



Director of Public Health Report

2020-2021

Foreword and Introduction

I am delighted to present my Director of Public Health report for the year 2020-21. This is my first annual report for the county of Wiltshire and what a challenging year it has been.

Given the events of this past year, it was a clear choice to focus this report on COVID-19.

2020/2021 has been dominated by the pandemic, presenting an unprecedented challenge for everyone - both locally, nationally and indeed across the world. The Wiltshire Public Health team and wider council staff have worked in partnership with local agencies and community members to tackle the spread and impact of the virus. The magnificent team response achieved during the past year has relied upon the strong networks we already have here in Wiltshire. I believe we have shown how, in a time of genuine crisis, our Wiltshire population can come together to work efficiently and creatively to provide support to those most in need.

Wiltshire's response to COVID-19 is summarised at the start of this report by a timeline of events demonstrating the breadth of work that was required to navigate the demands of the pandemic. Wiltshire Public Health team also continued to deliver priority services alongside the COVID-19 response. These included services that supported areas of heightened vulnerability such as substance misuse, mental health and domestic abuse.

The pandemic has shone a spotlight on health inequalities that exist in our communities and we have seen locally how certain populations have been disproportionately impacted by the pandemic. This report focuses on some of the most vulnerable groups that were affected by COVID-19 in Wiltshire and the important steps taken to minimise the impact.

It has been truly inspiring and heart-warming to see how the Wiltshire community has pulled together during such sad and devastating times. Whilst the standard of health in Wiltshire is generally very good compared to that nationally, we still have plenty of work to do to ensure healthier lives for all. I look forward to building on the strong foundations created during this past year to ensure that the immediate and long-term impacts of the pandemic, as well as the health inequalities that exist in our communities, are fully addressed.



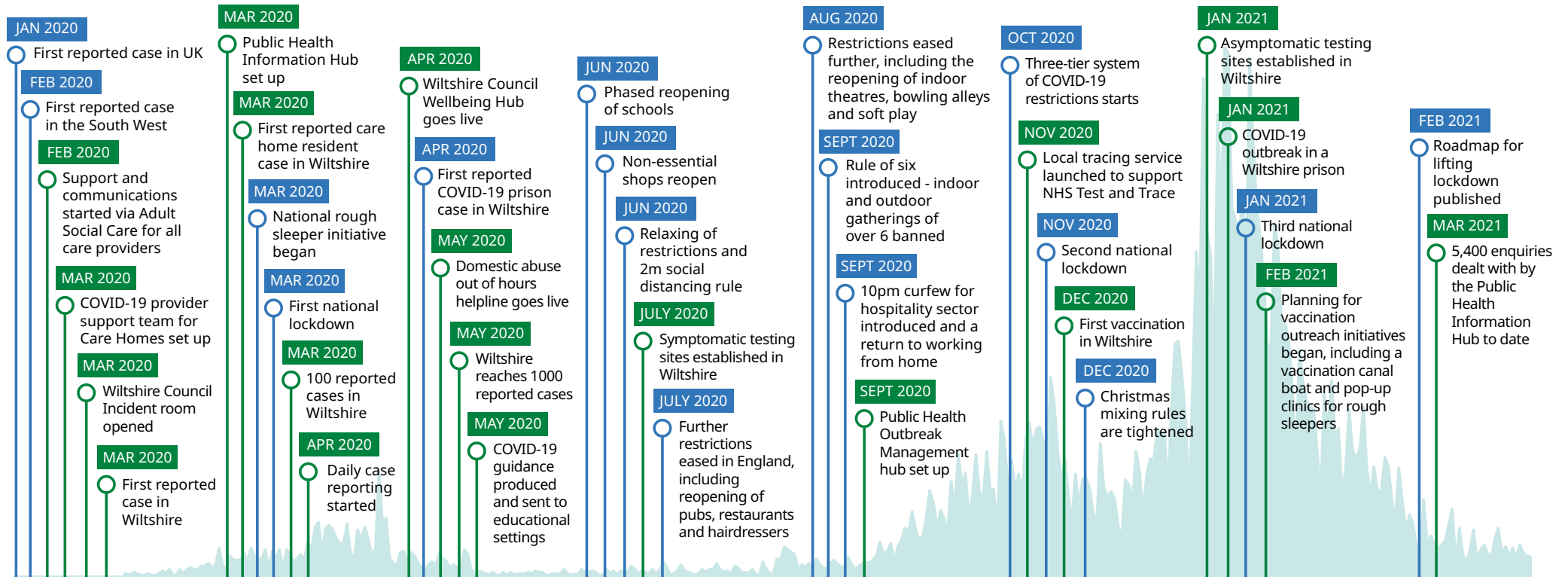
Kate Blackburn

Director of Public Health

Kathryn Blackburn

COVID-19 Response - a timeline of key events

● - National event ● - Wiltshire event



Acknowledgements

This annual report has been written by Kate Blackburn, Sally Ellis, Kat Hoskin, Sarah Lakin and Nikki Murch with contributions from practitioners across the Wiltshire Public Health team.

For information about public health services in Wiltshire, including information regarding COVID-19, please visit: www.wiltshire.gov.uk/public-health

Further information and data about Wiltshire Public Health can be accessed on the Wiltshire Intelligence Network website at: wiltshireintelligence.org.uk

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Inequalities

The COVID-19 pandemic has brought into sharp focus the many health inequalities that exist locally, nationally, and globally. Health inequalities are variations in health or access to healthcare between different population groups arising from the social conditions in which people live, work and age. These socio-economic conditions are wide ranging and include factors such as gender, ethnicity, geographic region or neighbourhood, housing and employment as well as levels of income and education.

Wiltshire is a predominantly rural county with a current population of 504,070¹. Whilst it is in the least deprived 30% of local authorities in England, inequalities still exist. Approximately 14,000 people live in the most deprived areas of Wiltshire and are more likely to experience poorer health outcomes including reduced life expectancy as a result². The rural nature of the area coupled with an ageing population structure also presents further challenges such as increased prevalence of complex care needs, travel and transport issues as well as limited access to services and community support in some areas.

COVID-19 and the consequent lockdown measures profoundly affected all areas of our daily lives. More significantly, certain groups who may be at higher risk of contracting the virus or who may experience poorer health outcomes as a result, have been disproportionately impacted. This report looks at how vulnerable communities in Wiltshire have been supported throughout the pandemic to reduce the impact of COVID-19.



1. Local businesses

COVID-19 exacerbated many longstanding health inequalities, leading to marked differences in health outcomes that have been described as ‘avoidable, unfair and systematic differences in health between different groups of people’³. These include communities experiencing greater levels of socio-economic deprivation as well as ethnic minority groups. There is increasing awareness that COVID-19 has had greater impact on disadvantaged populations experiencing higher levels of occupational exposure, overcrowded housing and insecure employment.

Before the onset of the pandemic, one in nine people in the UK were either:

- Self-employed
- Employed via an agency, casual or seasonal arrangements or
- Subject to zero-hours contracts⁴

These factors can affect an individual's ability to isolate or quarantine if they have been exposed to the virus due to a potential loss of income. A series of outbreaks in factories in Wiltshire during the summer of 2020 highlighted an association between virus outbreaks, working conditions and insecure employment.

Approach to outbreak management

Wiltshire Public Health adopted an early intervention approach to supporting local businesses following notification of positive cases. Settings predominantly involved factories across the county, many of which hadn't previously had cause to engage with a local authority public health team. Wiltshire worked collaboratively with businesses from the outset. Key partners including Public Health England, local authority Environmental Health and Communications teams were involved to support case identification, contact tracing and isolation, in addition to reviewing and advising on infection prevention control measures. Establishing strong, trusted and supported relationships with a ‘no-blame’ approach was crucial as this encouraged effective information sharing in relation to cases and their contacts.

Workplace demographics

Understanding the make-up of the workforce was a key area of focus with businesses. This facilitated the development of targeted support and guidance measures, including, for example, identifying where English was not a first language. This enabled the team to work with business leads to understand the degree of comprehension of messages on ‘infection, prevention and control’ within the workforce, as it was recognised that this could be a barrier to compliance.

Working together with businesses and our Wiltshire Council Communications team, translated resources were shared, where appropriate, to reinforce key safety and prevention measures at a local level to support understanding. This was particularly important as growing evidence indicated the transmission of the virus disproportionately affected people from ethnic minority groups.



Lower paid job roles

The work in some of our local factory settings involved some lower skilled roles. Associated levels of pay were identified as a perceived barrier to employees openly disclosing known symptoms of COVID-19, as the knock-on-effect on their ability to live and pay the bills would have been too great.

Wiltshire Public Health engaged with a local factory to consider the financial impact of self-isolating on their workforce, as many employees were only entitled to statutory sick pay (SSP). Through working with the team, one business acknowledged this risk to their employees and introduced an enhanced offer of pay that came into effect where staff absence was due to contracting the virus or being required to self-isolate. This involved the business 'topping up' employees' wages to the usual rate of pay during their period of required absence as opposed to solely receiving SSP. This compassion shown for their workforce helped foster positive relationships across the business and led to increased engagement from employees in early detection and disclosure of symptoms, thereby increasing levels of testing and limiting potential onward transmission.

Car sharing

Another characteristic within local business settings was that the workforce often attracted multiple members from the same household or family. Due to the geographic make-up of our county, employees were often required to travel some distance to get to the workplace and 'car sharing' was often a preferred mode of transport. Ordinarily this would be a favourable option, however, car sharing during the pandemic increased the risk of virus transmission.

An outbreak at one of our local businesses involved higher levels of car sharing and a larger proportion of employees travelling in from outside of Wiltshire where transmission rates were higher. To support the business in managing the outbreak, Wiltshire Public Health worked with them to consider alternative ways that would enable staff to travel safely and the business agreed to fund a free bus service to transport staff to and from work.

Offering this bus service as an accessible alternative to car sharing meant that staff could socially distance whilst travelling and it also fostered greater compliance with wearing face coverings. This offer was positively taken up by employees and contributed towards reassuring staff that their employer was keen to protect them, whilst still enabling them to safely get to work.



2. Vaccinations

The COVID-19 mass vaccination programme is led nationally by the NHS and co-ordinated locally by BaNES, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG). Whilst vaccination uptake has been good across all cohorts in Wiltshire, there are pockets of lower uptake. Wiltshire Public Health have provided additional support to these areas by working jointly with BSW CCG, Primary Care Networks (PCNs) and other partners across our footprint to help ensure vaccine equitability.

This next section highlights some key projects we have delivered to challenge inequalities in vaccine uptake and help ensure the safety of our most vulnerable groups. Much of this work has been positively acknowledged by the Local Government Association (LGA) whose article is available [here](#).

Wiltshire vaccination bus

In collaboration with BSW CCG, Wiltshire Public Health introduced a vaccination bus aiming to take the vaccine to areas with lower uptake rates. The most deprived 20% of areas in Wiltshire have repeatedly poorer outcomes than the least and local vaccination uptake data suggested areas of high deprivation required our support. Local communities were actively involved in project planning from the outset and assisted with delivery to ensure the service was tailored to meet specific local needs. Local influencer, Glenys Henriette Mayemba from the West Wiltshire Racial Equality Council promoted vaccination uptake along with Wiltshire Council and also attended the vaccination bus to receive her second dose. The bus not only provided a mobile vaccination clinic, but also the opportunity for residents to have frank and open discussions about the vaccine with on board clinicians to help inform their personal decision making. These personable elements of the bus clinics were key to the success of this service. Providing increased time to discuss vaccinations in an informal way, as opposed to within a time limited appointment slot, was welcomed by service users. During the first five days of its operation, over 160 people who had previously been hesitant were vaccinated on the bus across seven targeted locations.



Engagement with Gypsy, Roma, Traveller and Boater communities

Limited information on the healthcare needs of the boating and travelling population can widen inequalities in health outcomes. The transient lifestyle, coupled with possible lack of transport can also have a negative impact on the ability to access health services. Findings from the **liveaboard boaters study 2021** show that GP registration was only 88% within this community and receipt of invitations to attend NHS screening programmes (including bowel, breast, and cervical screening) were below 65%⁵.

In partnership with BaNES Council, BSW CCG and local PCNs, Wiltshire Public Health introduced a vaccination boat which travelled down the canal from Darlington Wharf (in BaNES local authority area) through to Wootton Rivers (in Wiltshire), providing vaccinations to the boating community. Over 300 vaccinations were administered during the first trip alone and the boat helped to improve vaccine accessibility and enable people to have discussions with clinicians about the vaccine in a trusted setting. Wiltshire Council also provided Health Improvement Coaches and Local Area Coordinators to support these clinics, whose skills fostered a friendly and personable service. In addition, they were able to distribute over 250 health packs, build relationships and signpost people to other public health services. Vaccine hesitancy was approached sensitively by the team and there were multiple instances of people who were previously sceptical about receiving the vaccine who then went on to have it after discussing it openly with a member of staff.

Gypsy, Roma and Traveller communities are more likely to experience poorer health outcomes including lower life expectancy and reduced immunisation uptake which increases the risk of vaccine preventable disease. Addressing vaccine inequality within this community was therefore another key area of work.

Working closely with teams who provide support to these groups, such as social workers and local voluntary sector groups, Wiltshire Public Health identified an effective method of connecting and engaging with this community. The team contacted Paddy Doherty, TV personality and prominent figure from within the community itself who was keen to help promote vaccination. He worked closely with Wiltshire Council to create a video in which he positively encouraged people from Gypsy, Roma and Traveller communities to get vaccinated. This messaging from a trusted source is considered to have had a positive impact. Paddy Doherty has over 500,000 followers on his Twitter account where he has further cascaded this messaging and the video has been viewed almost 19,000 times. The clip, which can be viewed [here](#) also continues to be promoted via our local communication channels and has received national recognition.



Homeless pop-up clinics

Nationally, individuals who are homeless or have experienced homelessness suffer poorer health outcomes, for example, reports suggest that:

- They are over three times more likely to be admitted to hospital
- 41% report long term physical ill health compared with 28% of the general population
- Life expectancy is significantly lower compared with the overall population
- 40% suffer with mental ill health and/ or substance misuse issues⁶.

Factors such as lifestyle and lack of registration with GP practices mean that they are at higher risk of being disproportionately impacted as a result of COVID-19. Nationally, the homeless and rough sleepers were identified as a priority group to receive the vaccine by the Joint Committee on Vaccination and Immunisation (JCVI). To increase both accessibility to, and uptake of, the vaccine within this community, Wiltshire Public Health worked alongside BSW CCG and local PCNs to organise two pop-up clinics in trusted drop-in centre settings in Wiltshire. To further foster vaccine uptake, a range of tailored resources were developed including frequently asked questions posters which were displayed in strategically identified settings. Throughout the project, we engaged with partners who had existing relationships with our homeless and rough sleeper population including the charities **Alabare** and **Doorway**, as well as services offering substance misuse support including **Turning Point**.

The introduction of informal, accessible clinics resulted in over 70 people receiving a vaccine across the two sites and this enabled the Wiltshire Public Health team to signpost people to other vaccination sites (including the vaccination boat) as well as other key support services.



3. Care homes

The pandemic presented significant challenges for people living in care homes as well as their relatives and staff providing care. Care home residents are at elevated risk of contracting the virus (and experiencing poorer health outcomes as a result) due to factors including age and higher prevalence or increased complexity of long-term health conditions. Lockdown and infection control measures can also impact on the mental and physical wellbeing of care home residents due to disruptions to social interactions, use of personal protective equipment (PPE) and changes to routine. Professionals working in care homes also experienced heightened exposure to the virus due to the very nature of their work. Care workers often need to have close physical contact with the people they care for, often within the same building or facility, thus increasing the potential likelihood of virus transmission.

Care home support

Considering the increased susceptibility to the virus of people living and working in care homes, particularly at a time of advancing outbreaks and rapidly evolving national guidance, Wiltshire Public Health worked closely with Adult Social Care to provide care homes and providers with the help and support they needed. The COVID Support Team, led by Adult Social Care in partnership with BSW CCG and the Care Quality Commission (CQC), was quickly established as a single point of contact for care homes, available seven days a week. Upon notification of a case, the team provided regular welfare calls to care facilities to ensure that infection prevention and control standards were maintained, staffing levels were managed and any other operational issues were resolved quickly to enable homes to focus on outbreak management activity. The team engaged with every care home in Wiltshire and continues to conduct telephone welfare checks with homes to ensure they feel supported.

“The COVID support team and the PHE Health Protection Team have been so helpful and supportive, they have been at the end of the phone whenever I have needed - giving advice but sometimes just listening”

Wiltshire Care Home Manager

The Adult Social Care team, supported by Wiltshire Public Health, hosted frequent webinars available to all care providers (including care homes, learning disability and domiciliary care services) to share updates, best practice and advice in relation to specific or more complex queries. To date, over 300 providers have positively engaged with this and benefitted from specialist sessions covering infection control and PPE, advanced care planning and dementia and wellbeing support.

Throughout the course of the pandemic, Wiltshire Council, in partnership with the Local Resilience Forum (LRF) have supplied PPE free to care homes in the event of shortages or breakdowns in local supply chains. So far, more than 57,000 type IIR masks, over 21,000 pairs of gloves, and almost 19,000 aprons have been distributed.

“They helped me out for many weeks with provision of masks. Without this I really don’t know how I would have got through.”

Wiltshire Care Home Manager

Wiltshire Council further collaborated with BSW CCG to offer all care homes across Wiltshire the infection prevention and control 'Train the Trainer' programme. This national initiative covers the use of PPE and testing procedures and is provided by local trainers who have received national training. The training is delivered remotely and cascaded to all staff working within the home.

Wiltshire Public Health supplemented the national training by offering and providing care homes with infection, prevention and control calls or visits. These aimed to help care providers ensure they had the correct infection control practices, procedures and policies in place to limit the spread of the virus and advise if any changes were required.

It has been a significantly challenging year for those working in the care sector and the hard work continues to maintain COVID-19 secure environments as well as the same high standards of care that were in place before the pandemic. The mechanisms providing support and advice as described above, coupled with increased testing and the rollout of the vaccination programme from December 2020, meant that care homes were able to offer safe visiting to residents when it was appropriate, providing important connection for relatives and loved ones.

The valuable collaboration and cooperation between individual care providers, Wiltshire Council, BSW CCG and the Wiltshire Care Partnership has provided opportunities for the development of both bottom-up and top-down solutions to the challenges presented.

Key learning identified as a result of the response to COVID-19 is being captured through a series of events in 2021 with a view to sharing and embedding best practice in future business planning.



4. Prisons

People in prison are more likely to experience multiple, sometimes more complex physical and/or mental health conditions compared with the overall population. These issues are often further complicated by wider health determinants such as homelessness, unemployment, financial problems or insecurity, social isolation and poor access to health services appropriate to their needs. The very nature of close quarter living in prisons further increases the risk of transmission of communicable disease within the prison setting.

COVID-19 in the national prison estate

In the last two decades, the proportion of older prisoners has increased significantly. Adult prisoners are at heightened risk of not only contracting COVID-19 due to living in close proximity, but also experiencing complications as a result of pre-existing poor health, particularly in the older age ranges.

In April 2020, modelling conducted by HM Prison and Probation Service (HMPPS) and Public Health England (PHE) suggested that over 2,000 prisoners might die as a result of COVID-19 if no action was taken nationally to reduce contact in prisons⁷. To limit the spread of the virus within the prison estate and protect those living and working in these environments, significant restrictions on daily prison life were imposed nationally that had not been seen in England and Wales for many years. These restrictions meant that at the beginning of the pandemic, most adult prisoners were locked in their cells for an average of twenty-two hours a day, seven days a week. Face-to-face visits from family and friends were stopped altogether and opportunities for training, rehabilitation and work experience were suspended indefinitely. While some lockdown measures were relaxed in the wider community during the summer of 2020, most restrictions remained in prisons, meaning that prisoners lacked both interaction with and support from other prisoners, staff and their family and friends.

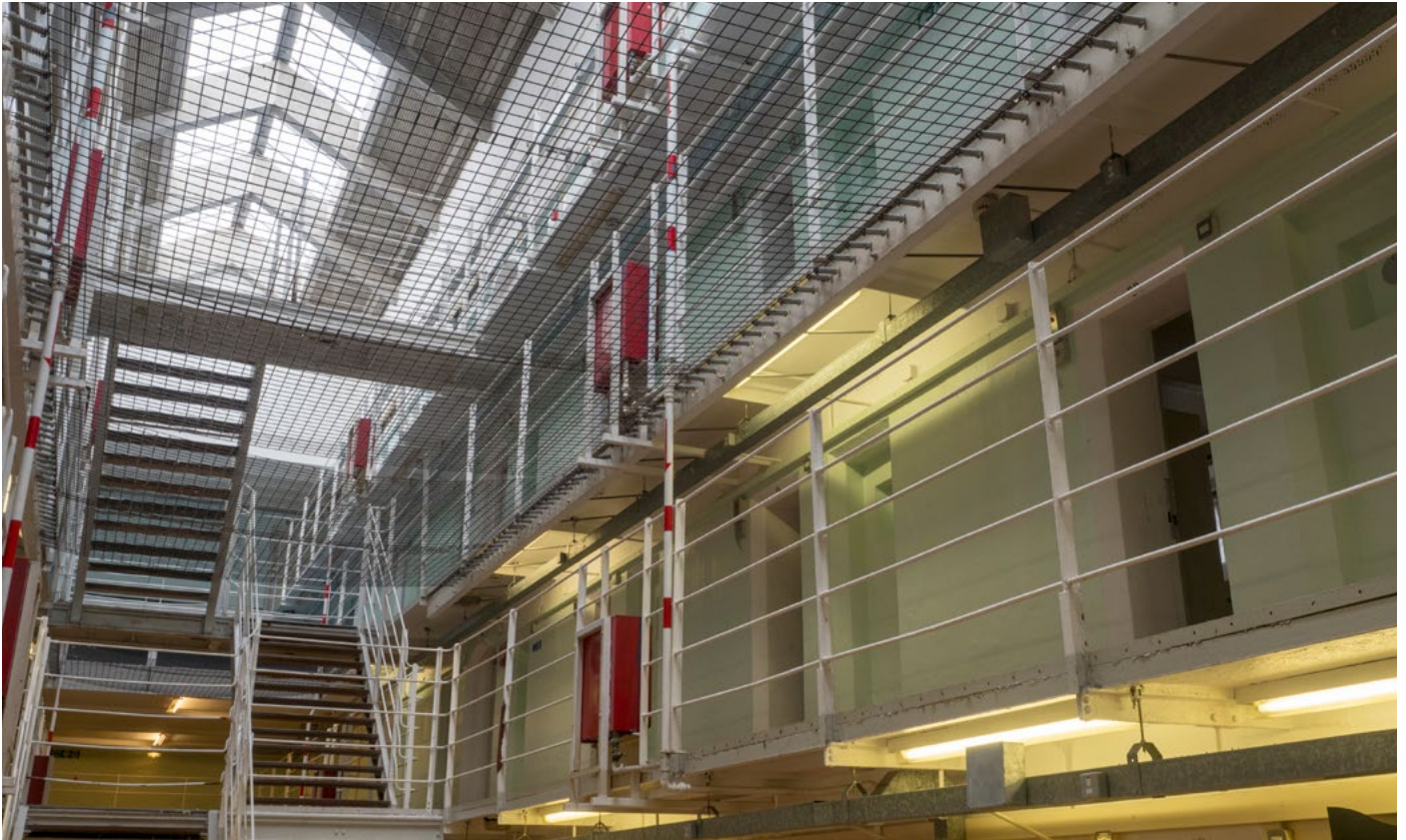
HMP Erlestoke

Wiltshire is home to HMP Erlestoke, a Category C establishment holding adult male sentenced offenders with an operational capacity of 524 men. Since July 2018, the prison has been dual registered and now also accepts up to thirty young adults. HMP Erlestoke accepts all Category C prisoners, however, offenders are primarily serving sentences of four years or more. The focus of the establishment is to reduce reoffending by preparing offenders for their release through accredited intervention programmes, skill and vocational based training and education in a pro-social environment. Whilst the prison provides health care services, it does not have in-patient facilities.

Throughout 2020, HMP Erlestoke experienced very few cases of COVID-19, however this changed in February and March of 2021 when a large outbreak occurred at a time when overall cases were rising both locally and nationally. Managing the outbreak was complex and presented several challenges. In February 2021, not many prisoners or staff had been vaccinated as they were not, at that time, nationally identified as a priority group for receipt of the vaccine. Prisoners were also reluctant to disclose symptoms or get tested, as a positive test resulted in further isolation when they had already been on an enhanced lockdown regime since March 2020.

Wing-based testing was initially undertaken by Public Health England, however the scale of the increase in positive cases meant it was necessary to undertake whole prison testing. As the national testing programme did not permit the deployment of mobile testing units onto prison estates, working closely with colleagues from HMP Erlestoke, the Wiltshire Public Health Team arranged for whole prison testing to be conducted locally to help manage and contain the outbreak.

It was important to provide effective support to the prison, as residents are some of the most vulnerable in our population. While Wiltshire Public Health assisted with testing and outbreak management to protect the physical wellbeing of prisoners, HMP Erlestoke implemented a lockdown library service to help improve mental health. This began in April 2020 and enabled prisoners to request books and films during enhanced lockdown.



Next steps

Learning from all the initiatives described in this report indicates that involving communities and partners at the outset, in both the planning and delivery of targeted health interventions, is essential. Successful community engagement and collaborative partnership working requires time to build positive, supportive relationships and most importantly, trust. These measures however, are only a small part of the puzzle.

Wiltshire Public Health are committed to building on the new relationships that have been nurtured as well as the wealth of knowledge that has been acquired in a broader sense, outside the pandemic response.

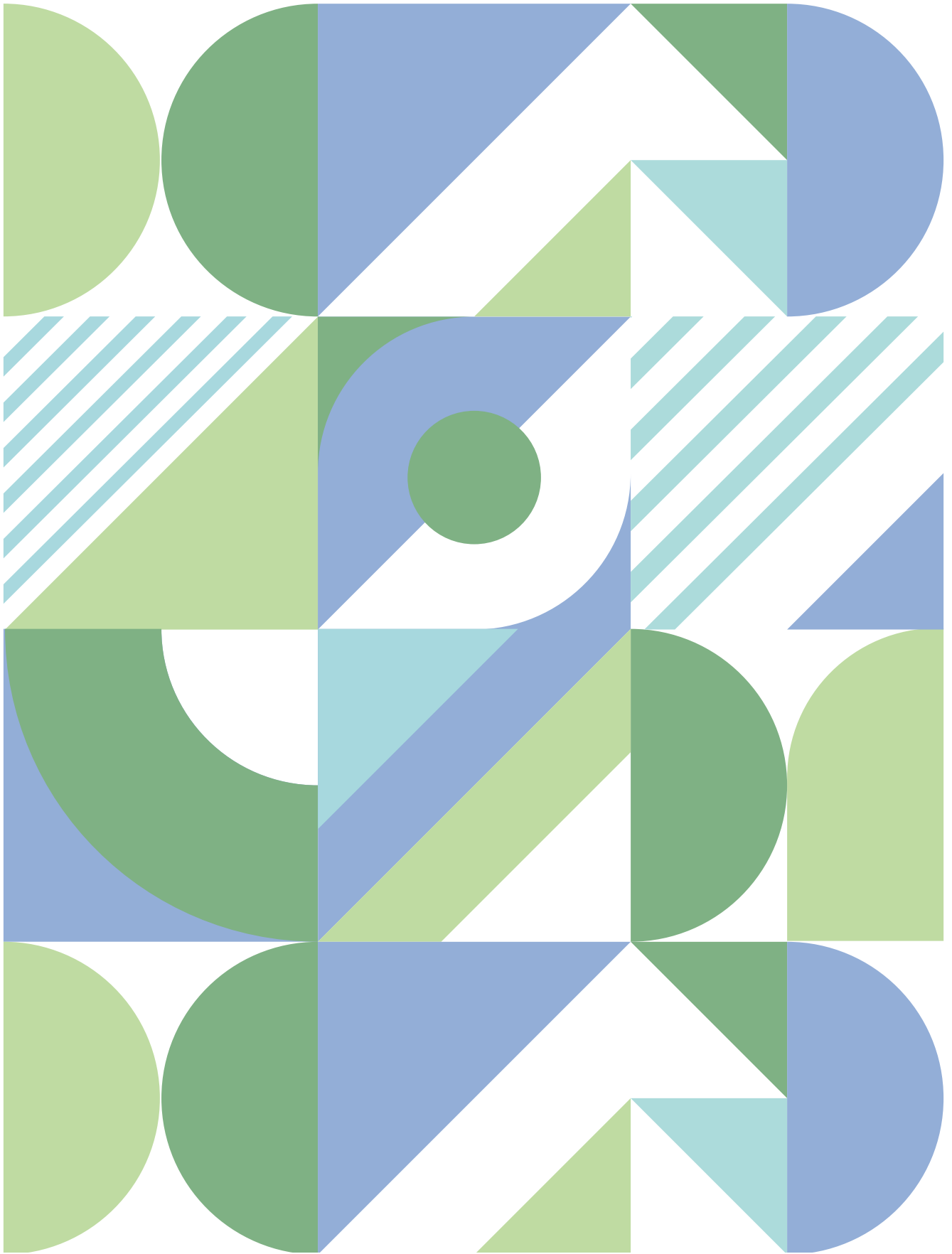
We will continue to develop and incorporate learning to engage with our most vulnerable through a bottom up, asset-based approach to embed the legacy of this work across all pillars of public health, challenge inequality and promote good health for all.



Director of Public Health Report 2021-2022

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6. Wiltshire Council, **Wiltshire Homeless Prevention Strategy, 2019-2024**
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For further information please visit the following website: www.wiltshire.gov.uk