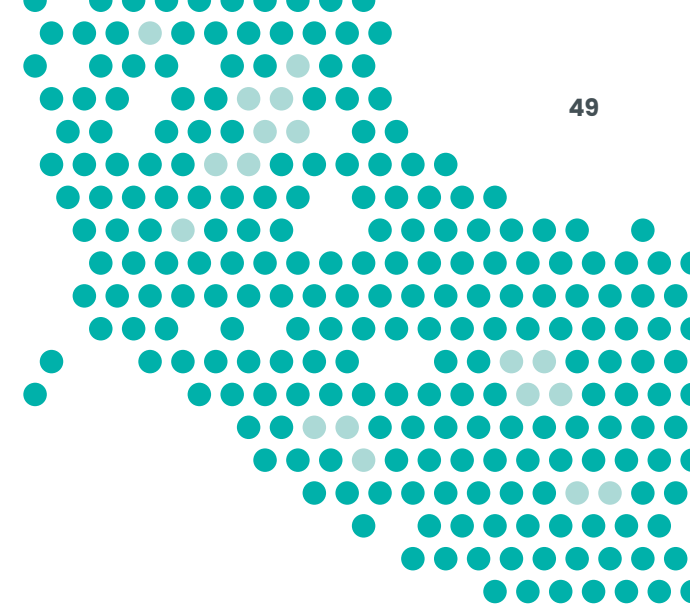
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“ I have a child with autism and learning disability. Out of routine, feel fairly abandoned by school, don't have any regular input from health, ...all our usual support is gone, my anxiety is very high.”

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It is surprisingly exhausting, mentally and physically. I am in the most vulnerable category and live alone”





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“My daughter has severe anxiety but all appointments have been cancelled and the people we were getting help from have postponed treatment.”

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“I am benefiting a lot from the cleaner air. Daily walks without pollution have improved my chronic sinus problems”



## Public health team members

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“I will not forget the onset of the Omicron variant just before Christmas, 2021. Contacts had to be tested for 7 consecutive days. This led to a shortage of home test kits and they were like gold dust. At one point we had to help North Yorkshire County authorities out, and they sent a fire engine to collect the boxes, as it was considered an emergency.”

---

“Sometimes work shifts would coincide such that you would finish at 7PM one day and be back at the site at 7AM the next day. This was at the height of winter so it practically felt like you had slept there.”

---

---

“I have loved working at the testing sites due to the incredible staff that we were surrounded by, but also the sense of fulfilment you get from knowing that our work has played a key part in keeping York as safe as possible.”

---

“After literally thousands of negative tests, I remember personally discovering the first ever positive test at the University of York test centre in December 2020, staff even began queueing up to get a glimpse. A month later and we were getting several positives a day.”

---

“Friendships and camaraderie also developed among staff during these difficult and busy times.”

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“What I will always remember is the long queues of people queuing outside St Johns Sports Hall and onto Lord Mayors Walk. We would have to go outside in the freezing cold, handing out registration, cards and registering them if needed. Good Old Days!”

## Healthcare professionals

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“We have seen much better working between practices, and between practices and community teams.”

---

“I am worried about the Wider determinants of health... double whammy of initial Covid-19 disruption to income followed by 2nd wave of austerity.”

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“Delays in investigation and treatment in secondary care will likely affect mortality and morbidity for a long time.”

---

“There is a risk that NHS/care staff will experience the deep effects of managing traumatic experiences and stress.”

---

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“I am concerned about children and young people’s disconnection with schools, peers, extended families and loss of ...ability to re-engage with education and formal structures, leading to impacts on family functioning and overall resilience.”

---

“I have concerns that patients and families are not talking to GPs about emerging mental health issues.”

# Chapter Four: Control



In February 2022, the Government lifted all Covid-19 restrictions in England. It is easy to think that Covid-19 has disappeared however this is not the case. At the time of writing, 44,680 people tested positive over the past seven days (one week in May 2022).

## Lessons from history: the end of Spanish Flu

History shows us that there are two ways epidemics end: a pathological end- where the disease is rendered no longer able to transmit infection- and a social end. Most historical disease outbreaks appear to have merely fizzled out. In the case of the Black Death and the Spanish Flu pandemic, as more people developed and recovered from infection, the immunity gained weakened and disabled the virus. Herd immunity is a widely discussed concept however it risks high numbers of deaths and long-term disability before it can be achieved. Lockdowns and social restrictions have therefore been necessary measures through history to reduce these rates. To date, smallpox remains the only infectious disease that has been totally eradicated through vaccination.

The Spanish flu pandemic had all but run its course in York in 1920. The Chief Medical Officer reported that there was “no epidemic in this City.” 40 cases of influenzal pneumonia had been notified however these occurred throughout the year with no more than three deaths per week- a good indicator for tracking disease spread.

This wasn't without concern, however, as the first half of the year was marred by “a considerable rise in the number of deaths” resulting in the appointment of the Special Disease Sub-Committee to act in case of emergency. Fear remained palpable and such was the anticipation of a “serious recrudescence of influenza” that women experienced in nursing were drafted in as “home-helps” in the event.

## Vaccination – our best control measure

The vaccination rollout story in York is a testament to the efforts of all involved. To date, 89.5% of the adult York population has received a first dose of a Covid-19 vaccine, and 71.1% have now received at least one booster.

These figures reflect the national averages, however a project in York ensured that marginalised communities were able to access the vaccines. Early research indicated that Covid-19 vaccine uptake was low in communities such as ethnic minorities, homeless people, and those with learning disabilities.

Various wards in York also had low vaccine uptake, including Guildhall, Fishergate, and Hull Road- a high student population may be the main contributing factor to Hull Road's figures. The then NHS Vale of York Clinical Commissioning Group (CCG) undertook work to build relationships with groups such as the following to understand some of the barriers they were met with:

- York Carers Centre
- York Interfaith Group
- York Mosque and 4th Avenue Mosque
- York Racial Equality Network

- Changing Lives – Vulnerable women (sex workers), homeless
- York Gypsy and Traveller Trust
- Chinese Student Union
- Selby District Council – Afghan refugee arrivals at Gateway Hotel
- CYC – worked together on targeted work e.g.. leaflet drops, digital signs, grab a job website, LFT distribution in the community
- York Wheels & Age UK who partner with CCG to take vulnerable patients for their vaccine
- Door 84 Community Centre

Several barriers were highlighted including lack of trust, anxiety, and transport issues amongst others. To address these barriers drop-in sessions were introduced so people could discuss their concerns and receive other health-related resources.

Vaccine uptake was only slightly increased, however most people felt listened to and supported. Matters raised from these sessions indicated a greater need for cultural awareness especially that which is tailored to each individual group, for example and religious groups and the gypsy, traveller communities. Delivering resources in other languages was also raised as people do not necessarily know how to read in their own language. Increasing translation services in the region, plus English for speakers of other languages (ESOL) was found to be the most effective solution.



## Vaccination against Covid-19

From the outset of the pandemic, public health experts were clear that the most effective route out of the crisis would, in the long term, be the development of an effective and safe vaccine against the disease.

When the body encounters harmful bacteria, viruses or other pathogens, a 'passive' immune response is initially triggered, involving for instance mucus, fever, and inflammation. This is followed by an 'active' immune response, the body neutralising or destroying the bug through cells like lymphocytes, leaving a legacy of antibodies which recognise the pathogen and thus offer protection against it in the future.

The goal of vaccination is to trigger an active immune response in the body, leaving the body with antibodies without needing to go through the risk of infection.

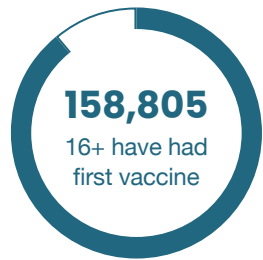
Normally, the development of a vaccine would take a number of years, even before the job of mobilisation, commercial production and delivery of the jab to millions of people through a mass vaccination programme. With large global resources deployed, new vaccine technology like messenger RNA (mRNA) jabs, and thousands of willing trial volunteers, it took only 9 months from the start of the pandemic for the first person in the

world to be injected with an approved COVID-19 jab outside of a clinical trial, in the UK on December 8th 2020.

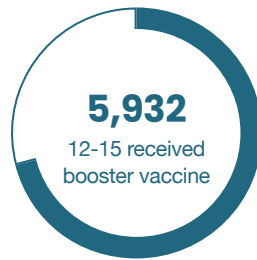
Since mass vaccination started in the UK, the different jabs have proved themselves effective and very safe, with a large amount of data demonstrating that serious and adverse events relating to vaccination are very rare and far outweighed in risk terms by the risk of catching COVID-19. It is estimated that in the UK the COVID-19 vaccination programme has saved over 130,000 lives, which equates to over 400 in the city of York alone.



## Vaccinations for People aged 16+ (1st dose, 2nd dose and Booster)



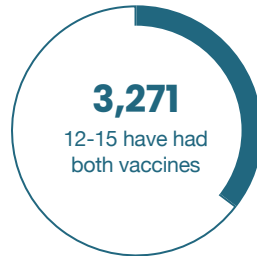
**89.1%**  
of the estimated (16+) population of York\*



**70.8%**  
of the estimated (12-15) population of York\*



**71.3%**  
of the estimated (16+) population of York\*

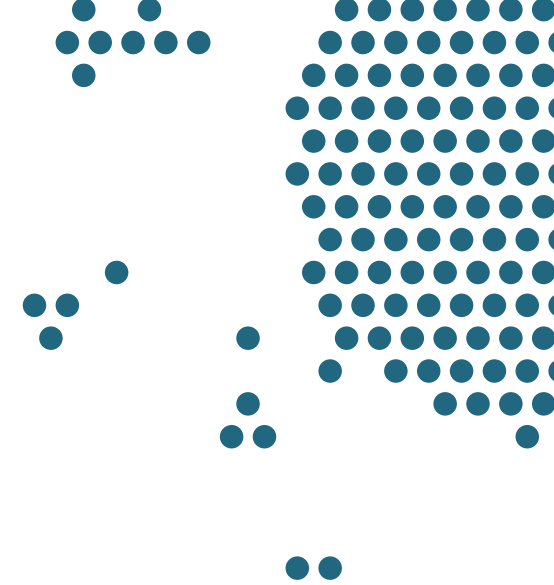


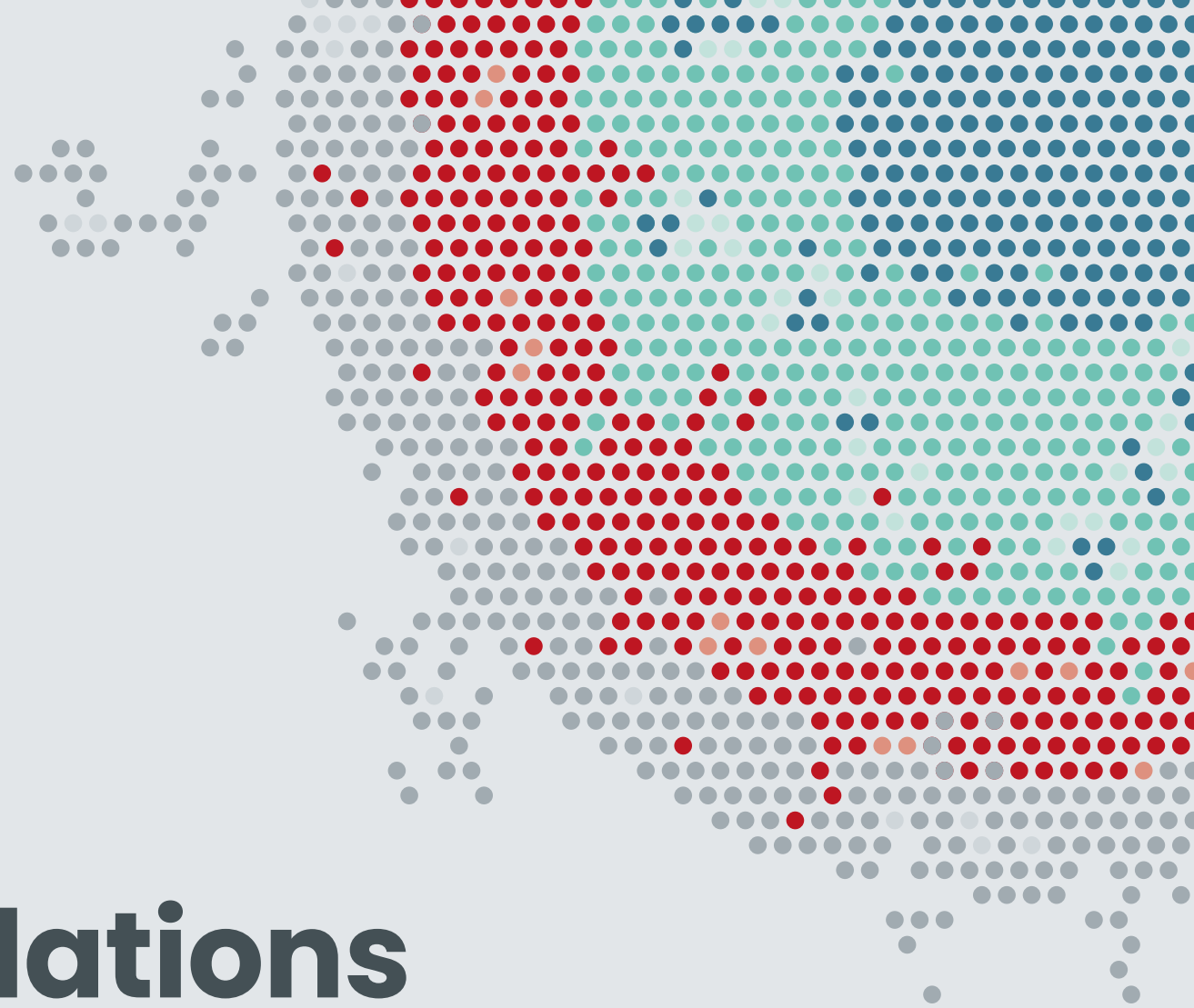
**39.0%**  
of the estimated (12-15) population of York.\*



**85.4%**  
of the estimated (16+) population of York\*

\*(As of 20.3.22)





# Recommendations of my Annual Report



# 1

Public Health should seek to build on the city-wide partnership working relationships developed during the response to the COVID-19 pandemic and lead the development of a York strategy for 'Living with Covid' to be recommended for adoption by all city partners.

# 2

The Director of Public Health to establish a York Health Protection Committee with responsibility for ensuring that the city has the necessary plans in place to respond to large scale events such as future pandemics, disease outbreaks and the health impacts of adverse weather events, learning from the experience of the COVID-19 pandemic. The York Health Protection Committee to present an annual report to the Health and Wellbeing Board on progress together with recommendations for action.





# 3

Children and young people in York, and across the country, have been particularly badly affected by the lockdowns and other restrictions over the past two years. The 2022 School Survey into the Health and Wellbeing of Children and Young People in York has identified a number of needs that will have to be addressed if we are to succeed as a city in giving every child and young person the best start in life. It is recommended that the Children and Young People's Health and Wellbeing Programme Board use the findings in the 2022 School Survey to inform the development of a new children's plan for York.



# 4

We know that the COVID-19 pandemic has had wider impacts on the health behaviours of some residents. Alcohol consumption has increased, the numbers of people reaching recommended levels of physical activity have gone down and many people are finding they are struggling with their mental health and extra weight gained during lockdowns. It is recommended that the council's Public Health team continue to lead an evidence based approach to tackling these issues across the city working with individuals, families, communities and our partners in focusing our collective efforts on those who need the help most.

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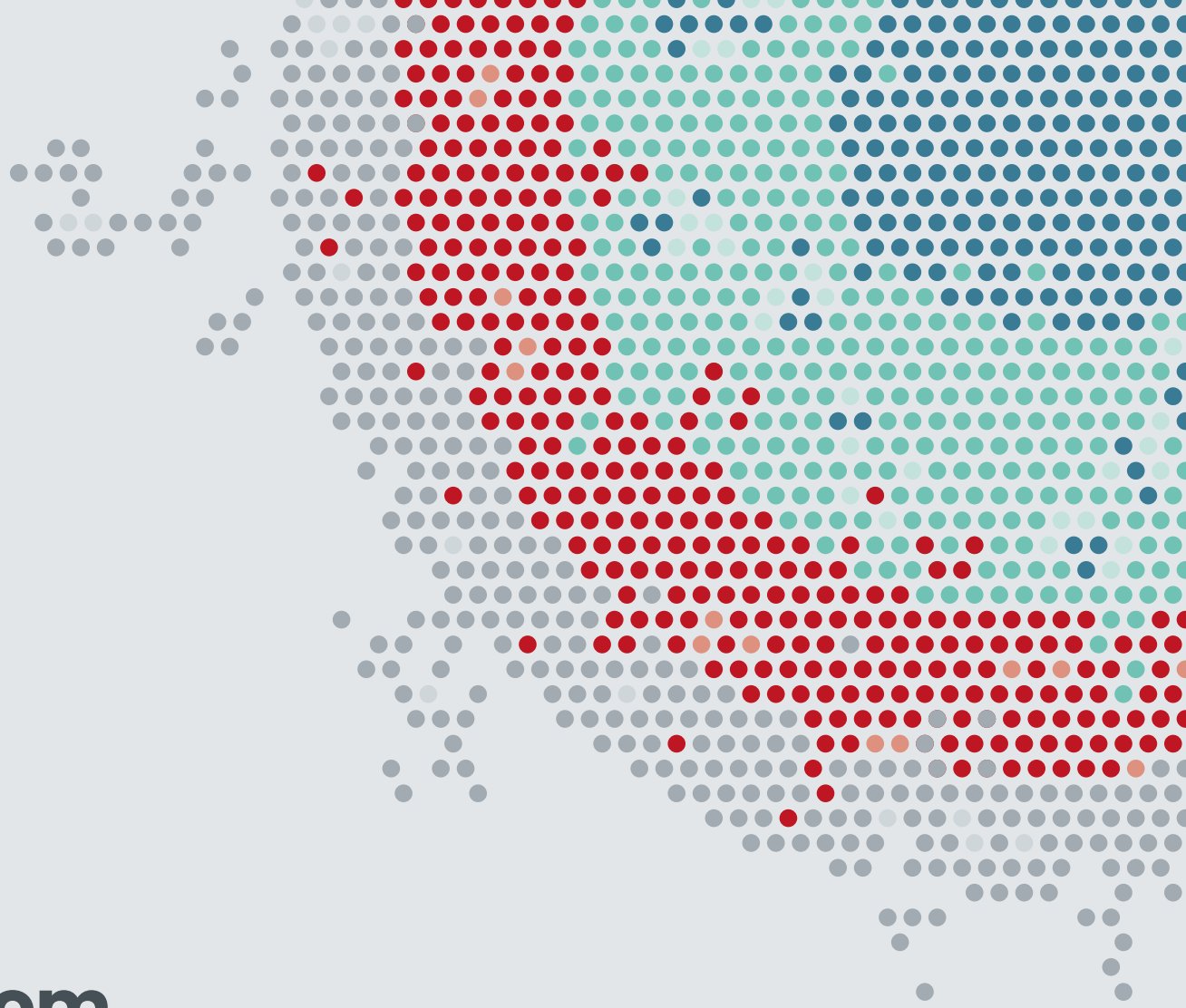
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Ian Wiggins

Additional thanks to the York Library Archives for providing the historical resources for this report.



# **Annexe: update on recommendations from the 2019 York Director of Public Health report**



**The previous annual report was written in 2019; the actions from these recommendations are detailed below.**

Life Course Stage	Recommendation
Starting and Growing Well	Public Health should work with partners to develop a way of supporting children and young people to engage in physical activity and eat a healthy diet.
Living and Working Well	A strategic approach to tackling alcohol misuse should be developed for the City.
Ageing Well	Public Health should continue to work with partners to ensure that the uptake of flu vaccines in the over 65s is increased.
Mental Health	Undertake work to understand self-harm in York and what can be done to decrease the number of hospital admissions from this cause.

# Starting and Growing Well

Public Health in 2021/22 has been working to improve the offer to children and young people which supports healthy eating, healthy weight and physical activity.

Working with North Yorkshire sport we have developed a physical activity strategy and will be set to launch this in 2022. Starting and growing well includes a focus on those children and young people who report as not engaging in the recommended physical activity levels. We have also started to unpick the profile of service provision for young people to achieve and maintain healthy eating patterns which impacts on healthy weight across the life course.

Linking both aims Public Health have commissioned the HENRY programme initially aimed at working with families with children under 5 years old who have identified the need for support. The programme assists parents with a range of knowledge and skills which underpins healthy lifestyles including nutrition and exercise. Jointly running this with healthy child service has enabled us to offer the course in a more targeted joined up way.



# Living and Working Well

The Covid pandemic has highlighted the need to ensure that the population of York has access to support for reducing alcohol consumption and for those affected by a loved one's drinking.

The Covid Hangover report recently outlined the impact that alcohol consumption during the pandemic will have in significantly increasing the health and economic burden of alcohol in England.

By taking a coordinated approach, we have developed a number of initiatives to support the population of York in relation to reducing alcohol harm. These include:

### **Ensuring health data is at the heart of City of York's Statement of Licensing Policy**

- A refreshed Alcohol Identification and Brief Advice (IBA) training programme – this is being offered to professionals and

volunteers across the city to equip them to have short but powerful opportunistic conversations about alcohol consumption with York residents.

- Groups who have received this training so far include social workers, health visitors, local area co-ordinators and community mental health teams. Further roll-out to community voluntary groups and hospital and primary care staff is planned.
- The launch of the Changing Habits service – aimed at those who would like support around their alcohol consumption but do not require clinical intervention, this service offers York residents up to 8

weeks of one-to-one support to reduce their alcohol intake and build new ways for coping with life's challenges. Together with the CYC Health Trainer service and York Drug and Alcohol Service, this now means that alcohol reduction support is available in York at whatever level it is needed.

- The launch of the Lower My Drinking website and app – the Lower My Drinking alcohol reduction package is now available for York. Residents are invited to check how much alcohol they're drinking by completing a short quiz at [www.lowermydrinking.com](http://www.lowermydrinking.com). The website provides personalised information based on the quiz results, with details of relevant

support available in York and the option to download the specialist self-help Lower My Drinking app.

- The launch of specialist support for individuals affected by a loved one's drinking – York residents whose wellbeing is impacted by a loved one's alcohol use now have access to support from Adfam's local Family Support Worker.
- Following the publication of the [Dame Carol Black review](#) in July 2021 and the [Harm to Hope 10 year plan](#), a Drugs and Alcohol Partnership Board has been established for York and will continue to support alcohol harm reduction as part of its overarching strategy.

## Ageing Well

In the 2021-2022 Flu season, the public health team continued to work collaboratively with GPs, pharmacists and other partners in the NHS to promote the uptake of flu vaccination in the community.

Through regular meetings with our partners, we were able to monitor flu vaccination uptake across the city and identify those areas and specific cohorts where uptake was lower. Targeted

communication campaigns in a number of formats were developed which aimed to increase awareness of the programme and to encourage uptake. This included working to promote access to the mass vaccination site at Askham Bar which delivered safe vaccination by drive-through and walk-in facilities to those eligible.

Working collaboratively, we were also able to offer several outreach flu clinics at a range of established venues such as community centres and foodbanks in the city.

As the clinics were offered at convenient and trusted venues, we were able to encourage flu vaccination uptake in populations who may not otherwise have come forward. Data received from the Vale of York Clinical Commissioning Group (CCG) for the 2021-2022 season shows that a vaccination coverage rate of 82.9% in the over 65's was achieved. This was better than in any other cohort, where the average for all ages was 68.3%. This was achieved during a challenging time when both the COVID-19 booster and flu vaccination programmes were widened to include some secondary school age children and anyone between the ages of 50-64.

This year work is continuing to increase uptake across eligible groups and a local campaign aimed at increasing uptake in geographical areas of York and in specific cohorts is currently being planned.

## Mental Health

In Autumn 2021 1,666 secondary school and sixth form pupils in York responded to the public health school survey questions on self-harm.

Of this group, 28% said they had ever self-harmed, and half of this group had self-harmed in the last month. There were higher rates in older pupils, LGBT pupils, and pupils with special educational needs or long-term health conditions. In partnership with children's inclusion team, ICS, and CAMHS, public health has been developing a resource to support schools when responding to self-harm behaviour. This toolkit was requested by schools and follows the national iThrive model. It moves through a range of risk and severity levels and recognises that self-harm is a response to mental distress, not a condition in its own right. It includes best practice resources for whole school messages such as assemblies, how to have conversations and give support to young people, when to reach out for additional support from specialist services, through to specifying the schools' role in multi-agency planning for very high risk young people, including when young people have accessed emergency medical care. The toolkit is being finalised with head teachers and school pastoral leads, it is due to be in place in schools across York early in the 2022/3 academic year.





York: the Pandemic Years  
Annual Report of the Director  
of Public Health 2020-2022

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