Public Health Annual report 2020-2022

Forward by Lesley Jones Director of Public Health

I distinctly remember being stood on a train platform on my way home from an evening out, when my mobile phone rang and I looked to see the caller was Public Health England. My heart sank. It was the call to advise me that the first case of Covid-19 in the North west of England had been detected in Bury. From that moment on my feet didn't touch the ground for two years. The following day was a whirlwind of TV and Radio interviews and the beginning of public health being thrust front and centre into the response.

The pandemic hit the population of Bury hard, with well over a third of people having tested positive at some point and by July 2022 almost 750 people had died with COVID-19 mentioned on their death certificate. The measures to control the spread of infection impacted on access to health and care, children & young people's education and on the viability of businesses. The lockdowns and the need for the more clinically vulnerable to shield exacerbated loneliness and isolation and impacted on mental health and well-being. The worst of these effects fell hardest on those already suffering social injustice and the effect of pre-existing inequalities.

I am immensely proud of our response. This really did involve the whole system pulling and working together - making the seemingly impossible happen to help manage and mitigate the effects of the pandemic as far as possible locally. Whether through getting much needed PPE to care homes; establishing early Covid-19 testing beyond the national offer; being one of the first areas to set up a local contact tracing partnership and enhanced contact tracing; setting up Community Hubs to support to 14,000 clinically extremely vulnerable people; providing support to local businesses, schools, nurseries and care homes to understand and adhere to the changing regulations and guidance and with outbreak management; utilising every form of media and working with community champions to get key messages out or rapidly establishing and delivering the vaccine programme - everyone involved went over and above to do everything they could and I cannot thank them enough.

The critical role of Key workers in our society has never been made more stark. They worked tirelessly to keep us safe and keep essential services going whilst also putting themselves at greater risk of exposure. We owe them a debt of gratitude and should never forget just how much we rely on these roles in our everyday lives.

Whilst we have come out of worst phases of the global pandemic, the virus is still around and the enduring impacts persist for bereaved families, those with long-covid, those who have had their health and care delayed and those whose livelihoods, development and mental well-being been upended by social and economic disruption. It is vital we draw on the legacy of strengthened relationships, new ways of working and a renewed appreciation of what really matters as we now focus on our recovery and regeneration through delivery of the brough LET's! Do It Strategy.

Foreword by cabinet member for health Councillor Tariq

TBC

1 Introduction

The COVID-19 pandemic has affected everyone who lives and works in Bury over the past two and a half years. The first case of COVID-19 in Bury was reported on Sunday 1st March 2020. Since then, the borough has been on a journey which includes national and localised lockdowns; changes in the way people work; changes to the way children were educated; and the biggest vaccination program ever run.

Council Public Health teams who have usually worked in the background to improve their population's health have been thrust to the forefront of tackling a global pandemic. The whole Council mobilised, along with other public services, charities, faith groups, and communities to respond to the pandemic. Bury is now looking to the future and planning for how the borough can adapt and thrive in future.

COVID-19 has not affected all parts of society equally. It has highlighted, and in some cases increased, existing health inequalities both at a local and a national level. From the first reported cases up until 31st March 2022 Bury residents reported over 65,000 positive Covid-19 cases, this resulted in over 6,700 hospital admissions across local hospitals and 718 deaths as a result of COVID-19 in the borough.

This year's Director of Public Health's Annual report will take a slightly different approach to previous years. It will explore Bury's experience of the COVID-19 pandemic so far and look forward to the borough's recovery and future Public Health plans as we learn to live in a world alongside COVID-19.

2 Key dates/ Timeline

2020

30 January: First cases confirmed in UK.

01 March: First case reported in Bury.

16 March: Country is told “now is the time for everyone to stop non-essential contact and travel”.

23 March: First UK lockdown announced, people told to “stay at home”.

25 March: Coronavirus Act 2020 received Royal Assent granting the Government emergency powers including to limit gatherings, detain people believed to have COVID-19, and to change regulations across a range of sectors.

16 April: central Government sets out five tests that must be met before restrictions are eased. These were (i) making sure the NHS could cope; (ii) “sustained and consistent” falls in COVID-19 deaths; (iii) data showing infections were at “manageable” levels; (iv) ensuring adequate supplies of PPE; and (v) being sure any adjustments would not risk a second peak.

1 June: Phased re-opening of schools in England.

13 June: Single adult household allowed to create support bubbles.

15 June: Non-essential shops reopen in England.

23 June: National government announce relaxing of restrictions and 2m social distancing rule.

29 June: First local lockdown in Leicester and parts of Leicestershire announced.

4 July: UK’s first local lockdown comes into force in Leicester and parts of Leicestershire. More restrictions are eased in England, including reopening of pubs, restaurants, hairdressers.

20 July: initial results from trials indicate that a COVID-19 vaccine has been produced by Oxford University.

30 July: announced that parts of the North of England will have stricter lockdown measures including no mixing indoors. Plans to further ease national lockdown measures on 1st August are postponed.

31 July: Greater Manchester placed under increased restrictions.

2 August: Major incident declared in Greater Manchester due to high rates in Trafford and Oldham. All areas in Greater Manchester, including Bury, are subject to increased restrictions

3 August: Eat Out to Help Out scheme, offering a 50% discount on meals up to £10 per person, begins in the UK.

14 August: National lockdown restrictions eased further, including reopening indoor theatres, bowling alleys and soft play. Restrictions not eased in Greater Manchester.

14 September: Rule of six introduced. Indoor and outdoor social gatherings above six banned nationally

22 September: New restrictions in England announced, including a return to working from home and 10pm curfew for hospitality sector

14 October: New three-tier system of Covid-19 restrictions starts in England. Greater Manchester placed in tier 2.

21 October: Greater Manchester moved to Tier 3

5 November: Second national lockdown comes into force in England

24 November: Christmas rules announced- up to three households would be able to meet up during a five-day Christmas period of 23 to 27 December.

2 December: Second national lockdown ends, England returns to three-tier system of restrictions

19 December: Tougher restrictions for London and South East England announced with a new Tier 4: 'Stay at Home' alert level. Christmas mixing rules tightened to now allow three households to mix in Christmas day only.

26 December: More areas of England enter tier 4 restrictions.

2021

4 January: Children told to return to school after the Christmas break, but public warned restrictions in England will get tougher

6 January: England enters third national lockdown. Schools closed.

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

22 February: Roadmap for lifting the lockdown published.

8 March: Step 1 Schools in England reopen for primary and secondary school students. Recreation in outdoor public spaces will be allowed between two people. 'Stay at home' order remains in place.

29 March: Step 1 Outdoor gatherings of either six people or two households will be allowed, including in private gardens. Outdoor sports facilities also reopen. 'Stay at home' restrictions ends but people are encouraged to stay local.

12 April: Step 2 Non-essential retail, hairdressers, public buildings (e.g. libraries and museums) reopen. Outdoor venues, including pubs and restaurants, zoos and theme parks also open, as well as indoor leisure (e.g. gyms). Self-contained holiday accommodation opens. Wider social contact rules continue to apply in all settings – no indoor mixing between different households allowed.

17 May: Step 3 Limit of 30 people allowed to mix outdoors. 'Rule of six' or two households allowed for indoor social gatherings. Indoor venues will reopen, including pubs, restaurants, cinemas. Up to 10,000 spectators can attend the very largest outdoor-seated venues like football stadiums.

14 June: Step 4 delayed by four weeks, until 19 July, as whilst vaccination programme is accelerated. Restrictions on weddings and funerals abolished

19 July: Step 4 Most legal limits on social contact removed in England. All remaining closed sectors of the economy reopened (e.g. nightclubs).

16 August: Those who were double vaccinated and those under 18 were no longer required to isolate if they had been in contact with a person who had tested positive for COVID-19.

14 September: PM unveils England's winter plan for COVID-19 – 'Plan B' to be used if the NHS is coming under "unsustainable pressure", and includes measures such as face masks.

8 December: Move to 'Plan B' measures announced England following the spread of the Omicron variant.

10 December: Face masks become compulsory in most public indoor venues under Plan B.

15 December: NHS COVID-19 Pass becomes mandatory in specific venues such as nightclubs.

2022

5 January: Rules regarding PCR tests in England are to change from the following week, meaning anyone testing positive for COVID-19 with a lateral flow test but who have no symptoms will no longer need to follow the test with a PCR test; they will still be required to self-isolate for seven days though. Wales also announces the same changes but plans to bring them in from the following day.

7 January: From 4am people in England who are fully vaccinated are no longer required to take a pre-departure COVID test before travelling abroad, while anyone arriving in England who has had both vaccines is not required to self-isolate while waiting for the results of a PCR test. Similar changes are also made in Scotland.

11 January: People in England without COVID-19 symptoms no longer need a PCR test to confirm a positive lateral flow test following a change in the rules.

17 January: the period of self-isolation in England following a positive COVID test is to be cut to five full days from Monday 17 January.

27 January: Plan B measures are lifted in England bringing an end to the mask mandate.

24th February: End of isolation for close contacts and end of contact tracing.

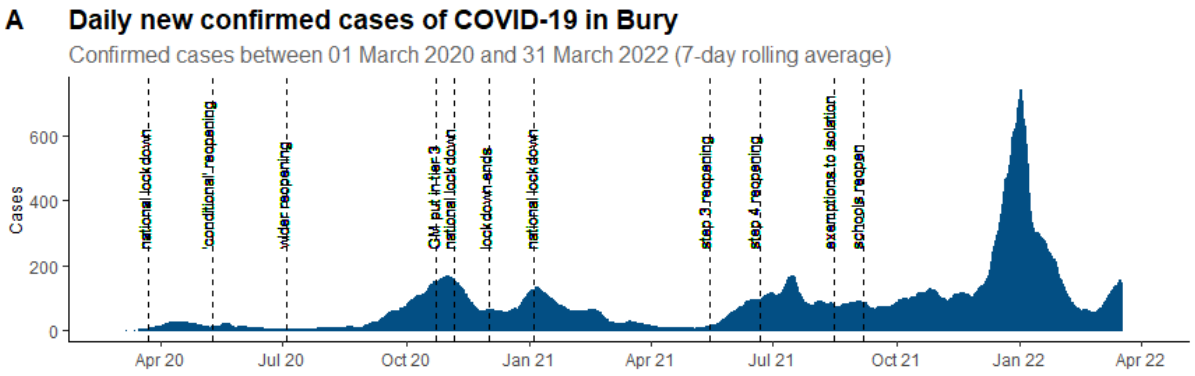
1st April: COVID-19 PCR and LFT tests are no longer be available for free for the general public.

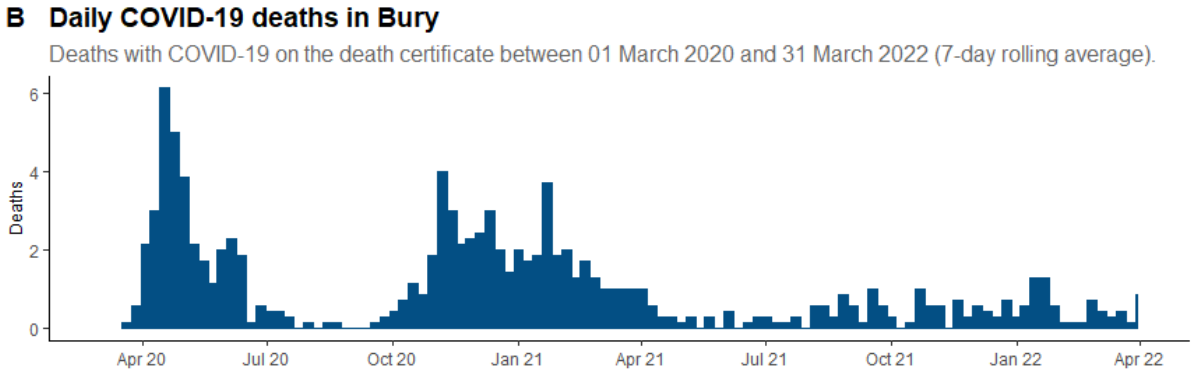
3 COVID-19 in Bury

As of 20 July 2022, over 64,000 residents of Bury had tested positive for COVID-19 at least once. This is around a third of Bury's population of around 194,000 people. However, more people are likely to have had COVID-19 without getting a positive test.

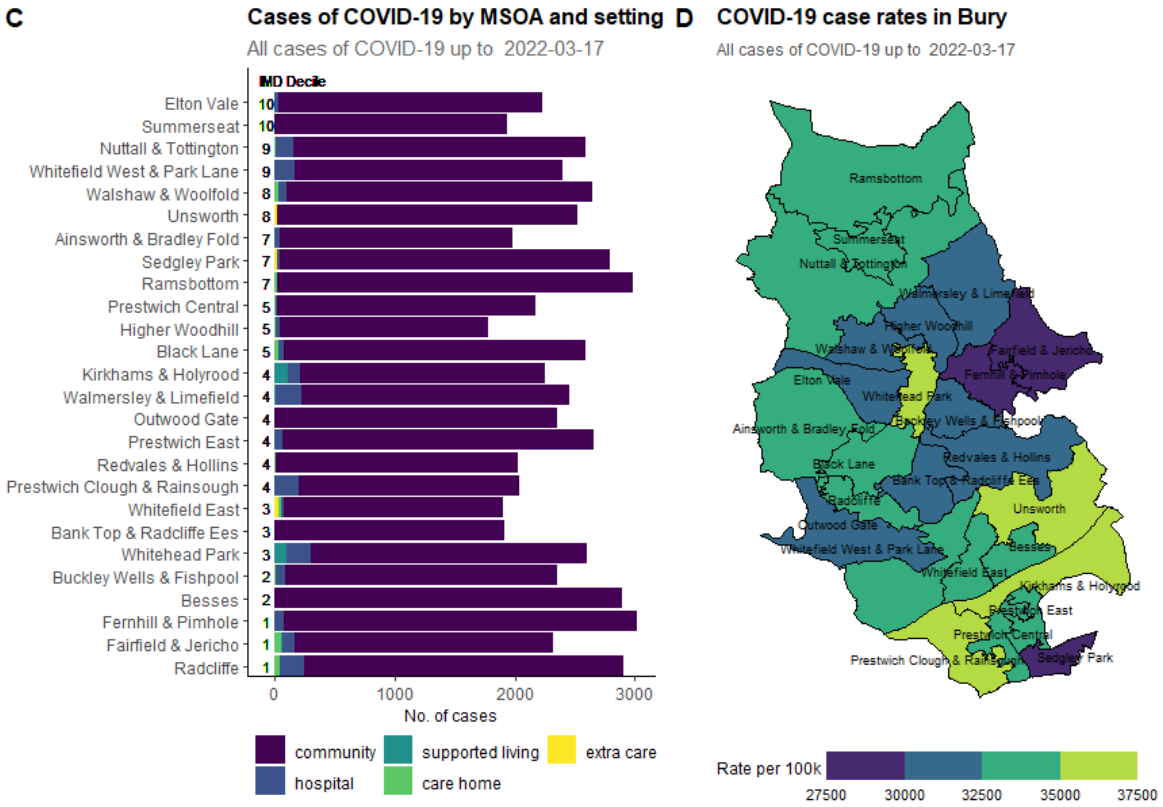
Plot A shows the seven-day average number of cases between 1 March 2020 and 31 March 2022. The waves of infection are clearly visible, but changes in access to testing through the pandemic mean the height of the peaks should not be compared.

Up to 17 July 2022, 744 Bury residents had died and had COVID-19 mentioned on their death certificated. Plot B shows the seven-day average number of COVID-19 deaths between 1 March 2020 and 31 March 2022. The waves of infections are still visible but most of the deaths happened in waves 1 (March to July 2020) and 2 (October 2020 to April 2021). Later waves were less deadly because of immunity built up in the population, crucially through the vaccination programme, and improvements in treatment for people with COVID-19.

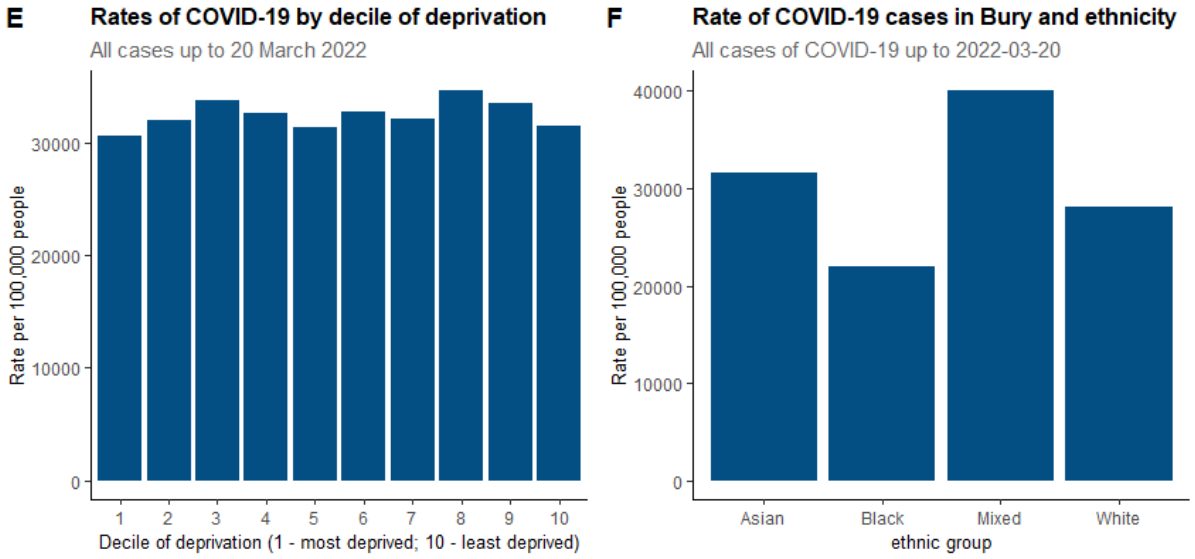




COVID-19 infection rates have varied across the borough. Plots C and D below show how infection rates varied across different parts of Bury. Despite these overall differences, at different times different areas could have higher infection rates.



These differences in infection rates between different parts of Bury are reflected in variations between different communities within Bury. This can be seen in the higher infection rates experienced by ethnic minority communities (plots E and F below).



4 The impact of COVID-19 on health in Bury

The most obvious impact of COVID-19 has been the lives cut short by the virus. At the time of writing this was 744. These deaths have not been evenly distributed: in 2020-21 COVID-19 accounted for 14.1% of the gap in life expectancy between men living in the most and least deprived fifths of Bury and 9.7% of the same gap for women. This is because both the infections and the underlying illnesses that make people more vulnerable to the infection were not evenly distributed.

The same is also likely to be true of long-COVID – where people experience persistent symptoms months after their initial infection with COVID-19. Long-COVID covers a wide range of conditions, including both people who suffered severe COVID-19 and needed intensive care, through to people who had a milder initial infection but later experienced prolonged symptoms. Definitions vary, but typically focus on symptoms that persist beyond 12 weeks after the initial infection. Some estimates include any symptoms, others focus on only those that substantially affect the person's quality of life. Because of this, estimates of the proportion of people who get long-COVID vary widely and estimating the number of people experiencing long-COVID in Bury is difficult. Nevertheless, Bury is likely to be worse affected than average parts of England because it has had higher than average infection rates, and has a population that is less healthy than average. Long-COVID appears to be more likely to affect women, older people, people living in more deprived communities, and people who were already suffering poor general health. This means long-COVID is likely to continue to widen gaps in health and wellbeing.

As well as causing harm directly, COVID-19 also caused indirect harm through its impact on the healthcare system. To manage periods of high community transmission of COVID-19 and the large numbers of people needing hospital care, some aspects of other healthcare was paused. This is likely to lead to harm in the form of long-term conditions such as heart disease and diabetes that we less well managed than they would otherwise have been, as well as people who have had to wait longer for surgery. Most of the extra deaths above normal levels that have been seen in England since July 2021 have been attributable to causes other than COVID-19, particularly cardiovascular disease and diabetes. Deaths due to cancer in England are not significantly above normal levels, but this may take longer to change over the coming months and years.

COVID-19 and the measures taken to control it have had a rage of effects on the things that make us healthy or ill. Many of these changes are likely to have widened health inequalities. Local data are limited, but national data suggests the following impacts:

- **Alcohol:** Overall sales of alcohol in England increased. Worryingly, this increase was mostly among people who were already consuming the most alcohol. Survey data show that most people say they did not change their drinking behaviour but some reported drinking more and a similar proportion report drinking less. Consistent with sales data, people who reported drinking more during the pandemic than before tended to be heavier drinkers. Deaths attributable to alcohol increased during the pandemic, with harm greatest among the most deprived. This trend is likely to have particularly affected Bury as rates of alcohol specific mortality is higher than average for England.
- **Illicit drugs:** Drug related deaths have been increasing in England and Wales since 2013 and this increase continued in 2021.
- **Physical activity:** Unsurprisingly the stay-at-home orders markedly reduced physical activity. The proportion of people reporting any activity fell nationally, with the biggest falls were among people from ethnic minority communities and unemployed people.

Among people who were active before the pandemic and remained active, the duration of activity reported stayed the same.

- **Food preparation:** Many people reported being more likely to cook from scratch and cooking healthier meals, as well as increases in snacking. However, increases were greater among people in more affluence social classes. This is likely to widen inequalities in health related to food intake.

- **Social isolation:** The proportion of people who said they often felt lonely increased during the pandemic. Increases were higher among young people and working age adults than people aged 65 and over. Women were affected more than men. People living in rented accommodation were affected more than people who own their own property. And people who were furloughed reported greater increases in loneliness than people who worked from home, outside the home, or who were not working.

- **Employment and income:** The pandemic caused the biggest recession on record in 2020, with economic damage continuing through 2021 and 2022, including in contributing to cost of living increases. Young people and people living in areas in the North of England were most affected by increases in economic inactivity.

- **Education:** Education was severely impacted during lockdown. At times schools were closed to most pupils, remaining open for the children of keyworkers and children with certain vulnerabilities. Children, teachers, and parents all had to adapt to new ways of schooling learning via video calls and parents helping children in ways they hadn't before. Teachers had to adapt to teaching online whilst ensuring that staff were available for those children who needed to attend school in person. When schools reopened children went through periods of learning in the classroom and learning at home as positive cases in the classroom led to bubbles being isolated. Despite extensive efforts from teachers and parents, children's education was impacted during this time and work continues to ensure that they are not impacted in the long term.

All these impacts contributed to falls in mental wellbeing and increases in mental illness. The lockdown was associated with increases in the proportion of people reporting high anxiety, low life satisfaction, low levels of happiness. The impact on people's mental wellbeing was greater in women, older people (early in the pandemic), younger people (later in the pandemic), some ethnic minorities, people with higher levels of education, and people in rented accommodation. Younger people and working age adults saw bigger increases in loneliness than older adults. Overall, the impacts were greater early in the pandemic and levels of mental wellbeing have returned to normal or near-normal levels by June 2021.

These effects on broad subjective wellbeing are reflected in clinical mental illness. The proportion of adults reporting clinically significant psychological distress increased from 20% to 24.5% in March 2021. People who were already experiencing mental illness before the pandemic were particularly affected, including through disruptions to healthcare and loss of income. However, despite fears early in the pandemic, there is no evidence of an increase in suicide or self-harm. People living in the north of England experienced bigger impacts on mental health, with rates of psychiatric diagnoses and antidepressant prescribing increasing more in the North than the rest of England. This effect was especially pronounced in younger people, women and people from ethnic minority communities, highlighting the interplay between age, gender, ethnicity, and deprivation.

5 Key workers

People have come together to help each other and play their part during the pandemic, non-more so than the country's key workers. The key workers of Bury have been no exception, our refuse staff, supermarket workers, teachers, doctors, nurses, and hospital cleaning staff were some of the key groups who worked tirelessly to keep us safe throughout the initial lockdown, and they have continued to do so since.

Whilst the country was advised to lockdown there were some roles that could not be fulfilled from home. People needed emergency medical treatment, our bins needed emptying, shelves needed stacking and people still needed to use public transport.

And many more places of work that were required to stay open with a physical presence from staff during lockdown periods. These people were at more risk of catching COVID-19 that those who were able to work from home and showed true dedication in the face of the pandemic.

6 A new life from home

6.1 Shielding

During the pandemic clinically vulnerable residents were advised to stay in their own homes to reduce their risk of contracting COVID -19.

There are 3 ways you may be identified as clinically extremely vulnerable and therefore included on the Shielded Patient List:

i. You have one or more of the conditions listed below.
ii. Your clinician or GP has added you to the Shielded Patient List because, based on their clinical judgement, they deem you to be at high risk of serious illness if you catch the virus.
iii. You have been identified through the COVID-19 population risk assessment as potentially being at high risk of serious illness if you catch the virus.

Conditions included in definition of clinically vulnerable	
solid organ transplant recipients	people with Down's syndrome
people with specific cancers	people on dialysis or with chronic kidney disease (stage 5)
people with cancer who are undergoing active chemotherapy	people on immunosuppression therapies sufficient to significantly increase risk of infection
people with lung cancer who are undergoing radical radiotherapy	women who are pregnant with significant heart disease, congenital or acquired
people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment	people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
people having immunotherapy or other continuing antibody treatments for cancer	problems with your spleen, for example splenectomy (having your spleen removed)
people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors	people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)	other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs – GPs and hospital clinicians have been provided with guidance to support these decisions

6.2 Our support hub

We set up Community Hubs, temporarily moving council 100 staff into 5 virtual hubs overseen. We recruited 800 volunteers with the Bury Voluntary, Community, and Faith Alliance (VCFA) and matched them to a shielded person for the duration and used new technologies to enable us to do this, winning a national award for the app we co designed with Microsoft. We set up a dedicated phoneline which shielding residents could access, council staff entered the shielding individual details into the newly designed app which sent an alert to nearest hub which then alerted the nearest volunteers until one of them accepted the task. Thousands of tasks were completed through this process, such as shopping, and collection of medicines over 18-month period and feedback was overwhelmingly positive.

6.3 Working from home

For those who were able to, working from home became the new norm during the pandemic. Many office workers (apart from key workers who were required in their places of work) set up a new life working from home. We now shared our workspaces and video calls with our partners, our children and even our pets! For some people this was a welcome change to their daily routine whereas other missed colleagues and their workplaces.

6.4 Furlough

Not everyone was required in their place of work or could work from home during lockdown restrictions. This left individuals and employers in a difficult position: if businesses could not make money through their usually lines of work they would not have the income to pay their staff. In 2020 the government introduced its furlough scheme where businesses could apply for funding to pay their staff 80% of their current salary whilst they were unable to work due to the business they work for being impacted by COVID-19 legislation. This helped business who were unable to produce an income to pay staff during this time and avoid redundancies and helped people stay at home and reduce the risk of coming into contact with the virus.

7 Seeing each other again

7.1 Tiered approach to pandemic control

At various points during the pandemic the countries that make up the UK had different levels of COVID-19, this led to a variation in restrictions. This wasn't just the case of differences in the rules in England and the devolved nations but also the case in different parts of England. In late 2020, England put in place a set of tiered restrictions. These ranged from tier 1, where people from different households could mix in small groups indoors and outdoors, and shops, restaurants, and other hospitality businesses were open, up to tier 4 where people were advised to stay home apart from essential travel, could not mix with other households, and non-essential shops and food and drink businesses were closed apart from takeaway services. A full description of the tiered restrictions is in Appendix A.

As part of Greater Manchester, Bury was particularly affected by localised lockdowns as it had higher levels of infection than other areas of the country. This is likely to have widened regional inequalities – both due to the higher infection rates and the greater impact of lockdown restrictions.

7.2 How did Bury rise to the challenge of COVID-19?

Bury's Public Health team worked with other Council teams, our communities, external organisations within the borough, along with regional and national partners to ensure a consistent approach and the best use of resources during the pandemic. Bury's Public Health team co-ordinated COVID-19 testing, vaccinations and contact tracing for the borough as well as working alongside partners to help those who needed to isolate and those who needed extra support.

7.2.1 Testing

Since the start of the pandemic, Bury Council and Bury CCG worked hard to make sure that Bury residents have access to COVID-19 testing beyond the national offer and to tackle barriers to access that lead to inequalities in testing uptake.

Early on, we worked with local hospitals to ensure access to testing for people with COVID-19 symptoms living in care homes at times when the national system could not support this. Later, we set up and operated a drive-through testing facility for key workers. Drawing on this capacity, we supported mobile testing, such as where someone needs urgent admission to a care home. We also supported outbreak testing in care homes, extra care, supported living, hospices, and local independent sector hospitals. To improve access to testing for residents with COVID-19 symptoms, we set up no-appointment walk-up testing centres close to some of our underserved populations. Furthermore, we have supported a wide range of sectors to implement Lateral Flow Testing (LFT) (providing testing, training, advice, and support) to relieve pressures on care homes, schools, and businesses. We have also engaged with those organisations not able to take advantage of national testing offers to maximise the benefit of targeted testing for their employees. During this time, we also worked through military aid to the civil authority (MACA) processes to support two military deployments into Bury to help set up rapid testing and support testing at all high schools across Bury. And we have ensured delivery of PCR testing to communities with limited access and the development of a rapid testing service in pharmacies.

7.2.2 Isolation support

Bury had five community hubs which supported those who needed to isolate during the pandemic along with the boroughs 14,000 clinically extremely vulnerable. In the first year if the pandemic the hubs provided support for over 3200 who were shielding and dealt with 6000

requests for help from the wider population and helping 1700 with applications for financial support. In the second year the hubs became part of the emerging community model in Bury to ensure that learning from the work on COVID-19 will be utilised and embedded going forward

7.2.3 Contact tracing

As part of Greater Manchester, Bury was among the first areas in England to have a local tracing partnership, starting in early September 2020. It provides a 7-day a week service. Cases were called from a local phone number that they could ring back if they miss the call. Any cases that could not be reached within the day had a letter hand-delivered asking them to contact the Council contact tracing team as soon as possible.

The Council's contact tracers were drawn mainly from Environmental Health staff, who had experience in contact tracing for high-risk gastrointestinal infections and investigating outbreaks of Legionnaire's Disease. Environmental Health staff also routinely provide infection control advice to businesses and have enforcement powers where necessary.

We also supported the development of regional contact tracing capacity by taking part in a pilot of surge capacity for contact tracing provided by the Greater Manchester Fire and Rescue Service. This benefitted the local system with extra contact tracing capacity, which has been valuable in coping with peaks in demand and helped Greater Manchester local authorities and the Health and Social Care Partnership in supporting the development of a pooled contact tracing capacity across the city region.

As well as contact tracing individuals, Bury Council also managed most cases linked to complex settings. The Council was one of the first in Greater Manchester to take on the role of managing cases and outbreaks in schools and nurseries. This simplified arrangements for schools and nurseries who have fewer public health bodies to liaise with. Feedback from schools on the support they have had has been good, with many saying they preferred the service they get from the Council to the advice they receive from the national helpline.

Bury was an early adopter of enhanced contact tracing. This involved using information on the places where people with COVID-19 may have caught the infection to spot places where transmission risks may be higher. This supported outbreak identification and investigation and informed proactive support and enforcement activity as well as wider understanding of transmission patterns in Bury.

7.2.4 Enforcement

Whilst as a borough we have tried to work with our business and residents to enable them to take positive action to reduce the spread of COVID-19 there have been times when enforcement has been necessary. Our approach has been to engage, explain, and encourage, with enforcement as the final step in this process. We know that on the whole businesses in Bury want what's best for their staff and customers and understand the benefits of a safe working environment.

Initially public protection teams came together and deprioritised business as usually to focus on the pandemic. Officers from the different disciplines have worked together to help businesses. They supported local business to interpret changing guidance and legislation whilst offering support where appropriate. Where this hasn't worked officers have had to respond which in some cases has included taking enforcement action against non-compliant businesses. The team has been vital in encouraging and ensuring compliance, ensuring that

business who were permitted to open where doing so in a safe way, and ensuring that businesses who should not have been operating have remained closed.

7.2.5 Information

We created a central point of information for Bury's residents to update them throughout the pandemic

Communicating and engaging with people to keep them safe and raising awareness about Covid-19 risks, rules, testing and vaccination, was a critical part of our response throughout the pandemic.

We used our website, social media channels and the local media and press to share important information, alongside developing our community engagement to better reflect those who are most impacted but least engaged.

During the pandemic we invested in targeted engagement work with community connectors for Muslim, Jewish and disabled communities, establishing community champions as a two-way network of weekly information to cascade to friends, family and community groups but also, crucially, to feedback issues for us to respond to.

We've also worked to develop the voices of trusted people as part of communications and reviewed our accessible materials in the context of Covid. This has resulted in a range of new materials focused on videos in different languages including British Sign Language, and the provision of materials specifically formatted for community broadcast e.g., WhatsApp groups. We also carried out research with young people to understand their attitudes and behaviours towards Covid.

Bury's Community Hubs continued to evolve to connect local people and place. This included engagement through Ward Councillors, regular Hub newsletters to local community groups, targeted leafleting, pop-up events and promotion through public service leadership team colleagues.

7.2.6 Vaccination

The COVID-19 vaccination programme in Bury has been a success. This success has been the result partnership working across the whole system. While overall rates have been good there have been inequalities in uptake with some of the most vulnerable to COVID-19 being the least likely to take up the vaccination offer. This is not a situation which is unique to Bury and similar situations exist both regionally and nationally, and the size of these inequalities in Bury is smaller than other areas. The vaccinations teams have worked with local communities to make vaccination more accessible to those who may be less able to take up the vaccination offer whether this is due to limited ability to visit a vaccine centre or vaccine hesitancy. Clinics have been moved around the borough to improve accessibility, including clinics intended to improve access for homeless people, refugees and asylum seekers, more deprived communities, and ethnic minority communities. Community health champions have also promoted uptake of COVID-19 vaccines and have helped those delivering the programme to understand reasons for low uptake.

The COVID-19 vaccination programme has been delivered by GP practices, community pharmacy, local hospitals, and school-aged immunisation providers (school nurses). This system has delivered over 390,000 vaccinations since 15 December 2020. It set up the main vaccination sites across Bury in a matter of weeks in December 2020. It has put together a model for vaccinating children in schools at short notice and delivered through a service despite extremely limited staff numbers, at the same time protecting other important vaccine programmes, such as vaccines that protect against cervical and other cancers, influenza, and meningitis.

The Council and CCG have provided support including:

- Providing civic buildings for vaccinations sites;
- Logistical support to get the buildings ready;
- Programme management support;
- Coordination of extra workforce;
- Support inviting and booking in patients, including phoning every clinically extremely vulnerable resident directly;
- Coordinating vaccination offers to the eligible workforce;
- supporting vaccinations in care homes and of housebound patients;
- Promoted and monitored uptake among the social care workforce;
- Working with local voluntary organisations to help unpaid carers access vaccination;
- Work to address inequalities in uptake, working with communities and the voluntary and community groups and GPs practices that serve them and know them best;
- Working with schools and colleges to promote uptake and support the school-based immunisation programme;
- Providing guidance that ensured that vaccinations have been focussed where they save the most lives;
- Data analysis and intelligence to identify inequalities and areas of low uptake; and
- Capturing insights from thousands of phone calls to patients about reasons for refusing offers of vaccination, helping to inform local and regional work to improve uptake.

7.2.7 Easing of restrictions

From 24th February 2022 people who had tested positive for COVID- 19 were no longer legal required to self-isolate and routine contact tracing by national and local teams was no longer taking place. The advice from local and national experts remained the same, to stay vigilant and not to mix with others if you have tested positive, however, this was now a personal choice rather than a legal requirement.

From April 1st 2022 COVID- 19 PCR and LFT tests were no longer available for free for the general public, although infection rates are still monitored by the Office for National Statistics and others.

8 What have we learnt?

During the pandemic services had to work together in was and at speeds which they haven't before and this has taught us a lot about the way we can work going forward. Changes have been made far more quickly than would ordinarily have been possible. The power of collaboration when everyone shares the same goal has been clear throughout the programme. And this has been enabled by clear decision making to stop or pause some work to allow people and resources to be deployed to the COVID-19 response.

We have also learned that our ability to respond to a pandemic is not only about stockpiles of PPE or epidemiological modelling. Our resilience to pandemics depends as much or more on the dedication of our public services and other essential workers in the private sector, and the strength of our communities. This was never more visible than when arranging essential deliveries of food and medicine to help people to stay home to avoid spreading infection.

The pandemic has highlighted and worsened many inequalities that already existed, on both a local and national level, and it has been a very difficult time for many people. While we have seen the very best in people through the numerous volunteers who gave up their time at vaccination centres and helping those who are isolating or clinically vulnerable we have also seen people go through extremely difficult times separated from family whilst they are in hospital unwell.

From the reopening of workplaces and town centre businesses to people mixing again life has begun to return to normal, however, COVID-19 is still with us and we must learn from the previous two years. Looking to the future Bury's 10-point plan for recovery is:

- Summer provision for our children;
- No rough sleepers;
- The Bury opportunity guarantee;
- Anti-poverty strategy refresh;
- Year of Culture;
- Health and care recovery;
- Backing Bury businesses;
- Working well;
- Economic recovery strategy; and
- Championing the borough's key workers.

These ten key priorities along with planned regeneration across Radcliffe, Prestwich, Ramsbottom and the town centre will ensure that Bury is in strong position for recovery

Glossary

Contact tracing: How people who have been in contact with a person who has tested positive for COVID-19 were identified and advised of any necessary isolation

COVID-19: a strain of coronavirus which reached global pandemic status in 2020.

Epidemic: where a disease becomes more common than normal, often referring to an outbreak that spreads quickly and affects many people at the same time.

Endemic: a disease which occurs with a constant or predictable level in a population.

Pandemic: an epidemic that has spread across a large part of the world, for example affecting countries on different continents and large numbers of people.

Health inequalities: Differences in the health of parts of the population due to geographic location, income, race, gender etc. Health inequalities are something that are influenced by external factors (the economy, laws, policy, etc) and cannot be controlled at an individual level

LFT: lateral flow test. A test which can be used by individual in their own homes which produces a positive/negative/inconclusive answer. Lateral flow tests have been used during the COVID-19 pandemic to allow people to test for asymptomatic COVID-19 in their own homes

Immunocompromised: A person whose immune system is not strong enough to fight off certain diseases due to a pre-existing condition

PCR: Polymerase Chain Reaction test. A test which has been used to test for symptomatic COVID-19 either at test centres or in a person's home. PCR tests do not produce an immediate result and must be sent to a laboratory, they are also able to test which strain of COVID-19 a person has allowing for the discovery and tracking of new strains.

PPE: personal protective equipment. This is equipment used to prevent the spread of infection and to prevent contact with substances that would be hazardous to a person. In the Case of COVID-19 this could refer to the equipment use to prevent spread in healthcare settings, it may also refer to the masks and measures taken by the public to prevent spread in settings such as supermarkets and public transport

VOC: Variant of Concern. This is a variant of a infectious disease which national and/or international health protection agencies have deemed of significant enough risk to alert national/international bodies. This may be due the level of spread or due to the impact on peoples' health who contract the disease

VUI: Variant Under Investigation. Before a disease is declared a variant of concern it is usually classified as a variant under investigation. This is a stage where authorities are not yet sure if a disease is of concern and it is monitored to determine this.

Appendix A: Tiered restrictions.

Tier 1
People were able to meet with people from different households. Indoors and outdoors, in groups of up to 6 people (more if it was only two households). Advised to socially distance from anyone not in your household or support bubble. There were no restrictions on travel or use of transport but were encouraged wear a face covering. Travelling to tier 3 areas was to be avoided, unless necessary for work, medical reasons, caring or education. Encouraged to work from home where possible. All shops could open. Restaurants, pubs, cafés and other hospitality venues could open. They had to provide table service and close by 11pm with last orders at 10pm. Up to 15 people could attend a wedding ceremony and a coronavirus secure sit-down reception. Up to 30 people could attend someone's funeral with up to 15 people able to attend someone's wake, ash spreading or other linked events. These could not be held in someone's home.
Tier 2
People could see people from different households outside in groups of up to 6 people but inside mixing was not allowed except for those in your household or support bubble. It was advised to limit journeys where possible with travel restricted to using transport to go to the shops, work and hospitality venues that are open. Face covering encouraged. Travelling to tier 3 areas was to be avoided, unless necessary for work, medical reasons, caring or education. People could only stay overnight somewhere if it was with those in their household or support bubble. Encouraged to work from home where possible. All shops could open. Pubs and bars could open as long as they were able to serve a substantial meal, restaurants could open too, hospitality venues were table service only. Alcohol could only be served with a substantial meal. Venues had to close by 11pm, last orders at 10pm. People could visit pubs and restaurants in groups of six if they sat outside. Only those from the same household or in support bubbles could sit together indoors at these venues.

Up to 15 people could attend a wedding ceremony and a coronavirus secure sit-down reception.

Up to 30 people could attend someone's funeral with up to 15 people able to attend someone's wake, ash spreading or other linked events. These could not be held in someone's home.

Tier 3

People could only spend time in their house or garden with the people they lived with or within support bubbles.

People could meet with others in public outdoor places, such as beaches or parks, but only in groups of up to 6 people.

It was advised to limit journeys where possible with travel restricted to using transport to go to the shops, work and hospitality venues that are open. Face covering advised.

Travelling to other areas was to be avoided, unless necessary for work, medical reasons, caring or education.

People from tier 3 areas could not stay overnight somewhere outside of their local area unless needed for work, education or similar.

Accommodation was closed in these areas except for specific reasons.

Encouraged to work from home where possible.

All shops could open.

Pubs and restaurants were closed, but could remain open for takeaway, drive through and delivery services.

Up to 15 people could attend a wedding ceremony, but receptions were not allowed.

Up to 30 people could attend someone's funeral with up to 15 people able to attend someone's wake, ash spreading or other linked events. These could not be held in someone's home.

Tier 4

People were advised to stay at home as much as possible and should only leave their homes for specific purposes, including:

- Essential activities such as shopping for food, drink or other items such as medicine and accessing public services or basic amenities.
- Work and volunteering if you could not do this from home
- Education and childcare
- Providing care to a vulnerable person
- Meeting up with others in a support bubble
- Exercising
- For medical care or to avoid harm.

People could only spend time in their house or garden with the people they live with or those in their support bubble.

People could only meet up with one other person in public outdoor places, such as beaches or parks.

Only essential travel was recommended.

People from tier 4 areas could not stay overnight somewhere outside of their local area unless needed for work, education or similar.

Non-essential shops were closed. Essential shops such as supermarkets remained open.

Pubs and restaurants were closed, but could remain open for takeaway, drive through and delivery services.

Weddings and civil partnerships could only take place in exceptional circumstances, for example, if one partner is seriously ill. These are limited to 6 people.

Funerals could take place with up to 30 people. Linked ceremonies or events could take place with up to 6 people (excluding anyone working at a venue).