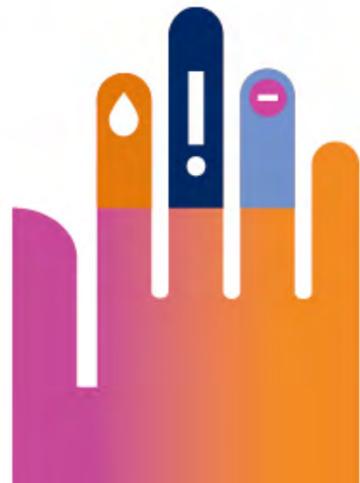


# Liverpool's Journey Through 2021

Public Health Annual Report



# Foreword



**Mayor Joanne Anderson**

**2021 was a year of highs (and lows) as we continued with our journey of living alongside COVID-19. It has sometimes been as unpredictable as the virus itself, but we should be proud of how we have come together to protect both lives and livelihoods in our city.**

Simple things like wearing a face covering, opening a window or testing ahead of meeting up has made a big difference and has undoubtedly helped protect our most vulnerable.

The year started in response mode - but this time we also had hope on the horizon. The rollout of the NHS vaccination programme has significantly reduced serious illness and hospitalisations, taking pressure off our front line services and enabled us to look to a future without lockdowns.

# Foreword



**Mayor Joanne Anderson**

There are many public health highs, but the continuation of symptom free community testing has enabled us to quickly identify cases and slow the spread of the virus, and the subsequent impact this had to our communities. We should be proud that our work in this field helped shape the offer for the rest of the country and enabled the end of enforced remote working and learning. It also led to our involvement with the Events Research Pilot – showing how we could re-open society and the economy safely, and get back to doing the things we all enjoy. Finally, the opening of the Pandemic Institute once again put Liverpool on the world’s stage, as we opened a centre for global response and research into future pandemics.

The second half of 2021 moved us into recovery phase, and especially how we are responding to mental health and wellbeing needs in the city. Our future plans around “Building Back Fairer” will see us build resilience in our communities, offer capacity to tackle health inequalities and embed social value into all of our decision making.

**Thank you to our residents, our businesses, our partners and our city for everything you have done and continue to do.**

# Foreword



**Professor Matt Ashton,  
Director of Public Health**

Click ▶ to watch video

“

**Welcome to the Public Health Annual Report. A busy year for the Public Health team has resulted in the amazing work featured. I hope you enjoy the report.**

”

# Foreword



**Councillor Frazer Lake,  
Cabinet Member for  
Health & Social Care**

Click ▶ to watch video

“

**Report shows excellent progress and will continue in the future. We're now focusing on the shift from response to recovery.**

”

## Introduction

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# Context

Liverpool's Response, Recovery  
& Resilience in 2021



Context

# Overview

## COVID-19: The Unpredictable Virus

The COVID-19 Pandemic caught the world off-guard. Many lives were lost, and the after effects of the pandemic will likely send shockwaves across our communities.

Nearly two years on, the unpredictability of the virus continues. 2021 started with the third national lockdown and continued with restrictions that disrupted schools and businesses throughout the year. The Delta variant, first detected in late 2020, spread through the country and was followed by the Omicron variant late in the year.

Despite the challenges, there were green shoots of recovery in 2021. Liverpool continued to be bold and brave in its response to the pandemic whilst addressing recommendations outlined in

the Public Health Annual Report in 2020.

Liverpool started its vaccination programme in January 2021, with a roll out initially targeting the most vulnerable getting their 'jabs' first. By late 2021, anyone over 18 who had been 'double jabbed' no longer had to self-isolate if they had been in contact with someone who had tested positive. The 4-step roadmap to recovery got businesses and social activities open again. Test-to-release programmes and testing at home were introduced which allowed people to work, go to school and even go on holiday again.

There is still work to be done, but perhaps in 2022, COVID-19 will settle into endemicity – still with ongoing impact and loss of life but becoming more manageable than the big waves we have experienced so far. We must take the time

to properly learn the lessons from the last 2 years – what has worked, what hasn't, and what needs improving.

**We need to predict, prepare, prevent, respond to, and recover from pandemics of the future.**

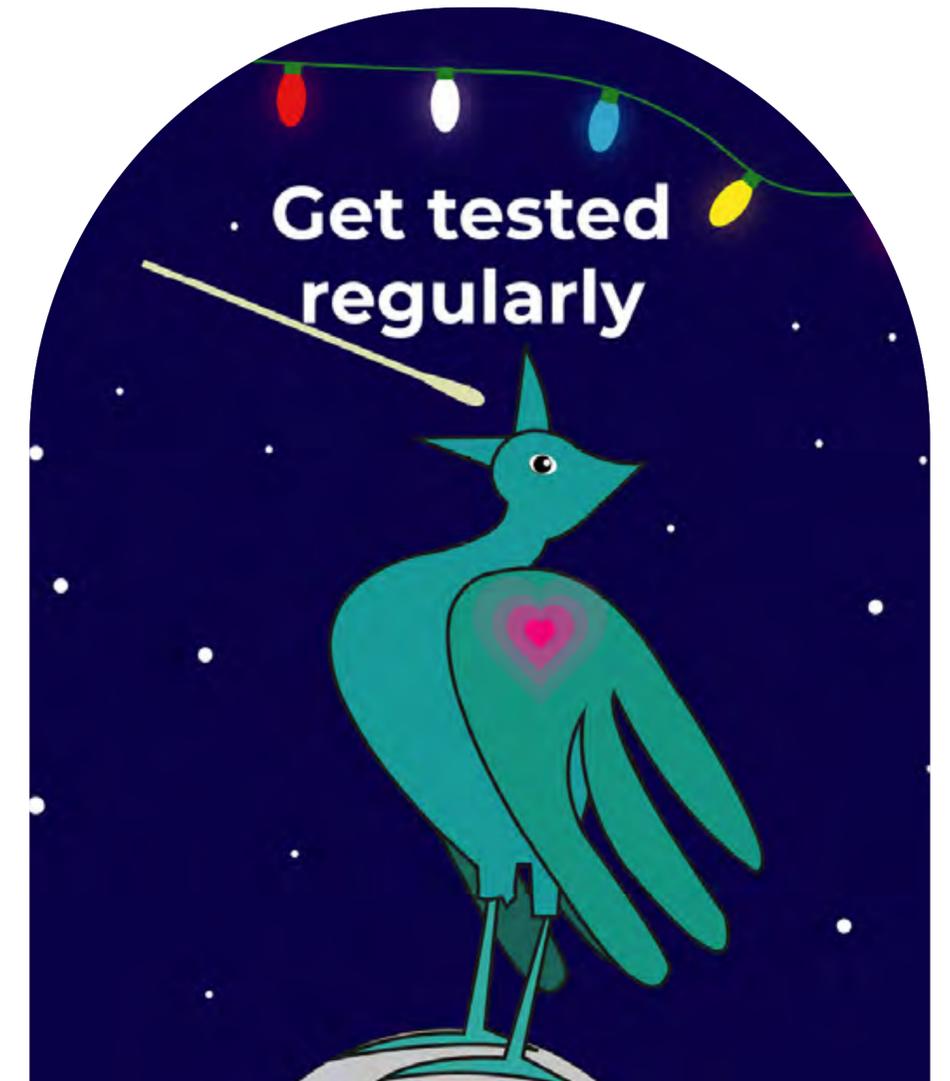


## Context

# Aims & Objectives

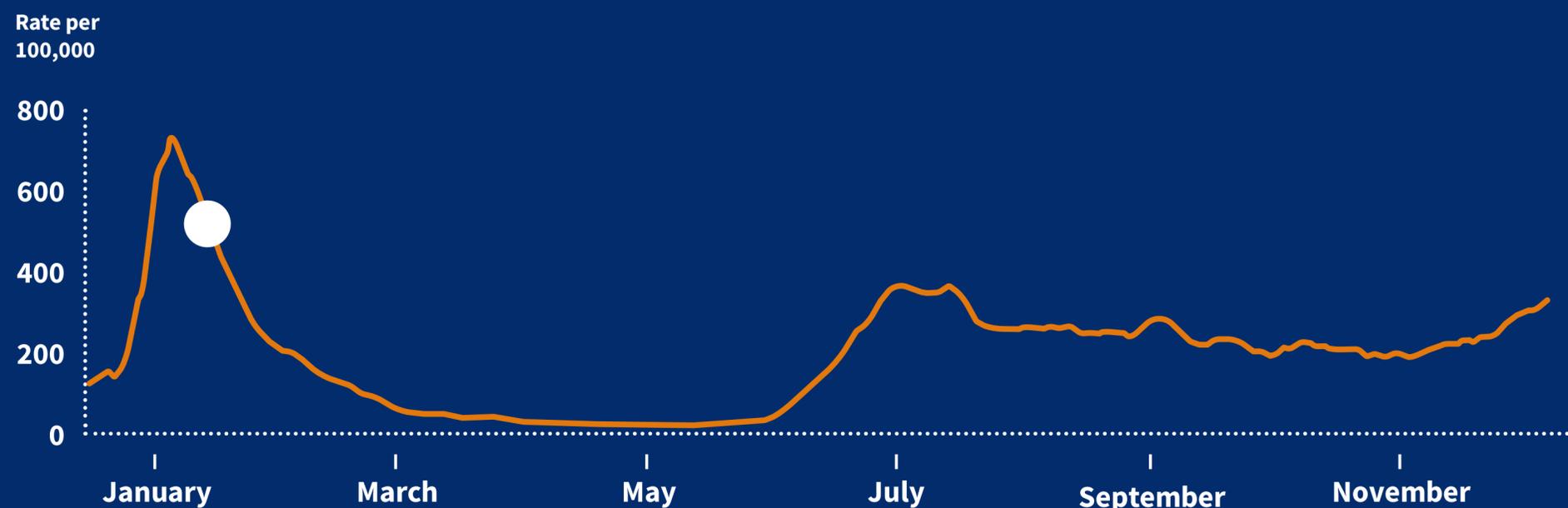
This report aims to:

-  Show the impact of COVID-19 on the health inequalities in Liverpool
-  Capture how Liverpool continues to tackle the ongoing pandemic through their innovative testing and vaccination programmes
-  Highlight Liverpool's leading role in the recovery from the pandemic
-  Recognise the innovation and resilience of communities, healthcare providers & the business and Hospitality Sectors during the pandemic
-  Provide recommendations that pave the way for future work



Context

# COVID-19 Timeline 2021



## January - February

**January 4:** Schools are closed

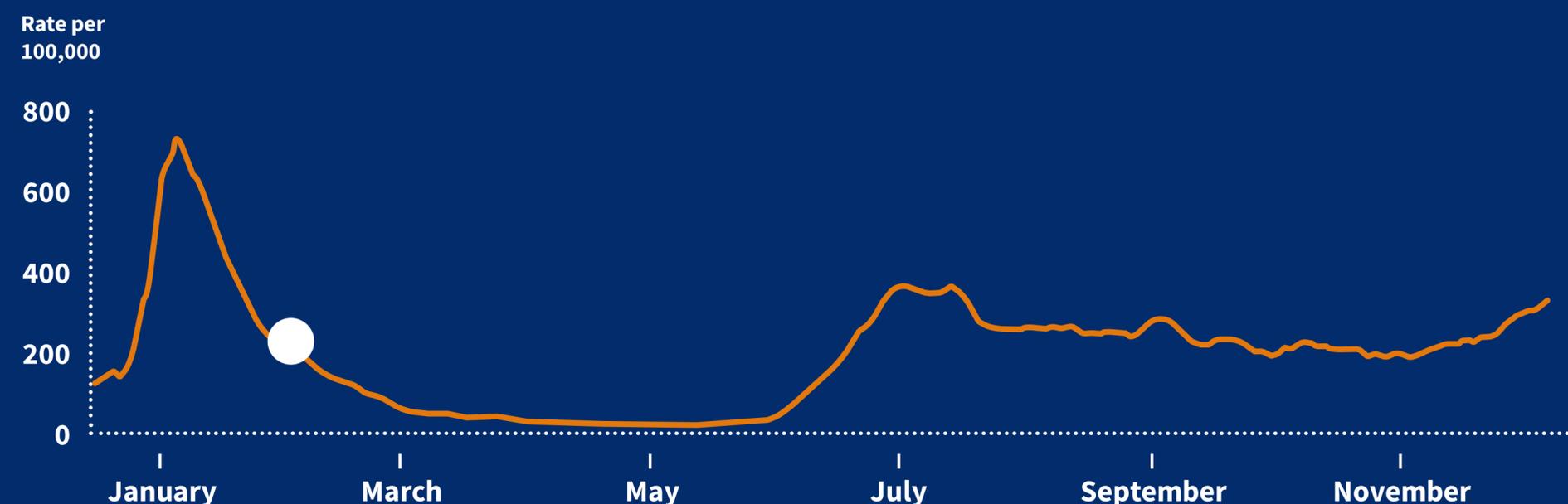
**January 6:** England enters its 3rd National Lockdown

**February 2:** Health Secretary Matt Hancock tells the House of Commons that people living in areas singled out for enhanced testing for the South African COVID-19 variant should get tested and stay at home, unless it is essential to go out. Liverpool and Bristol are also areas of interest for new variant

**February 12:** Sir Simon Stevens, the Chief Executive of NHS England, says England is on course to offer the top four priority groups their first COVID-19 vaccine by the target date of 15 February

Context

# COVID-19 Timeline 2021



## January - February

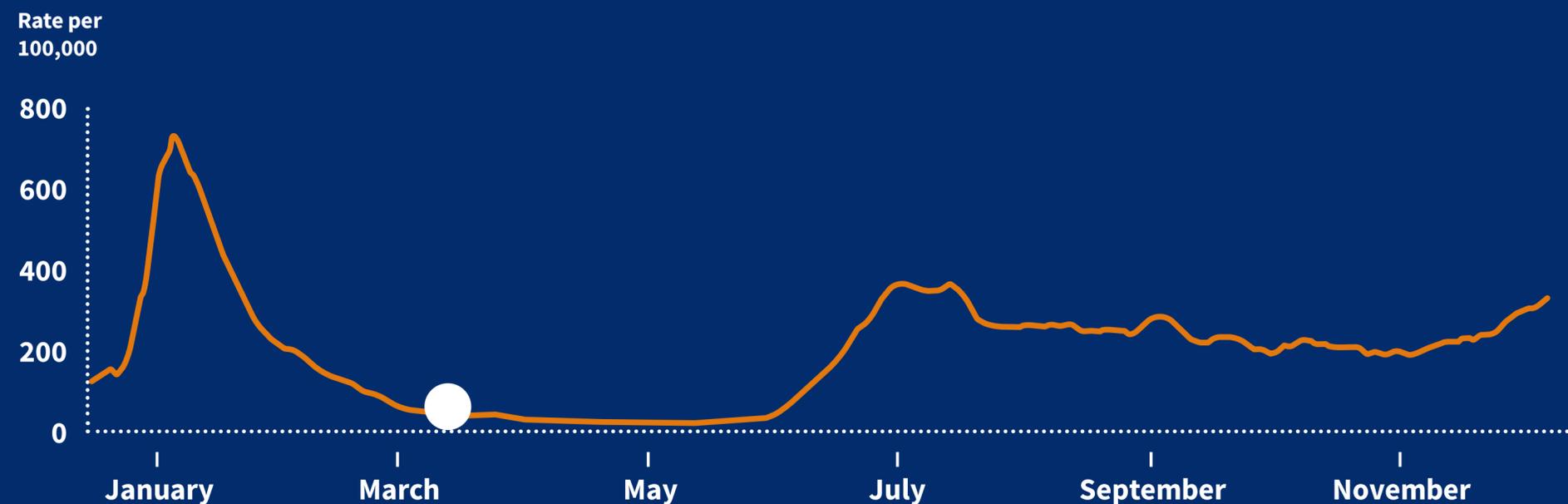
**February 12:** Sir Simon Stevens, the Chief Executive of NHS England, says England is on course to offer the top four priority groups their first COVID-19 vaccine by the target date of 15 February

**February 22:** Prime Minister Boris Johnson unveils a four-step roadmap for ending COVID-19 restrictions in England by 21 June. Subject to four tests on vaccines, infection rates and new variants being met

**February 28:** The families of schoolchildren are offered two free rapid COVID-19 tests per week under plans to reopen schools in England

Context

# COVID-19 Timeline 2021



## March – May

**March 1:** COVID-19 vaccination extends to 60-63 age group

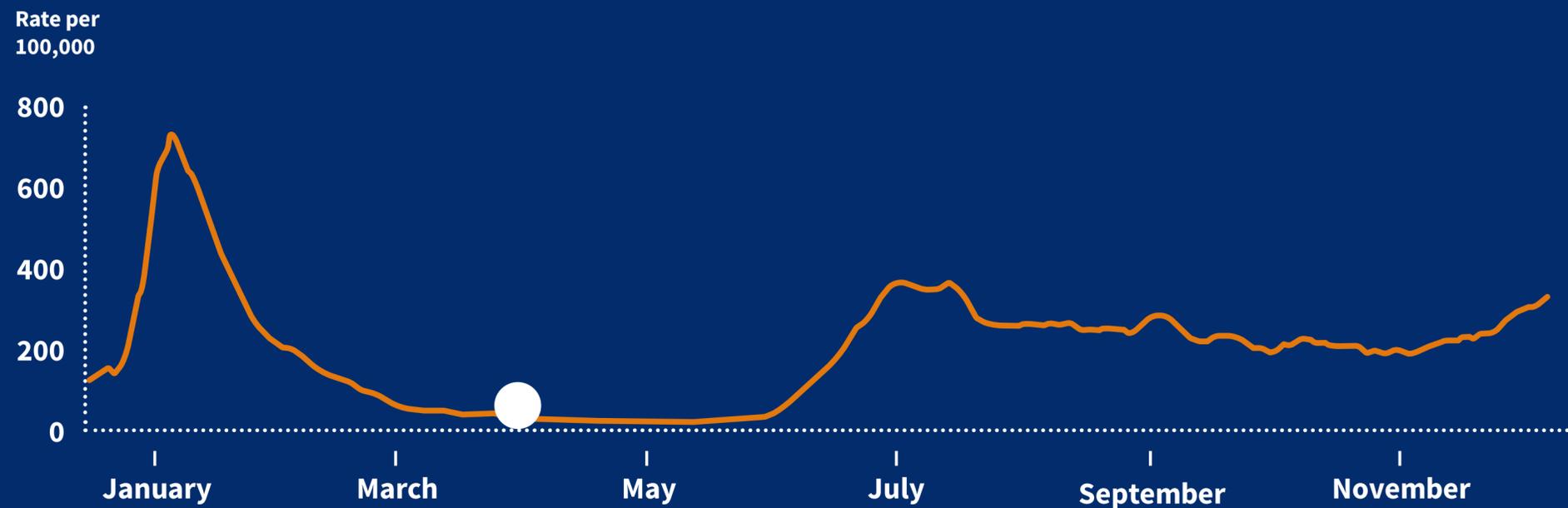
**March 8:** Schools reopen for primary and secondary school students

**March 17:** People in England aged 50 and over are invited to book their COVID-19 vaccination

**March 29:** Outdoor gatherings of up to six people or two households are now allowed, including in private gardens. Outdoor sports facilities also reopen. 'Stay at home' order ends but people encouraged to stay local

Context

# COVID-19 Timeline 2021



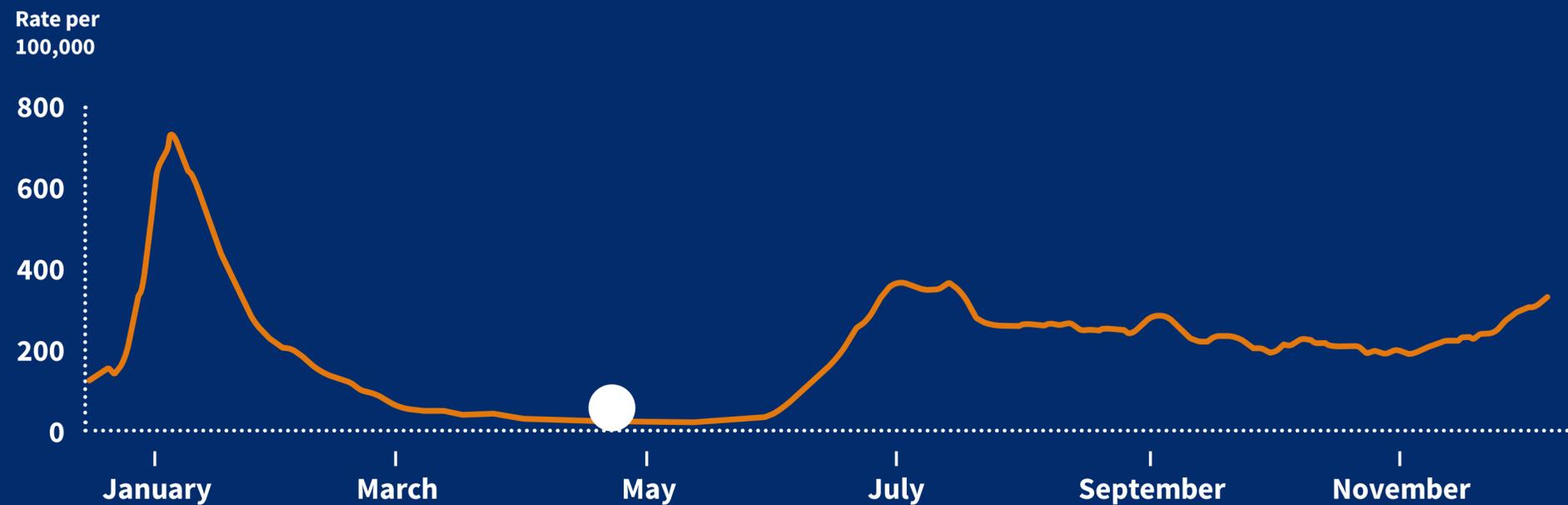
## March – May

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

**May 1:** As part of the Event Research Programme, Sefton Park hosts the first live music festival to take place in the country since the pandemic began

Context

# COVID-19 Timeline 2021



## March – May

**May 6:** COVID-19 safe elections take place in Liverpool

**May 17:** Up to 30 people allowed to mix outdoors. ‘Rule of six’ or two households allowed for indoor social gatherings. Indoor venues reopen, including pubs, restaurants and cinemas. Up to 10,000 spectators can attend the largest outdoor-seated venues, such as football stadia

Context

# COVID-19 Timeline 2021



## June – September:

**June 1:** The UK records 0 deaths from COVID-19 over a 24-hour period for the first time since March 2020

**June 8:** England's vaccination programme is extended to adults aged 25–29

**June 10:** Data from NHS England shows that hospital waiting lists have exceeded five million for the first time

**June 14:** The Prime Minister announces that the roadmap will be delayed by four weeks, until 19 July, as the government accelerates the vaccination programme. Restrictions on weddings and funerals are abolished

Context

# COVID-19 Timeline 2021



## June – September:

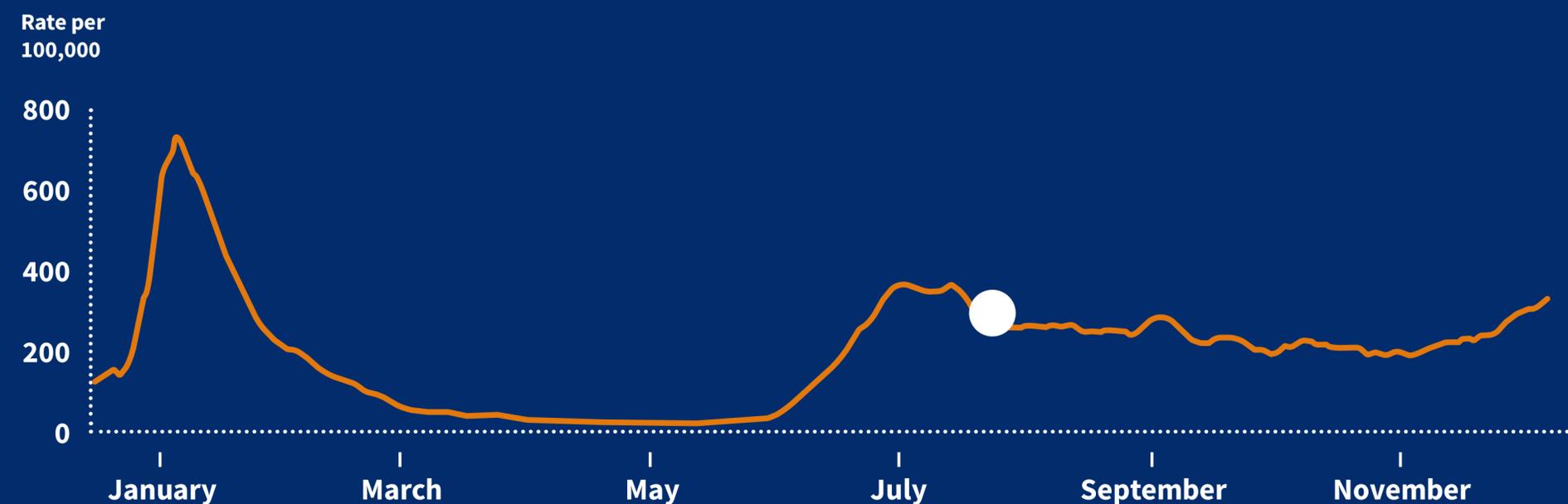
**June 27:** Events research data is analysed and results reported within days to DCMS and the public, with Liverpool being the only place in the UK to have events with real-time linked ticket-test-trace data.

[Twitter Link](#)

**July 7:** The final report on the world's first community testing pilot has been published. Liverpool have delivered a stream of policy relevant evidence from this since 27 November 2020. This has included a likely reduction in case rates by a fifth and case detection by a fifth. Inequalities in testing and influenced testing and isolation payment policies have also been detailed [Twitter Link](#)

Context

# COVID-19 Timeline 2021



## June – September:

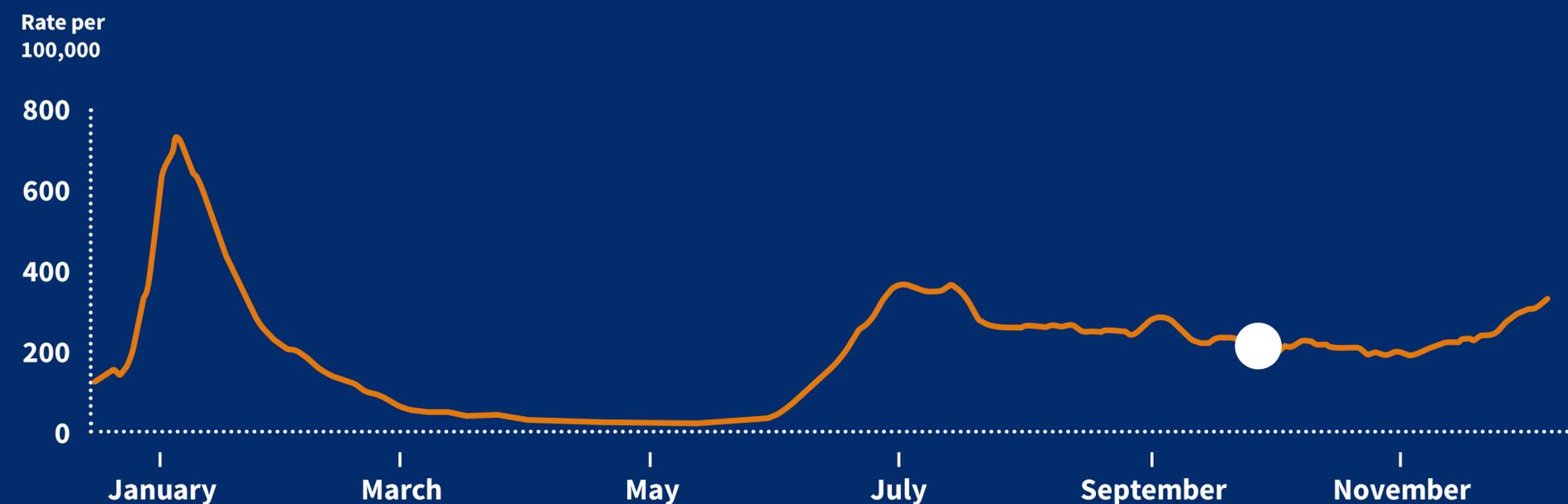
**July 14:** Most legal limits on social contact are removed in England and the remaining closed sectors of the economy, such as nightclubs, are finally reopened

**July 19:** The final stage of COVID-19 restrictions are lifted in England, abolishing social distancing rules, whilst the wearing of face coverings is no longer required by law

**August 16:** People who are 'double jabbed' or aged under 18 are no longer legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case

Context

# COVID-19 Timeline 2021



## September – December:

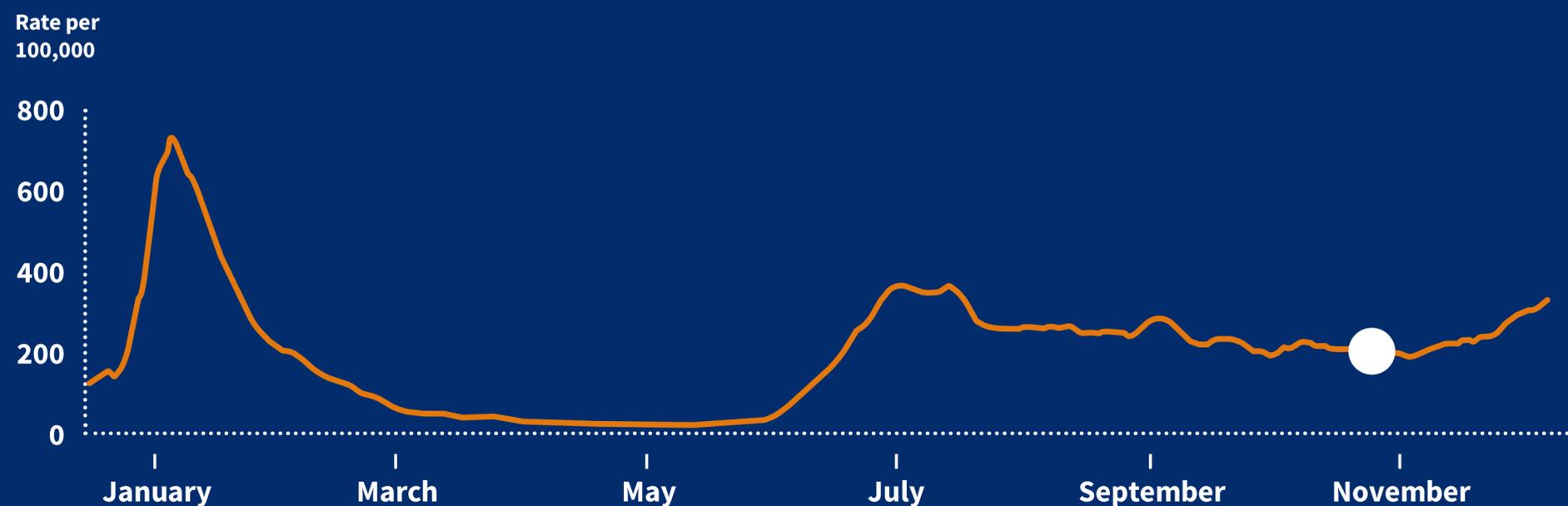
**September 14:** PM unveils England’s winter plan for COVID-19 – ‘Plan B’ - to be used if the NHS is coming under “unsustainable pressure” and includes measures such as face masks

**September 30:** The furlough scheme supporting jobs during the pandemic comes to an end

**October 24:** New rules come into force allowing fully vaccinated travellers returning to England to take lateral flow tests instead of PCR tests

Context

# COVID-19 Timeline 2021



## September – December:

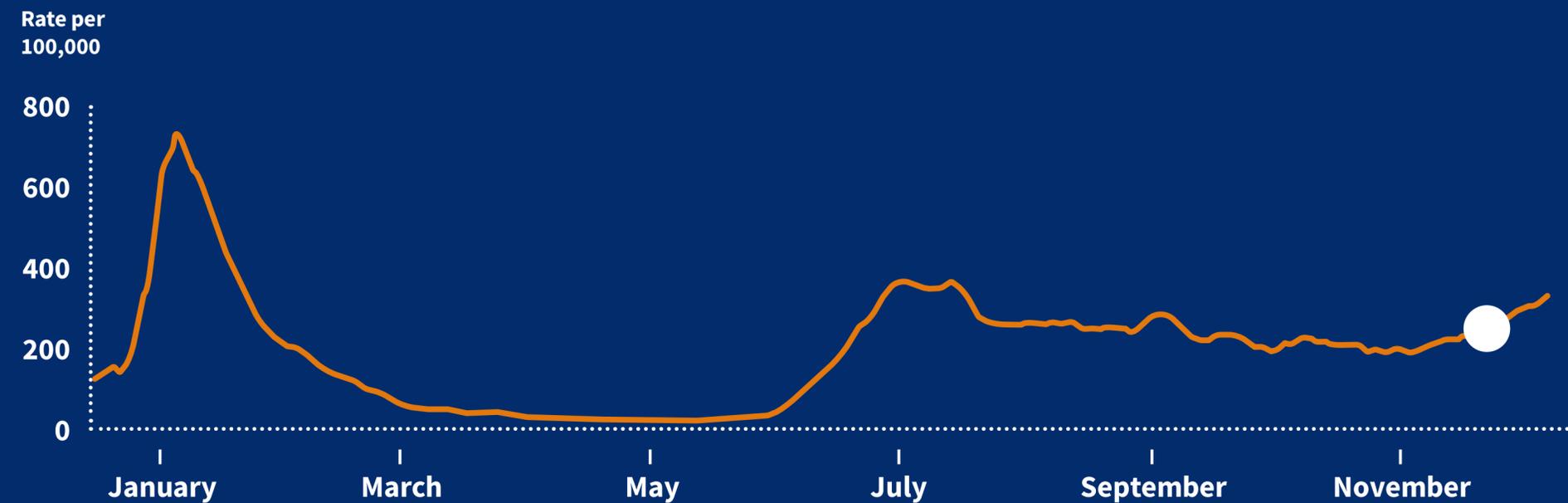
**November 11:** HM Government requires all front-line care home staff to be fully vaccinated to protect the vulnerable residents

**November 20:** Rules regarding face coverings in England and PCR tests for travellers arriving to the UK come into force as a measure to offset the new Omicron COVID variant discovered in Southern Africa

**November 23:** COVID-19 advice is updated for England, where people are urged to take a lateral flow test if they expect to be in a “high risk situation” that day, such as spending time in “crowded and enclosed spaces” and where there is “limited fresh air”

Context

# COVID-19 Timeline 2021



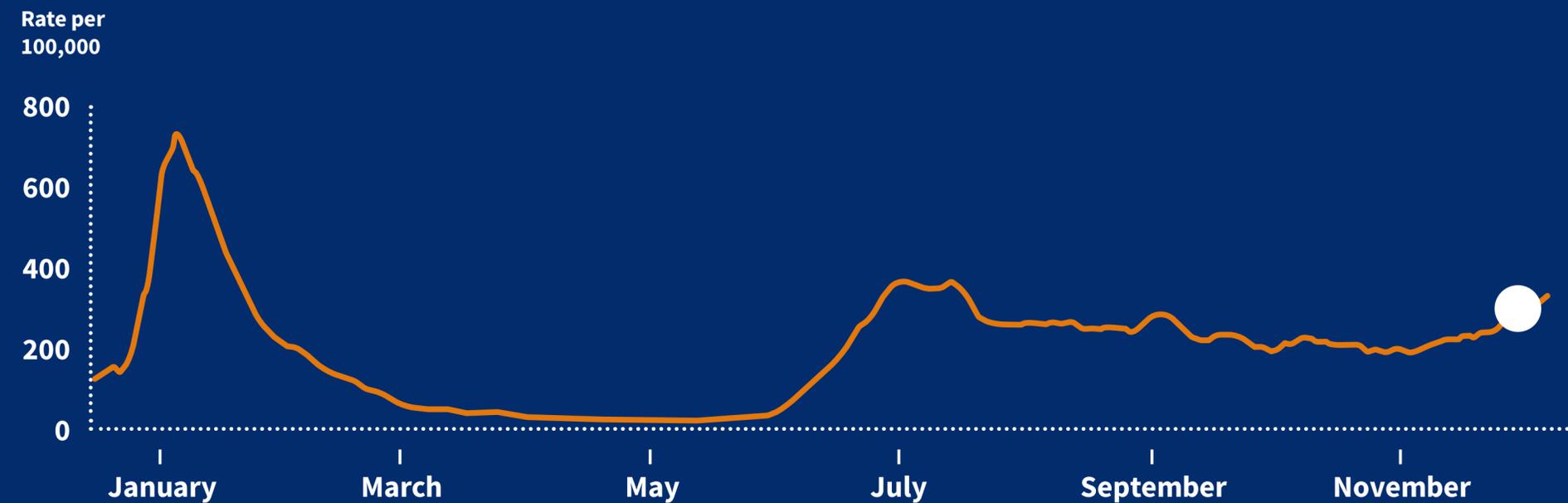
## September – December:

**November 30:** PM announces that by the end of January 2022, all adults in England over the age of 18 will be eligible to receive a booster vaccine

**December 8:** PM announces a move to 'Plan B' measures in England following the spread of the Omicron variant

Context

# COVID-19 Timeline 2021



## September – December:

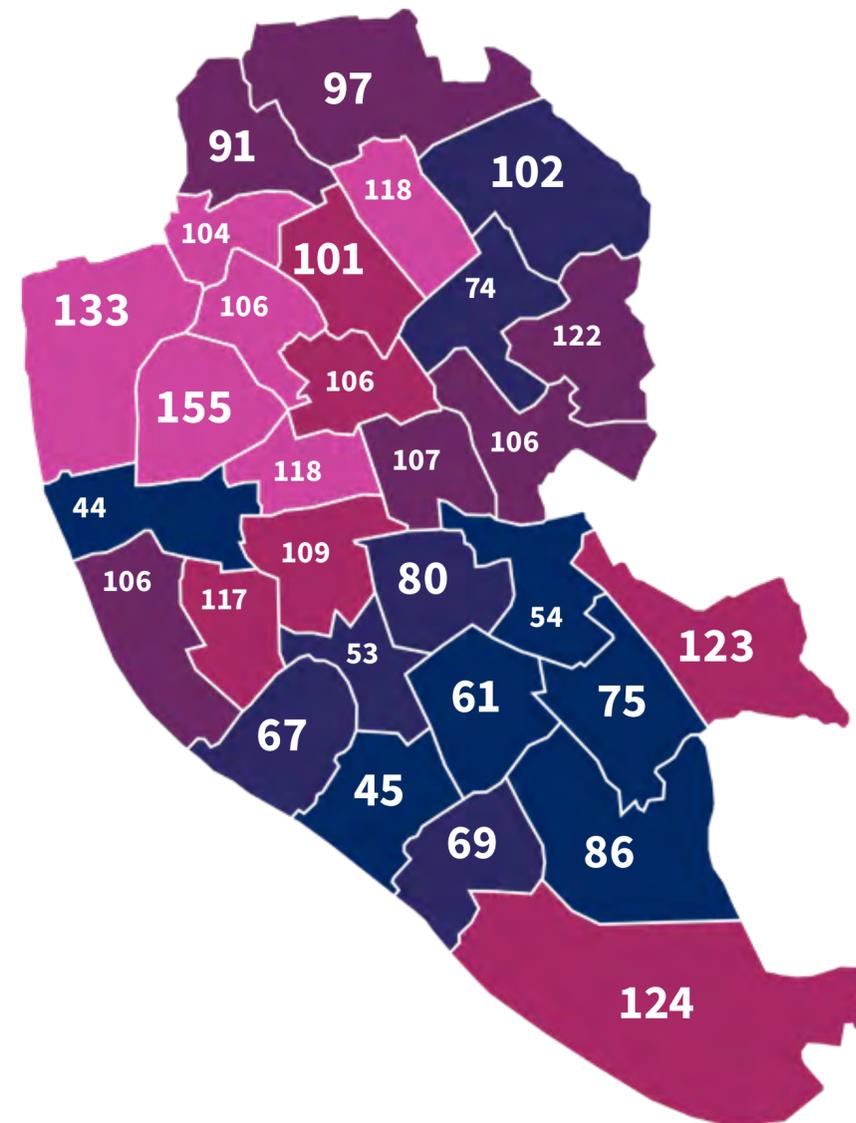
**December 10:** Face masks become compulsory in most public indoor venues under Plan B

**December 15:** NHS Covid Pass becomes mandatory in specific settings, such as nightclubs, under Plan B

**December 20:** Report from Liverpool City Region community testing roll-out – released as soon as national comparative data made available to Liverpool teams [Link to Report](#)

## Context

# The 'Perfect Storm'



least deprived 5 4 3 2 1 most deprived  
number of hospital admissions

The social determinants of health, which include age, gender, deprivation, food and fuel poverty, and poor housing, have always meant poorer health, a reduced quality of life and early death for many people.

The Local Government Association states that the COVID-19 pandemic has provided 'The Perfect Storm' for [health inequalities](#). COVID-19 has exposed how these existing inequalities - and the interconnections between them such as race, gender or geography - are associated with an increased risk of becoming ill. The Ward Level data shows that those in the most deprived wards had the most hospital admissions through 2021 when compared to the most affluent Wards in Liverpool.

### Definition of Health Inequalities

'The gap in health status and in access to health services between different groups' NICE (2021)

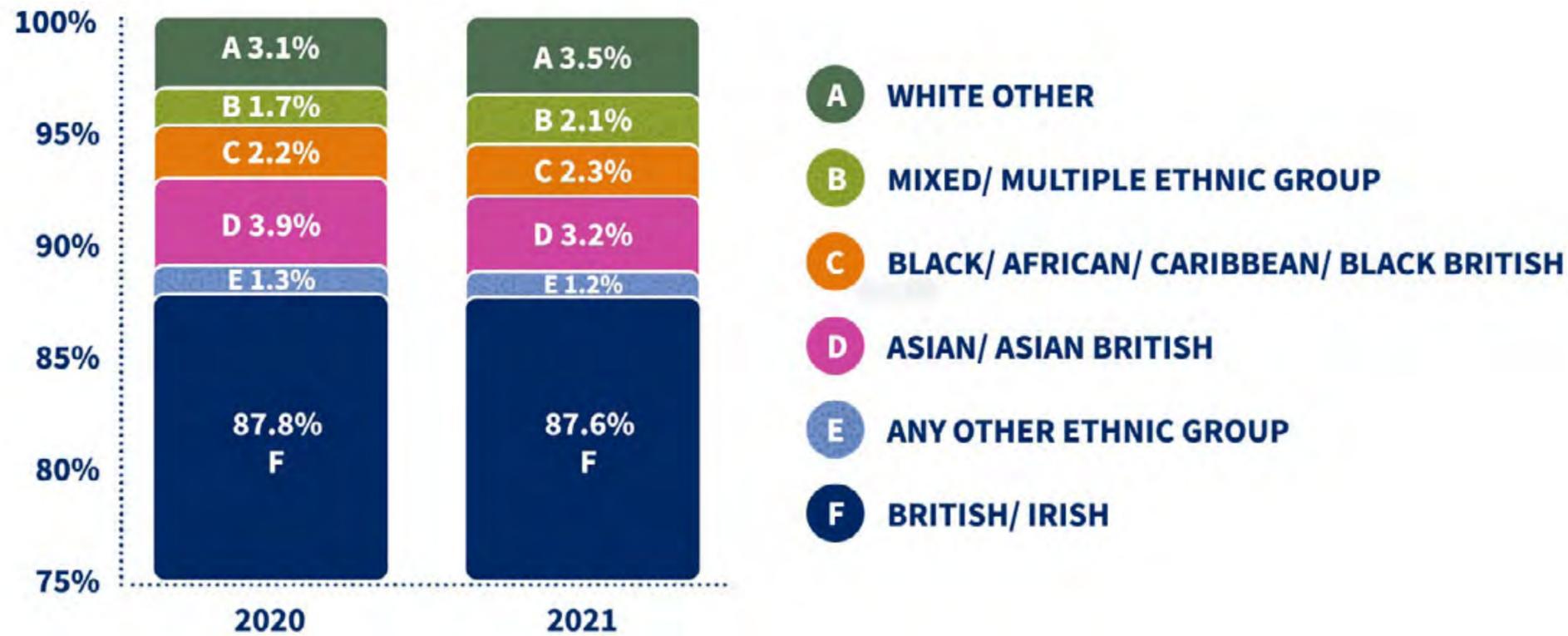
Despite these challenges, Liverpool continued to help the most vulnerable in the community whilst also playing a significant role in restarting key sectors, such as business and the arts.

As Liverpool recovers from the pandemic, it provides an opportunity to 'Build Back Fairer' - a chance for the city to reduce health inequalities and improve health outcomes for those who need it most. This should focus on driving forward work programmes that reduce inequalities, have prevention at their core and improve people's opportunities for better health. It is vital too that the structural inequalities in our society, such as unemployment, transport, green spaces and safety, are tackled because it is a system-wide approach that will reduce health inequalities in the long-term.

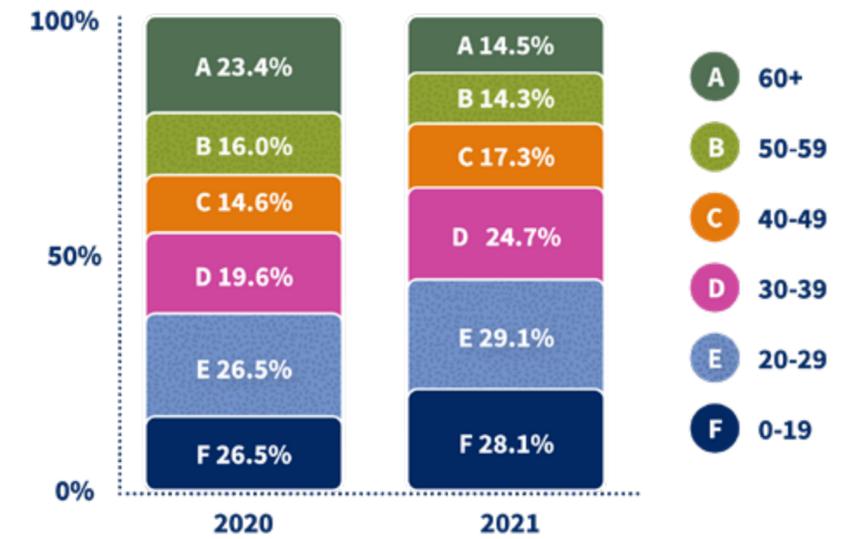
Context

# The 'Perfect Storm'

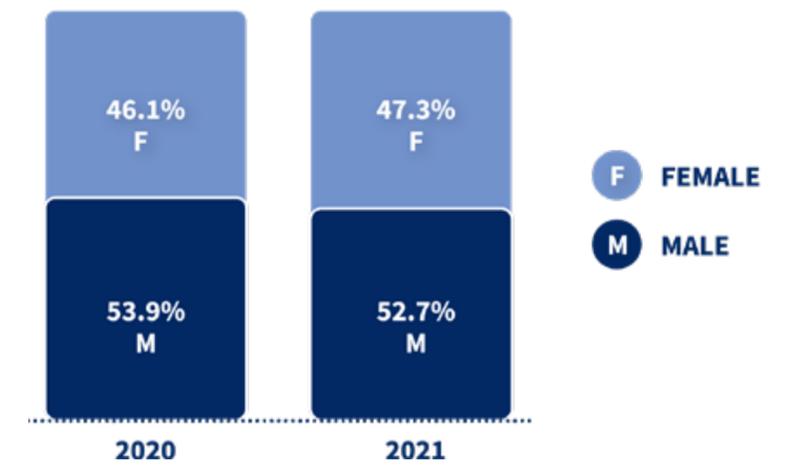
### Confirmed COVID-19 Cases By Ethnic Group



### Confirmed Cases by Age Group



### Confirmed Cases by Gender



# Ongoing Pandemic Response

Liverpool continues to lead the way  
with innovative testing and  
vaccination programmes



## Ongoing Pandemic Respons

# Grab a Jab



The local plan to reduce vaccination inequalities was co-produced by Public Health, Liverpool CCG and our Primary Care Networks, and is monitored by the Vaccination Bronze Command Group. The plan includes key actions to address:

- **Physical Barriers to Equitable Access**
- **Vaccine Hesitancy**
- **Harnessing Data**
- **Disinformation**

The approach is to “take the vaccine to the people” to ensure that those who were unable to access the offer of vaccination through main routes were offered alternative means of access.

The NHS offered bookable and walk-in vaccination appointments at a diverse range of venues and times, supporting those most vulnerable and those who care for the most vulnerable first.

### **‘Taxi to the Vaxi’**

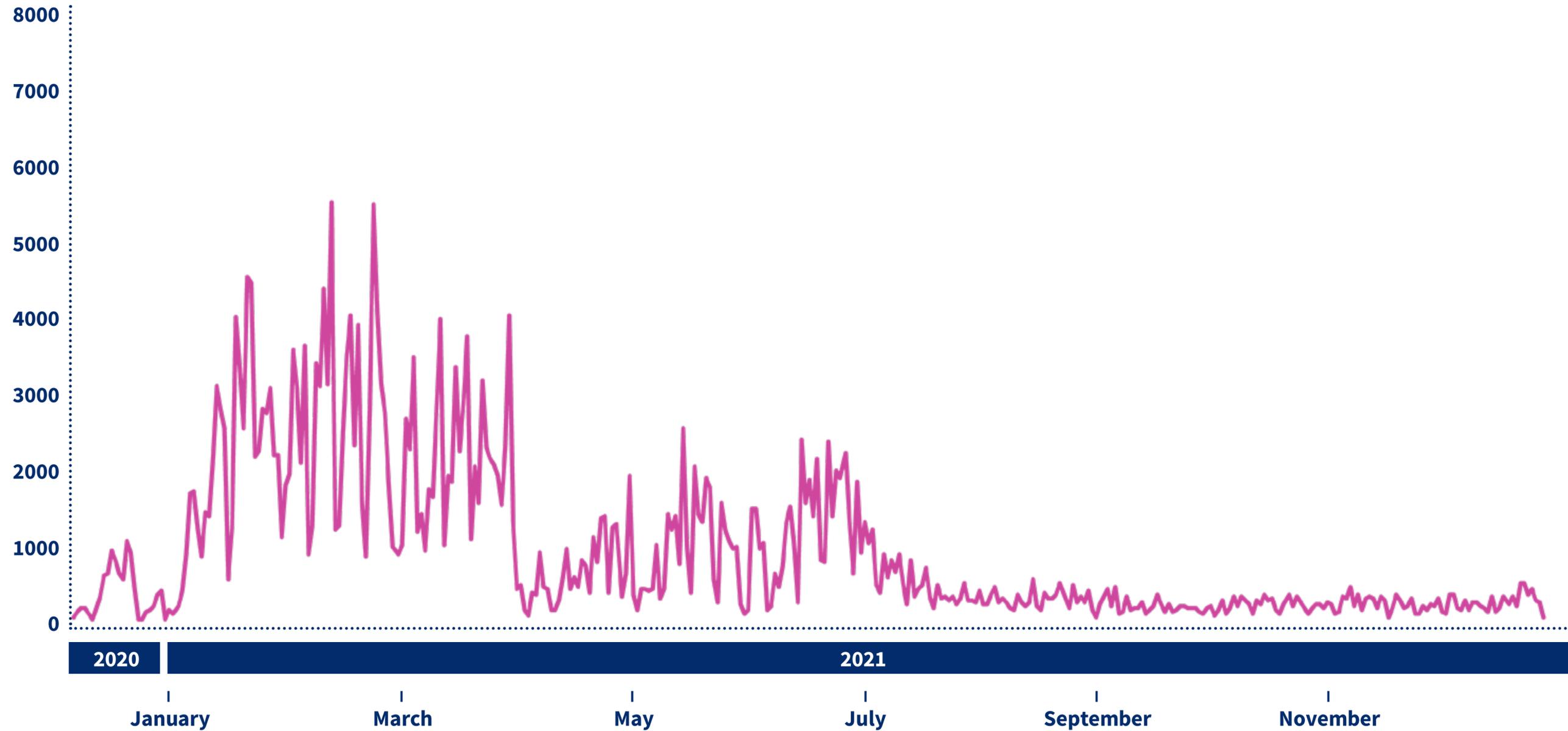
Between March and December 2021, we helped 264 vulnerable residents, carers and pregnant women to overcome transport barriers by offering a free “Taxi to the Vaxi” scheme in partnership with Alpha Taxis and ComCabs.

# Liverpool Vaccination by Dose and Date, Ages 12+ up to 31/12/21

**DOSE 1**

**DOSE 2**

**DOSE 3**

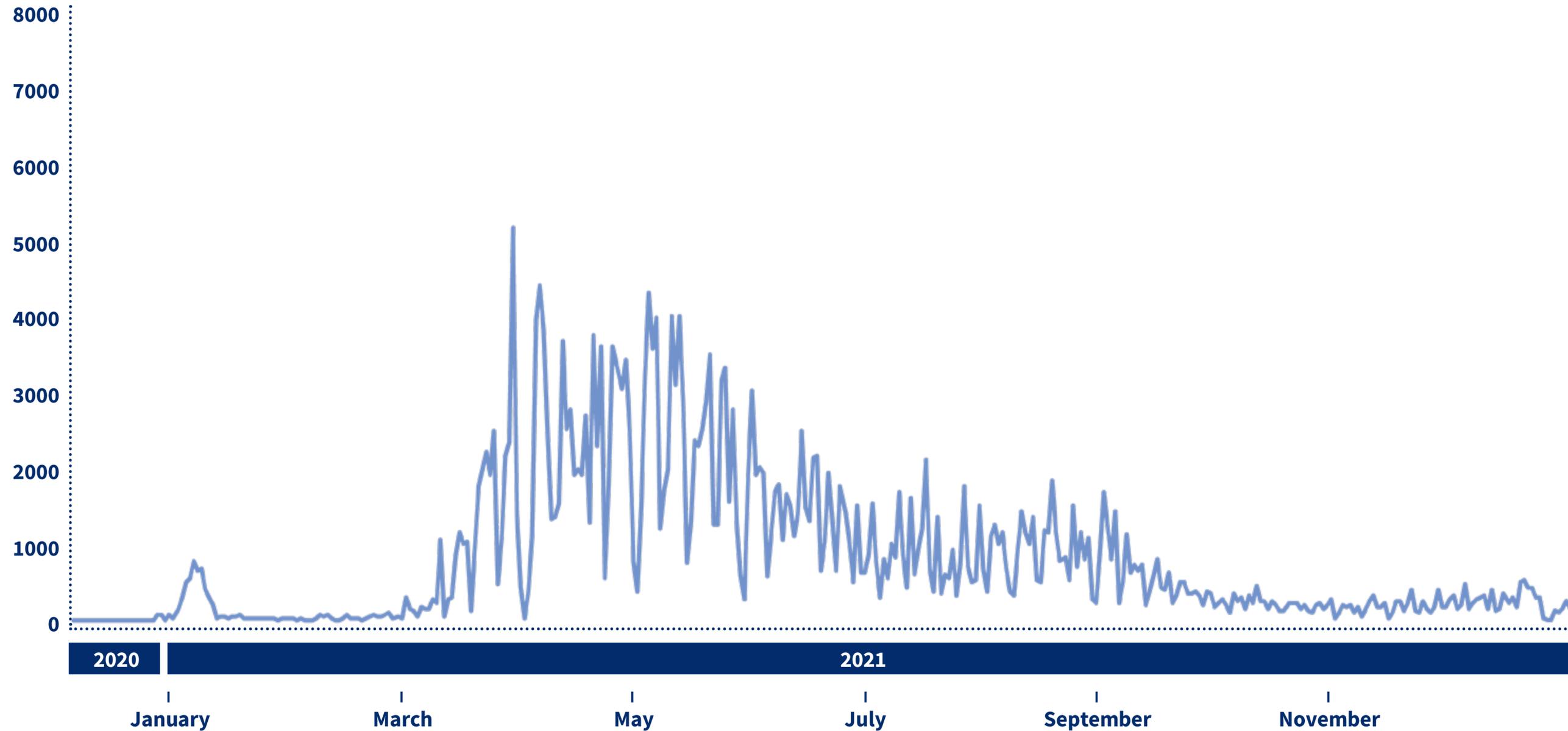


# Liverpool Vaccination by Dose and Date, Ages 12+ up to 31/12/21

DOSE 1

DOSE 2

DOSE 3

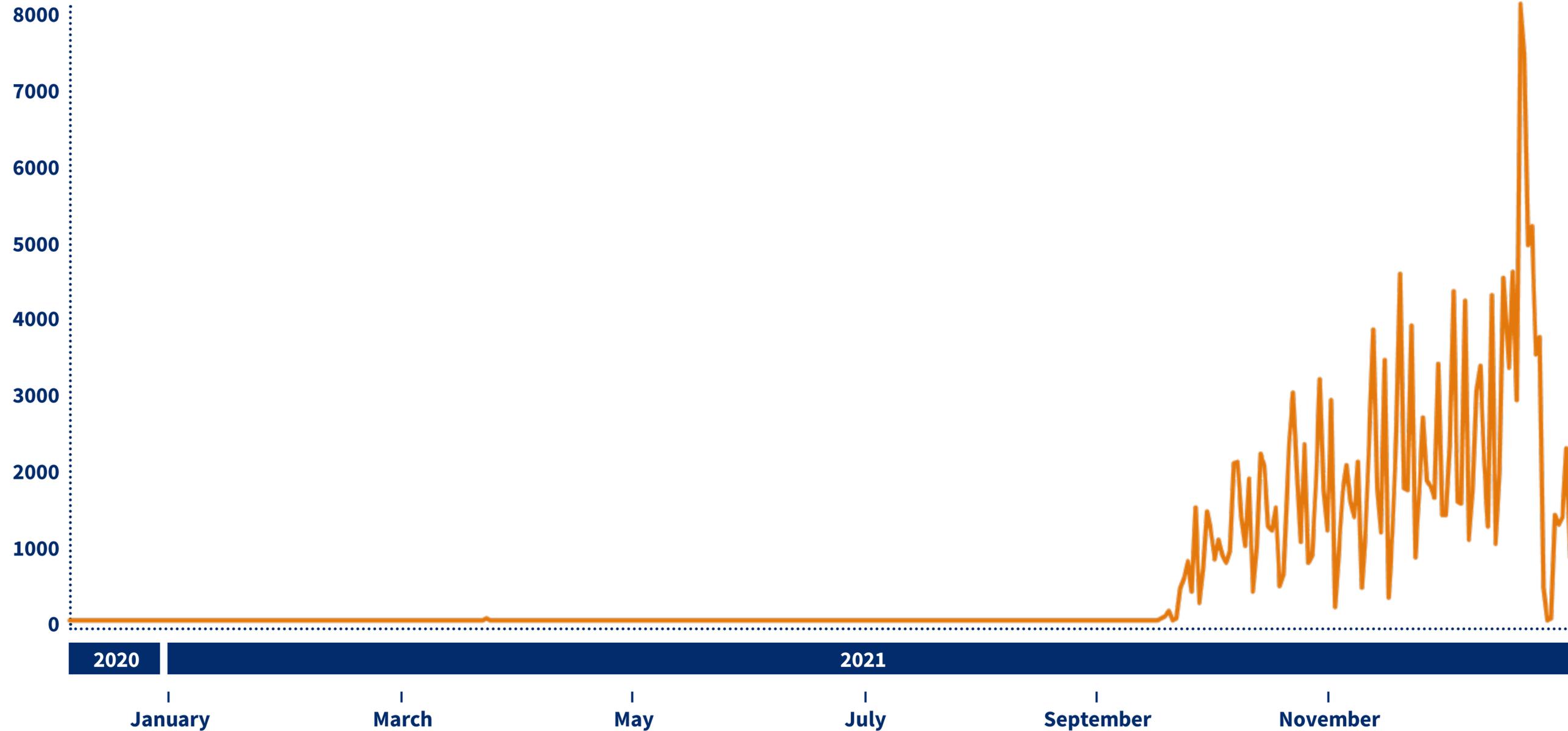


# Liverpool Vaccination by Dose and Date, Ages 12+ up to 31/12/21

DOSE 1

DOSE 2

DOSE 3



## Case Study

# Vaccination Bus



The Vaccination Bus was a solution to improving access to the vaccine in low take up areas of the city, and among diverse population groups. We delivered 9927 1st, 2nd and Booster vaccine doses through 46 events between April and November 2021.

### We surveyed 1364 patients during the first 12 events;

- 16% said that they would not have been vaccinated elsewhere if the bus had not been there
- Our cohort was significantly more diverse than the Liverpool population
- The target communities experienced a halo effect, with an average increase of around 25% in take up in the 3 weeks following the bus deployment

Arriva NW were a key partner in the vaccination bus. They provided the bus which had 5 vaccination bays, including power sockets, provided a driver, and fuel. Appointments were offered on a walk-up basis, which offered an alternative to the rigid invitation and appointment led mainstream offer; we knew that this excluded many people, including:

- Those not registered with a GP
- Asylum seekers & non-english speakers
- Those who can't or won't use digital technology to book appointments
- Those who are “hesitant” or disengaged

While the vaccine bus increased uptake in the targeted communities in the short-term, it appears that it has tended to be the less deprived segments of those communities that have increased uptake mostly due to the bus, and effects have been smaller amongst the Asian and Black communities. Future work should seek to maximise outreach with the Black and Asian communities and with other more socio-economically disadvantaged communities alongside the use of mobile vaccination units.

## Ongoing Pandemic Response

# COVID-19 in Care Homes

Managing the COVID-19 response in care homes throughout the pandemic has been physically and mentally exhausting for everybody, residents and staff alike. The impact of hospitalisation and deaths, particularly earlier on in the course of the pandemic, was traumatising for many and the impact of restrictions on visiting, though now largely lifted, will have been permanent for some in terms of how it has affected the mental health of residents.

**In 2021, there were 643 deaths registered in Liverpool with COVID-19 on the death certificate, of which 6% occurred in care homes.**



**Care home deaths with COVID-19 on the death certificate in Liverpool 2020**



**Care home deaths with COVID-19 on the death certificate in Liverpool 2021**

This represents a 3-fold decrease on the previous year, where 20% of deaths registered in Liverpool with COVID-19 on the death certificate, occurred in care homes. The rapid roll out of COVID-19 vaccination for care home residents and staff at the beginning of 2021 contributed to this reduction, together with all the measures taken in Liverpool's care homes to protect residents and support safer visiting.



Support for complex adult social care settings was a high priority in our COVID-19 response. Our efforts were focused on maintenance of infection prevention control standards, on increasing high vaccination rates among staff, and vulnerable service users and residents.

Public Health, infection prevention and control and adult social care teams offered a rapid outbreak response, developed plans to support hospital discharge, and offered regular support for care homes to support communication, share good practice, and address concerns and pressures. Throughout the year, we supported the implementation of national and local policy guidance; PPE audits and training; and scheduled testing for staff, service users, residents and visitors.

NHS partners made scheduled visits to care homes to offer the 1st, 2nd and 3rd doses of the vaccine, and towards the end of 2021, also offered the booster vaccine for staff and residents. Significant effort was put into addressing vaccine hesitancy amongst staff, with a plan put in place by Public Health, NHS, and social care partners to respond to any concerns raised by staff and residents, and to increase access to vaccination appointments for staff.

[Public Health and University of Liverpool conducted research early in 2021](#) to understand the reasons why some care home staff delayed having the vaccine.

Social Care commissioners and Public Health monitored the uptake amongst residents and staff, worked with care homes to find solutions to the issues raised, including offering virtual vaccination Q&A sessions for staff attended by trusted clinicians from GP practices and Liverpool Women's Hospital, offering access to free taxis to and from the appointment

through the LCC 'Taxi to the Vaxi' scheme, and staff were offered paid time and authorised absences to attend vaccination appointments, even if they were not in work. Information about bookable and walk-up vaccination clinics, including local 'pop-up' clinics, and the location of the vaccination bus events were regularly shared with care home managers.

**Vaccination rates for both staff and residents have risen throughout the year, and are currently above 95% for 1st and 2nd doses among staff and residents. Work is continuing to be done to deliver booster doses within care homes.**



**95% vaccination rate for 1st and 2nd doses amongst care home staff and residents**



## Case Study

# Testing Strategies in Liverpool's Care Homes

**Introduction:** Care homes have been severely affected by the COVID-19 pandemic. Rapid antigen testing could identify most COVID-19 infected staff and visitors before they enter homes. We explored implementation of staff and visitor testing protocols using lateral flow devices (LFDs).

**Methods:** An evaluation of a COVID-19 LFD-based testing protocol in 11 care homes in Liverpool, UK, including staff and visitor testing, plus a qualitative exploratory study in nine of these homes. The proportion of pilot homes with outbreaks, and outbreak size, were compared to non-pilot homes in Liverpool. Adherence to testing protocols was evaluated. Fifteen staff were interviewed, and transcript data were thematically coded using an iterative analysis to identify and categorize factors influencing testing implementation.

**Results:** In total, 1,638 LFD rapid tests were performed on 407 staff. Protocol adherence was poor with 8.6% of staff achieving >75% protocol adherence, and 25.3% achieving  $\geq 50\%$ . Six care homes had outbreaks during the study. Compared to non-pilot care homes, there was no evidence of significant difference in the proportion of homes with outbreaks, or the size of outbreaks. Qualitative data showed difficulty implementing testing strategies due to excessive work burden. Factors influencing adherence related to test integration and procedural factors, socio-economic factors, cognitive overload and the emotional value of testing.

**Conclusion:** Implementation of staff and visitor care home LFD testing protocols was poorly adhered to and consequently did not reduce the number or scale of COVID-19 outbreaks. More focus is needed on the contextual and behavioural factors that influence protocol adherence.

**Enhanced lateral flow testing strategies in care homes are associated with poor adherence and were insufficient to prevent COVID-19 outbreaks: results from a mixed methods implementation study**

[Manuscript published in Age and Ageing, 2021](#)



## Ongoing Pandemic Response

# COVID Smart Liverpool

On 6th November 2020, as a national lockdown started, the City of Liverpool was selected by the UK Government to pilot a large-scale community testing of asymptomatic individuals for COVID-19, since the City had the highest prevalence of COVID-19 in England in the preceding weeks. Testing with the Innova SARS-CoV-2 rapid antigen test was made available to everyone without symptoms living or working in the City of Liverpool. Communications also drew attention to parallel (PCR) testing for people with symptoms.

The aim of the pilot was to reduce or contain transmission of the virus while tackling the harms to health and social/economic wellbeing from COVID-19 restrictions. The decision to pilot asymptomatic testing in the community was an urgent public health response intended to generate understanding of

(i) how offering large-scale testing would be received by the local community, (ii) how lateral flow testing would perform in large-scale asymptomatic testing, and (iii) whether large-scale testing would help to contain the pandemic, reduce adverse health outcomes, such as hospital admissions, and support social and economic functions.

During the initial “mass testing” pilot period (6th November to 2nd December 2020) the scheme was advertised across different media and was rapidly deployed with the assistance of the British Army. The initial plan to test 75% of the asymptomatic population in two weeks proved infeasible, but local public health teams anticipated value and requested continuation of the pilot. The end of the national lockdown (2nd December) saw lower levels of COVID-19 and the service was handed over to the City Council on 3

December 2020 as Liverpool opened into less stringent (Tier 2) local restrictions than most of the rest of England. At the same time, the scheme expanded to the wider Liverpool City Region (1.5m population). The approach was known as SMART (Systematic, Meaningful, Asymptomatic/agile, Repeated Testing) and had three components:

**‘test-to-protect’** vulnerable people and settings (for example, people living in care homes)

**‘test-to-release’** contacts of confirmed infected people sooner from quarantine than the stipulated period (for example, key workers in quarantine)

**‘test-to-enable’** careful return to restricted activities to improve public health, social fabric, and the economy (for example, visits to care homes or sports events).

# Ongoing Pandemic Response

## COVID Smart Liverpool

A specific aspect of the COVID-SMART Asymptomatic Testing Pilot in Liverpool City Region aimed to evaluate the use of serial daily LFTs as an alternative to quarantine (Test-to-Release scheme) for key workers in Liverpool who had been identified as a close contact of a confirmed positive COVID-19 case. The pilot was first implemented with Merseyside Police in November 2020, and later with Merseyside Fire and Rescue Service (MFRS) in December 2020. Alder Hey Children's Hospital, Adult Social Care (primarily Domiciliary Care Providers) and Liverpool City Council joined in February 2021. Other organisations contributed smaller numbers of individuals.

Between 4th December 2020 and 16th August 2021, 1657 individuals enrolled on this key-worker-release scheme. Participants carried out supervised daily testing with Innova lateral flow devices

from point of identification until day 7 post exposure with an evaluatory PCR test on day 6 or 7.

Daily contact testing appeared to be a useful initiative in order to sustain services during the pandemic, with a total of 34 positive COVID cases identified and only three of these missed by daily LFTs in a total of 1657 participants. Acceptability of daily testing among key worker organisations was high and resulted in the sustainability of services during periods of significant staffing shortages. Services reported that the pilot was a 'lifeline' and its successful delivery in the City of Liverpool has demonstrated how such schemes can be put in place elsewhere.

With effective monitoring and oversight, 1588 individuals (participants who consistently tested negative and participated until day 7) were able to

continue to work. A total of 8292 work-days would have been lost due to self-isolation, but were prevented by negative daily tests.

### Key Partners:



What lessons did we learn as a result of this piece of work?

'The implementation of daily contact testing regimes can provide the opportunity to release key workers from quarantine and without this pilot, services such as Merseyside Fire and Rescue Service, Alder Hey Children's Hospital and Merseyside Police would likely have suffered from significant staffing issues and risked the safe function of their services.'

# Ongoing Pandemic Response

## **Saving Lives, Helping Hands**

### **Why Contact Trace?**

Liverpool Public Health has worked in partnership with National Test and Trace since summer 2020 to deliver contact tracing. This involves contacting people who have tested positive for COVID-19 and asking them about people they have been in contact with whilst infectious. Advice and support is given to cases and contacts as needed, so that they can isolate, and to break the chain of transmission to others. The sooner cases are contacted, the more effective the intervention at reducing spread of infection. National call-advisors make the initial contact with cases, and the local team has been following up people who have not been successfully reached.

The local service has run 7 days a week, and has made over 20,000 calls to cases between 7th April 2021 & 31st December 2021. A range of methods were used to contact people including phone calls, texts and emails. A team of community support officers knocked on peoples' doors when other attempts to contact them had not been effective.

#### Special thanks to:

The Cheshire & Merseyside Hub  
Our Dedicated Teams of Call Advisers and Community Support Officers  
The Project Officers and Public Health Practitioners of Liverpool City Council  
MerseyCare NHS Foundation Trust



## Ongoing Pandemic Response

# Saving Lives, Helping Hands

### Liverpool's Contact Trace Team

The intelligence gathered from contact tracing has helped to identify local outbreaks and hotspots of infection, for example, identifying cases that work together or have been to the same event. This has enabled us to rapidly respond to outbreaks, and advise on measures to prevent spread of infection. There has been an ongoing emphasis on finding out what works and a combined team of 13 Call Advisers and Street Officers have offered help and support throughout our communities, collecting valuable contact information to slow the spread of the virus and allow our local hospitals the breathing space they need to continue doing their work. As the teams are local, they were able to offer support around food, medicine and other enquires to the people of Liverpool.

The team have empathised the difficult situation in which many people have found themselves. Families have had their worlds turn upside down by COVID-19, for example, through bereavement, financial worry, cancelled weddings or holidays.

The service has continually adapted to changes in national policy and local needs and the challenge of new variants of COVID-19.

Looking forward into 2022, the local team has been trained to make phone calls to people who are unvaccinated, to provide them with information and support to protect themselves.

“

**A team of Call Advisers and Street Officers have offered help and support throughout our communities.**

”



## Ongoing Pandemic Response

# #LetsGetTested

Following the SMART testing pilot in November 2021, the community testing programme was established. Lateral flow testing (LFT) was provided at multiple testing centres across Liverpool for people without symptoms. All the sites were aimed at ensuring people who have the virus but without symptoms are diagnosed and self-isolate to prevent further spread.

The testing model developed from using static sites to using Rapid Response Vehicles (RRVs). RRVs were deployed to multiple locations across the City to improve accessibility. RRVs were specifically targeted and deployed to areas with high rates, outbreaks and to green spaces and busy areas to improve our testing uptake rates.

RRVs were deployed to Everton and Liverpool Football Clubs to support fan testing ahead of matches. RRVs have also been used to support the opening up of events.

From August 2021, there have been static sites in Wavertree and the Exhibition Centre as well as three RRVs. Home testing was introduced, as well as collection from pharmacies to reduce inequalities in access.

Importance of testing people without symptoms is key to prevent outbreaks.

It is important that people test regularly so testing needs to be easily accessible to all - RRVs and home testing model are ways to do this.

Over 439,000 tests carried out at testing centres or RRVs since December 2020

**Over 6,000 positive cases identified by lateral flow tests**

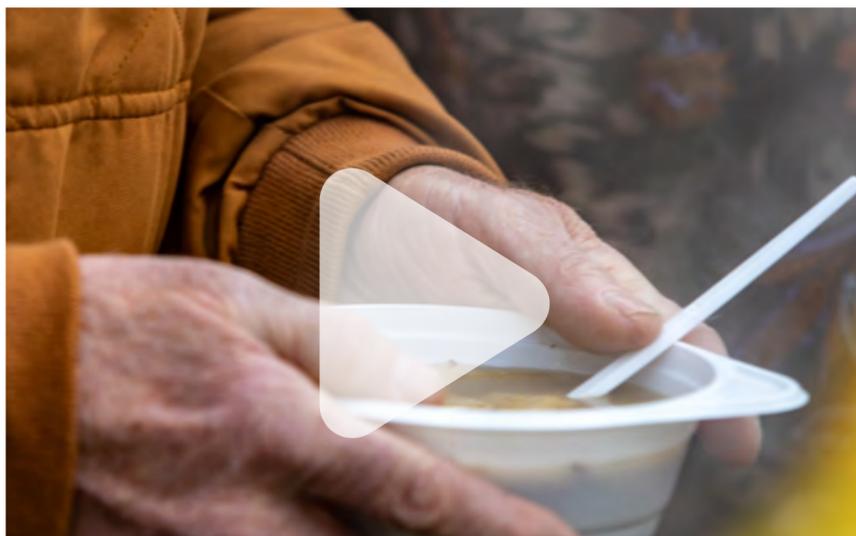
**6,000 people were symptom free and would not have isolated without this testing**

**106,000 home LFTs distributed via our community testing team**

## Ongoing Pandemic Response

# Supporting the Vulnerable

Everyone in Liverpool has been affected by the pandemic, but some of the most vulnerable in the community have been impacted the hardest. It was vital that during 2021, Liverpool continued to help and support those in the community who needed it most. The focus of the support was on improving access to the vaccination and testing programmes for Asylum Seekers, Refugees, Prisons, the homeless and the clinically extremely vulnerable.



Click ▶ to watch video



Liverpool worked with Independent Network Alliance to deliver COVID-19 vaccinations to people who used the service. This was delivered over a three-day period across all Addiction Recovery Centres and resulted in 241 vaccinations being administered in total.



Continued to support asylum seekers in Liverpool, providing testing and vaccination as well as general support around welfare.



Provided welfare, testing and COVID-19 vaccination support to people relocated from Afghanistan in August 2021.



Prisons testing and vaccination programme. Our community testing programme supported people living in complex settings, working in partnership with HMP Liverpool, HMP Altcourse and UKHSA to deliver whole prison asymptomatic testing to manage outbreaks. The subsequently saw staff being training to deliver this response in house but with continued public health local authority collaboration and funding.



Beyond food hub - setting up emergency food supplies and distribution.



Support of Clinically Extremely Vulnerable (CEV).



# WORKING IN HARMONY

**Julie Kashirahamwe**

Refugee Resettlement and  
Migration Programme Manager

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# Pandemic Recovery

Liverpool's role in the recovery from the pandemic



## Pandemic Recovery

# Roadmap to Recovery

### EDUCATION

#### 8 March

- Schools and colleges open for all students
- Practical Higher Education courses

### SOCIAL CONTACT

#### 8 March

- Exercise & recreation outdoors with household or one other person
- Household only indoors

#### 29 March

- Exercise & recreation outdoors with household or one other person

### EVENTS

- Funerals (30)
- Weddings and wakes (5)

### BUSINESS & ACTIVITIES

#### 8 March

- Wraparound care, including sport, for all children
- Organised outdoor sport (children and adults)
- Outdoor sport and leisure facilities
- All outdoor children's activities
- Outdoor parent & child group (max 15 people, excluding under 5s)

### TRAVEL

#### 8 March

- Stay at home
- No holidays

#### 29 March

- Minimise travel
- No holidays

### STEP 1

8 March - 29 March

### STEP 2

No earlier than 12 April

### STEP 3

No earlier than 17 May

### STEP 4

No earlier than 21 June

## Pandemic Recovery

# Roadmap to Recovery

### EDUCATION

- No Restrictions

### SOCIAL CONTACT

- Rule of 6 or two households outdoors
- Household only indoors

### EVENTS

- Funerals (30)
- Weddings, wakes, receptions (15)
- Event pilots

### BUSINESS & ACTIVITIES

- All retail
- Personal care
- Libraries & community centres
- Most outdoor attractions
- Indoor leisure inc. gyms (individual use only)
- Self-contained accommodation
- All children's activities
- Outdoor hospitality
- Indoor parent & child groups (max 15 people, excluding under 5s)

### TRAVEL

- Domestic overnight stays (household only)
- No international holidays

### STEP 1

8 March - 29 March

### STEP 2

No earlier than 12 April

### STEP 3

No earlier than 17 May

### STEP 4

No earlier than 21 June

## Pandemic Recovery

# Roadmap to Recovery

### EDUCATION

- No Restrictions

### SOCIAL CONTACT

- Maximum 30 people outdoors
- Rule of 6 or two households indoors (subject to review)

### EVENTS

- Most significant life events (30)
- Indoor events: 1,000 or 50%
- Outdoor seated events: 10,000 or 25%
- Outdoor other events: 4,000 or 50%

### BUSINESS & ACTIVITIES

- Indoor hospitality
- Indoor entertainment and attractions
- Organised indoor sport (adult)
- Remaining accommodation
- Remaining outdoor entertainment (including performances)

### TRAVEL

- Domestic overnight stays
- International travel (subject to review)

### STEP 1

8 March - 29 March

### STEP 2

No earlier than 12 April

### STEP 3

No earlier than 17 May

### STEP 4

No earlier than 21 June

Pandemic Recovery

# Roadmap to Recovery

## EDUCATION

- No Restrictions

## SOCIAL CONTACT

- No legal limit

## EVENTS

- No legal limit on life events
- Larger events

## BUSINESS & ACTIVITIES

- Remaining businesses, including nightclubs

## TRAVEL

- Domestic overnight stays
- International travel

## STEP 1

8 March - 29 March

## STEP 2

No earlier than 12 April

## STEP 3

No earlier than 17 May

## STEP 4

No earlier than 21 June

## Pandemic Recovery

# Back in Business

During 2021, many businesses started to re-open thanks to the 4-step roadmap to recovery and the encouraging findings from the [Events Research Programme](#). However, the national lockdown and ongoing COVID-19 restrictions still hindered some. Businesses that are reliant on social contact like bars, restaurants, cinemas, and hotels were all badly hit during the pandemic.

However, as the pandemic starts to show signs of improvement, Liverpool's employment rate currently stands at 71.3% which is still below the national rate of 75.4%. It is estimated that Liverpool would need an additional 10,300 jobs to meet the national average.

Productivity is a key measure of economic efficiency – the more productive an economy, the more value it creates for that economy. Liverpool's productivity has declined dramatically since 2011 - relative to the UK and other cities. Furthermore, there are estimated to be 34,000 jobs earning below the real living wage in Liverpool.

Furthermore, the government's furlough scheme which protected some jobs from more severe impacts of the pandemic ended in September 2021, which may have an impact on employment rates over time.

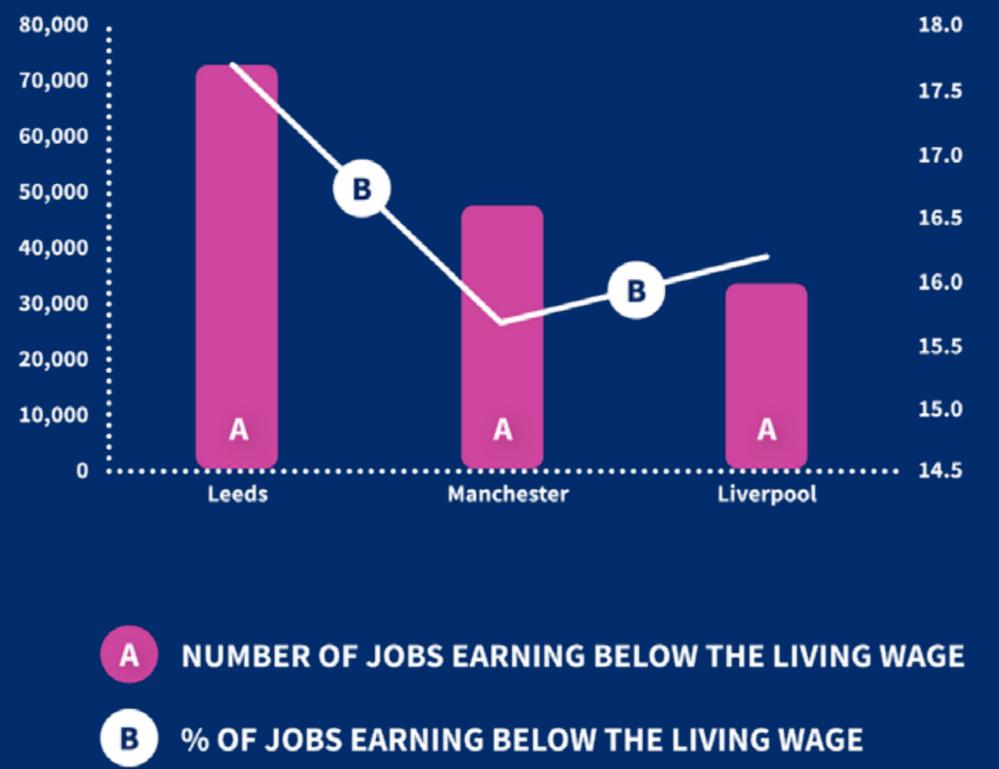
The economy is a key aim of the City Plan. The priority is to increase the number of quality jobs within the city. Encouragingly, it seems like the recovery is already underway with job vacancies increasing in the city across 2021.



## Unemployment Rate



## Number of People on the Furlough Scheme in Liverpool



## Employment Rate



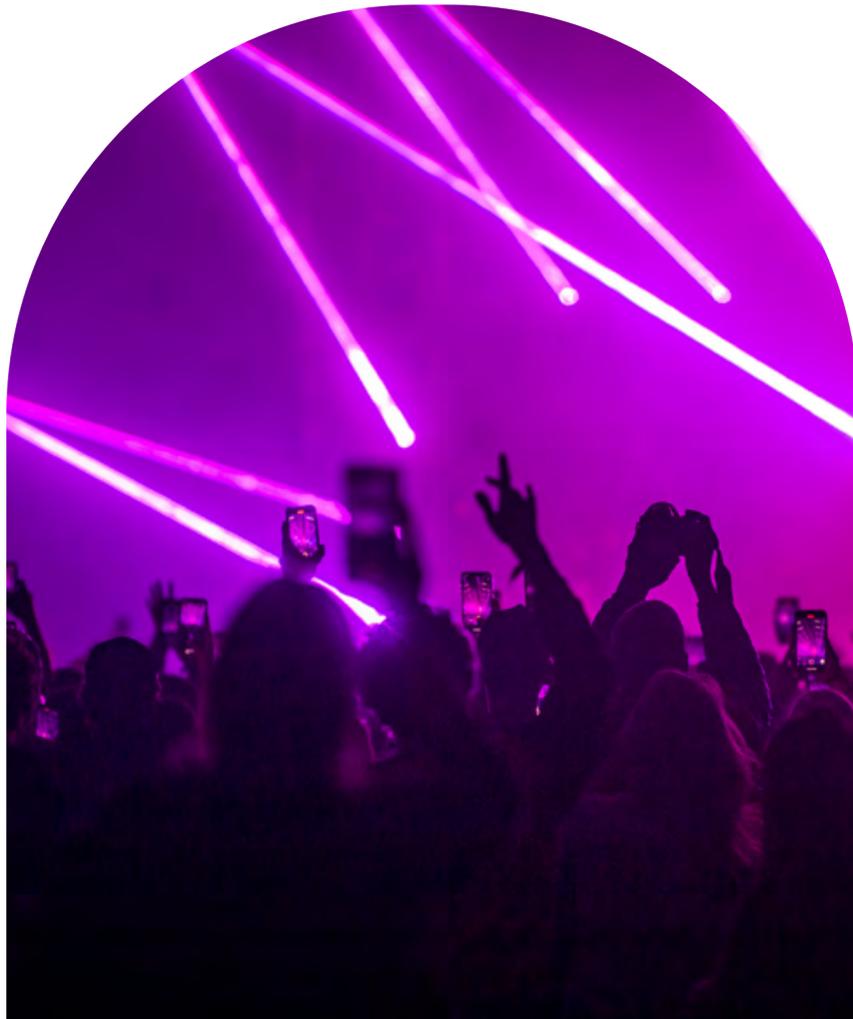
**THE GOOD  
BUSINESS  
FESTIVAL.**



## Pandemic Recovery

# The First Dance

**In May 2021, Liverpool followed in the footsteps of Amsterdam and Barcelona by participating in a science-led research programme to reopen the cultural and business sectors.**



[The Events Research Programme](#) was used to provide key scientific data into how events for a range of audiences could be permitted to safely reopen as part of Step 4 of the roadmap out of lockdown, commencing no earlier than June 21. The review was crucial to how venues – from major sport stadiums to comedy clubs, theatres to live music spaces, wedding venues to conference centres – could operate in the future. Liverpool hosted four hugely successful events as part of the national Events Research Programme, with a total of 13,258 people attending The Good Business Festival, two nightclub events hosted by Circus and the Sefton Park Pilot music festival.



Click ▶ to watch video

## Pandemic Recovery

# The First Dance

All attendees were required to take a lateral flow test ahead of the event – a negative test would allow them access. Five people with the COVID-19 virus were identified through this process and were informed they could not to attend. Ticket holders were encouraged to take a PCR test on the day of the event, and a second one five days later. This process identified four people as possibly having the virus at an event; and a further eight people were identified with the virus four to seven days after they attended an event. Of those who tested positive – two attended the music festival, ten attended the nightclub and none attended the business festival. Many of the cases were friends who meet outside of events and may not have been infected at an event itself.

Everyone who tested positive was successfully followed up by the contact tracing team. Scientists found the testing, data and contact tracing systems worked well, with key information being available to public health teams before the events, which allowed contacts of potential cases to be traced quickly. The research team also found that between 25% and 43% of people returned a PCR test after the event, with the Sefton Park Pilot festival seeing three times the number of the other Liverpool pilots due to the incentive of winning tickets to future gigs.

“

**Scientists found the testing, data and contact tracing systems worked well, with key information being available to public health teams before the events, which allowed contacts of potential cases to be traced quickly.**

”

### Recommendations:

- This world-leading study has pioneered the development of scientific understanding related to reducing the risk at events.
- It has provided important evidence on the variety of settings and differences within venues such as air flow, the organisation of events, venue design, and visitor behaviour. This has provided an understanding of how different settings affect risk and how changing risk factors can reduce impact. It also highlights which specific risk factors can be targeted to do so.
- It has also provided evidence of the operational, logistical and commercial implications for events of differing types and the diversity found in events settings.

Pandemic Recovery

## **Children's Centres, Childcare Providers & Nurseries**

**Private, voluntary and independent (PVI) early years and childcare providers have remained open for all of 2021, despite the extreme challenges they have faced through national restrictions, fluctuating COVID-19 infection rates and local outbreaks.**



Click ► to watch video

Pandemic Recovery

## Children's Centres, Childcare Providers & Nurseries



### Early Years

The Liverpool City Council (LCC) Early Years Team act as the single point of contact for all private, voluntary and independent early years providers in Liverpool, providing advice and support relating to the virus and local procedures/processes. The strong local partnership between early years and public health has been critical in maintaining up to date guidance, and this collaboration has helped in addressing key issues, identifying solutions and resolving the challenges.

Vulnerable children and children of critical workers have continued to be prioritised within the early years contingency plans and attendance monitored through

regular data submitted to Department of Education. Operation Encompass, across the early years sector in 2021, has provided a further opportunity to share information such as safeguarding of vulnerable children of domestic abuse. Over £500,000 was secured from Liverpool City region Care Provider Grant for Liverpool early years providers to address the increasing costs encountered by the sector due to the virus. The LCC Early Years Team were instrumental in assessing and disseminating the funding, with 180 providers benefitting from this grant. LCC Family Information Service has continued to offer childcare brokerage throughout 2021 and the city has retained sufficient childcare places for families that require or want childcare.

Pandemic Recovery

## Children's Centres, Childcare Providers & Nurseries



### Children Centres

Children Centres continued in 2021 to amend their service delivery to meet the needs of families and COVID-19 restrictions. From March 2021, the centres followed a COVID-19 recovery pathway re-introducing face to face sessions, targeting families who most need support. Partner agencies have also returned to centres to deliver services such as health visitors. Much work has taken place so there is a consistent offer for families across the city. Home visiting resumed, which expanded on the outreach work delivered in lockdown periods. Children centres

continue to facilitate access to a whole range of advice and support re: health and wellbeing, domestic violence, housing and benefits. Through partnership working, funding has been secured via a successful bid submitted by Alder Hey to NHS England to employ parent champions to work across all communities raising awareness with parents with a view to preventing and managing respiratory problems in babies and infants.

Pandemic Recovery

## Schools & Higher Education

**Schools experienced closures early in 2021 during England's 3rd National Lockdown. Schools in Liverpool have done a magnificent job. In a challenging year, they have adapted and dealt with competing priorities. The main thing has been to keep children in education. But it's also been important keep our school communities safe.**

Schools & Higher Education Institutes played a major role in supporting the wider system. During spring lockdown, remote education was brought back. Schools prioritised onsite provision for vulnerable children and children of critical workers.

Last year, Liverpool successfully piloted testing with the army. The learning was used to roll out onsite mass testing in schools across the country. In secondary schools, children were asked to test onsite at the start of each term. Then they continued to test twice weekly at home. For staff supporting children in school, systematic home testing was introduced in January. This has continued through the year.



# Schools & Higher Education

**We developed an online electronic portal for schools to report their cases daily. Results found that:**

- **12562 cases of COVID-19 have been reported by schools**
- **10236 cases have been reported between 1st September and 31st December 2021**

To monitor and manage outbreaks, School Improvement Liverpool worked in partnership with the Public Health department. We put in place levels of controls based on thresholds. Review meetings were held twice each week. We monitored and evaluated the effectiveness of the measures across all schools.

Decisions were taken to step measures up or down. Parents were kept informed by letter. Measures introduced during outbreaks included recommending face coverings and extra daily testing for pupils. When more support was needed, we held Incident Management Team meetings.

Mersey Care NHS Trust's Immunisation Team tried to visit every secondary school in Liverpool. This was key to delivering the 12-15 year old COVID-19 vaccination programme. Consent was obtained

electronically. The process was supported locally through additional messaging and promotion. We also worked in partnership with local colleagues in NHS England. Additional sessions were provided for some of our special schools. Currently 34% of this age group have had their first vaccination in Liverpool.

These new partnerships and joint working will now be built upon to support our outbreak management response. This systematic collaboration will support us to react with future policy changes.



Click ▶ to watch video



# WORKING IN HARMONY

**Paula Harrison**

Director of Student  
Administration & Support

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# Pandemic Recovery

## Mental Wellbeing

[A Kings Fund](#) report suggests that in the aftermath of any disaster, 3-4% of people will experience severe mental health problems and a further 15 to 20% will experience moderate disorders. The majority of the population, around 75%, will experience symptoms of poor mental health such as stress, worry, fatigue and depleted resilience - this is an ordinary response to an extraordinarily difficult situation, but these needs are extremely damaging when they are prolonged, as we can see due to the pandemic.

Many people will have the physical, emotional and social resources to recover without requiring additional support. However, families and individuals who are disadvantaged, unsupported or vulnerable are less likely to recover unaided, less likely to seek support and may find that their needs are below thresholds for

existing specialist mental health support. The most vulnerable are also most likely to feel the impact of ongoing pandemic related risks such as the end of the furlough scheme.

Liverpool Public Health invested over £5 million across several work programmes to deliver evidence-based interventions across the life course, focusing on improving local mental wellbeing and tackling low level mental health needs, self-harm/ suicide risks and building resilience in our community.



# Pandemic Recovery

## Mental Wellbeing

**Perinatal support** – Enhancing existing therapeutic services, breastfeeding provision and support to all women, specifically targeting vulnerable groups, to manage increasing levels of poor mental wellbeing and health within the perinatal period.

**Early years** - Enhancing existing service capacity and further developing skills and expertise for wellbeing and resilience in early years settings, universal services and community settings.

**Schools** - Enhancing and quality assuring existing whole schools approaches, supporting prevention and early intervention, including bullying prevention.

**Community based model for prevention**  
- Create, develop or extend existing community based services to provide an all age and families appropriate mental wellbeing support, suitable for people without a mental health diagnosis.

**Liverpool Community Voluntary Sector**  
- a 3rd Sector Grants Programme to enhance the capacity within communities to address the significant rise in lower-level mental health problems.

**Domestic abuse mental health support**  
- Vulnerable families – targeted specialist support for families vulnerable to children becoming looked after.



**Annual CAMHS referrals increased by 72% in May 2021**



**Referrals and presentations to the MCT crisis service increased by 56% (2020/21) with more people presenting for the first time, already in crisis**



**Access to primary care mental health services increased by 37.3% and activity across secondary care community mental health teams increased by 44.2% (2020/21)**



**MCT report a 32.9% increase in referrals to specialist perinatal mental health (2020/21)**



**The number of children in care grew by 6.5% between March 2020 and January 2021**

Pandemic Recovery

# Liverpool's Role in Future Pandemics

**The pandemic has shown the need for global partnerships. They can bring research together quickly across a global network and respond rapidly anywhere in the world.**

The Pandemic Institute is headquartered in Liverpool. Launched in September 2021, the [Pandemic Institute](#) is committed to helping the world prevent, prepare, and respond more effectively to pandemics. Our city at the leading edge of innovative public health responses. We also have a rich history of pandemic science. During COVID-19, the city of Liverpool's civic leadership, academic institutions and health infrastructure combined powerfully on testing, vaccine development and the Events Research Programme.

Liverpool has an unrivalled breadth of world-leading clinical and academic expertise. To meet the challenge of both the current and future pandemics, we have the skills to deliver an end-to-end response, all co-located on one campus. The project is initially funded by a £10 million gift from Innova Medical Group. They are a global health innovator and the world's largest provider of rapid antigen tests. The Pandemic Institute will be headquartered in The Spine, at Paddington Village. The Spine is one of the world's healthiest buildings. It's the newest addition to KQ Liverpool's impressive Health and Life Science campus.

The Pandemic Institute will offer world-leading clinical and research expertise across all stages of the pandemic lifecycle. It will have global reach. The Institute will work across the world to deliver new science and build readiness for future pandemics. The outputs of its work will be rapidly translated into tangible policy, solutions and activity. This will ensure real world impact for governments, businesses and individuals across the globe. The overall aim is to speed up the global response to pandemics. This will unify global intelligence and increase the reach and impact of pandemic research.

# Liverpool's Role in Future Pandemics

## Five reasons why Liverpool:

 Liverpool is unique within the Higher Education ecosystem globally. We host medical, veterinary, public health, tropical medicine and behavioural science schools and institutes. Liverpool has an unrivalled breadth of world-leading clinical and academic expertise. All co-located on one campus, we cover the domains needed to deliver an end-to-end response to the challenge of both the current and future pandemics.

 Liverpool has been at the centre of global pandemic research and science for many years. It boasts a unique ecosystem available to support the work of the Pandemic Institute. Liverpool is also home to the world's brightest minds in infectious diseases. We can more than provide the required expertise and capability.

 Liverpool is a national leader in genomic sequencing. This is the crucial first step to understanding a pathogen and developing vaccines and treatments.

 Liverpool hosts one of only five High Consequences Infectious Disease Units in the UK.

 We're a world leader in COVID-19 testing. Liverpool was the first city globally to undertake city-wide smart asymptomatic COVID-19 testing pilot.



# Innovation & Resilience

Recognising the innovation & resilience of communities and healthcare providers during the pandemic



Innovation & Resilience

# 24 Magic Months App

It's acknowledged nationally and internationally that the first two years of a child's life are significant in terms of their development and sets the foundation for how they grow, learn and develop from childhood into an adult. A child's brain doubles in size in the first year of life and parents/carers of children up to 2 years can help this development by talking, singing and playing with their child - every precious moment spent talking, reading, singing or playing with your baby helps them grow into happy and healthy children.

In the years 2018-19\*, the number of children in Liverpool who had made good progress at the end of reception was lower than the England average and stands at 64.9% compared to 71.8%. To help address these issues and support

parents/carers in the first two years of their child's life, Public Health, alongside partners in council children's services, Mersey Care NHS and Alder Hey worked together to create a child development intervention named [24 magic months](#). Alongside existing support for families, 24 magic months consists of a series of hard copy resources in a range of additional languages and an app. These resources were co-created with parents, health visitors, children's centre staff and experts.

ccupational health, Speech and Language Therapists, Health Visiting Team, Children's Centres, Parents, Public health AND children and young people collaboration.



# 24 Magic Months App

## Some of the key features include:

-  The app is personalised to the child's age and stage of development, placing everything about a child's development in one place including articles and short videos from local health visitors, parents and children's centre staff.
-  Children's centres, health visitors and specialists (Alder Hey speech and language therapists, clinical psychologists and occupational therapists) were key partners in the development of the app.
-  Insight research highlighted that parents said it was important for them to know how this would benefit them too - e.g. health and wellbeing, so the App has a dedicated parent wellbeing section.
-  1300 downloads for the app so far (November 2021) and is being downloaded by those who need it most in the community.
-  The app is quick and simple, tailored to help child development and includes speech, language and social and emotional development themes. It conveniently places everything about a child's development in one place, covering topics from learning and play to weaning and the introduction of solids.



**24 MAGIC MONTHS**  
Making the most of your child's early years



# WORKING IN HARMONY

**Susan Roberts**

Speke Children's Centre  
Manager

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Innovation & Resilience

# Let's Talk About Sex(ual) Health

**This year has seen the launch of a brand new integrated sexual and reproductive health service in Liverpool.**

Liverpool has produced vital Sexual Health Joint Strategic Needs Assessments, carried out system engagement work, service and non-service user analysis and undertaken detailed equality impact assessments (EIAs) to assess the changes required and design and develop a better system.

There was concern that the number of people accessing services for contraception may be declining due to the increased demand on services for STI treatment and care, with uptake of Long-Acting Reversible Contraception (LARC) amongst women of all ages

falling (particularly among the under-25 population).

Sexual Health need is high in Liverpool, and with demand for services increasing, there was a need for a new, modernised approach to delivery. This new service will blend face to face and physical appointments effectively with online ordering for STI screening and contraception (pills by post).



Innovation & Resilience

# Let's Talk About Sex(ual) Health

**From 1 November 2021, residents in Liverpool were able to access this new integrated sexual & reproductive health service. The service covers all aspects of sexual and reproductive health care including contraception and comprehensive testing and treatment for sexually transmitted infections (STIs).**

Liverpool University Hospitals NHS Foundation Trust (LUHFT) were awarded the contract by Liverpool City Council to deliver this inclusive sexual and reproductive health service for all residents. Axxess will offer extensive digital services, including online booking, remote consultations and the ordering of contraception, testing and treatment by post. There will be dedicated clinics

for LGBTQI+ and young people and experienced and enthusiastic sexual health outreach teams will engage with young people and vulnerable groups to deliver a resident-focused service offering clinical delivery in addition to education and awareness. The service will also work closely with General Practitioners, pharmacies and schools, providing training and support to ensure high quality sexual health services are available across Liverpool for everyone.



# Let's Talk About Sex(ual) Health

## Some of the key features include:

-  Increased awareness raising, campaign work and education programmes
-  A more accessible service for all via a brand-new digital e-SRH service (contraception and STI testing available online at the click of a button)
-  A centralised digital front door with booking system, advice, information and test/contraception ordering
-  Highly skilled dual-trained staff at multiple sites across the city
-  Centralised, co-ordinated approach to sexual partner contact tracing (partners followed up and treated faster)
-  Improved access to HIV testing to detect, treat and support positive patients more quickly
-  Routine provision of PrEP (Pre-Exposure Prophylaxis) – the game changing HIV prevention drug
-  Improved access to specialist Long-Acting Reversible Contraception provision



Innovation & Resilience

# Sexual Health Service - New Locations & Digital ‘Wraparound’

## **Hub and ‘sub-hub’ model:**

Whereby, with the exception of very specialist services, patients can get whatever they want wherever they access.

The new model has 3 key sites:

- **City Centre**
- **Aintree**
- **South Liverpool**

It aims to provide coverage to the whole city within 35 minutes by public transport.

There is a clear plan to build on the existing commissioned pharmacy provision to expand both the number of pharmacies but also the offer they provide.

Everyone should be within a maximum of 15 minutes walk of provision (eg. pharmacy offering emergency contraception, ongoing contraception and STI testing).

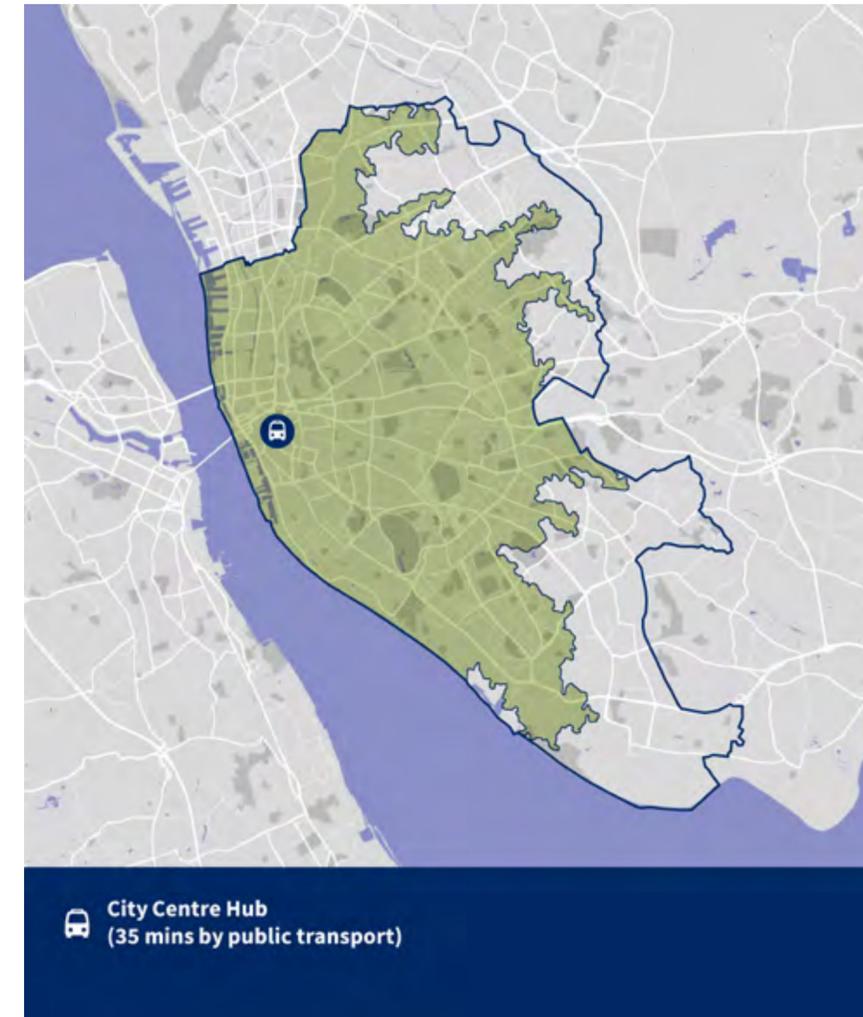
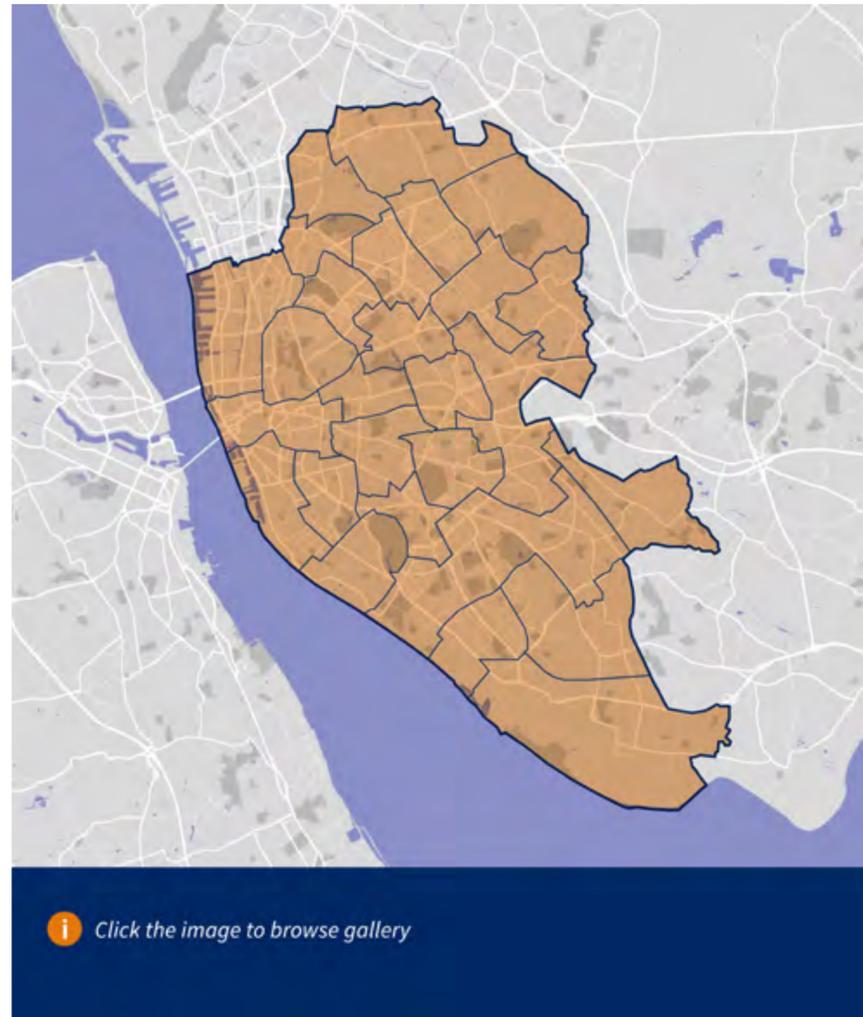
Enhanced pharmacy provision in key locations across the city will offer additional services, such as vaccination, routine contraception and STI testing and treatment.

LUHFT will work with Liverpool City Council and its partners to pilot implants (sub-dermal implants/LARC) in selected pharmacies too, becoming the first area in the country to have LARC services in a pharmacy setting.

To complement this will be the wrap around digital offer, available 24hrs a day, 7 days a week.

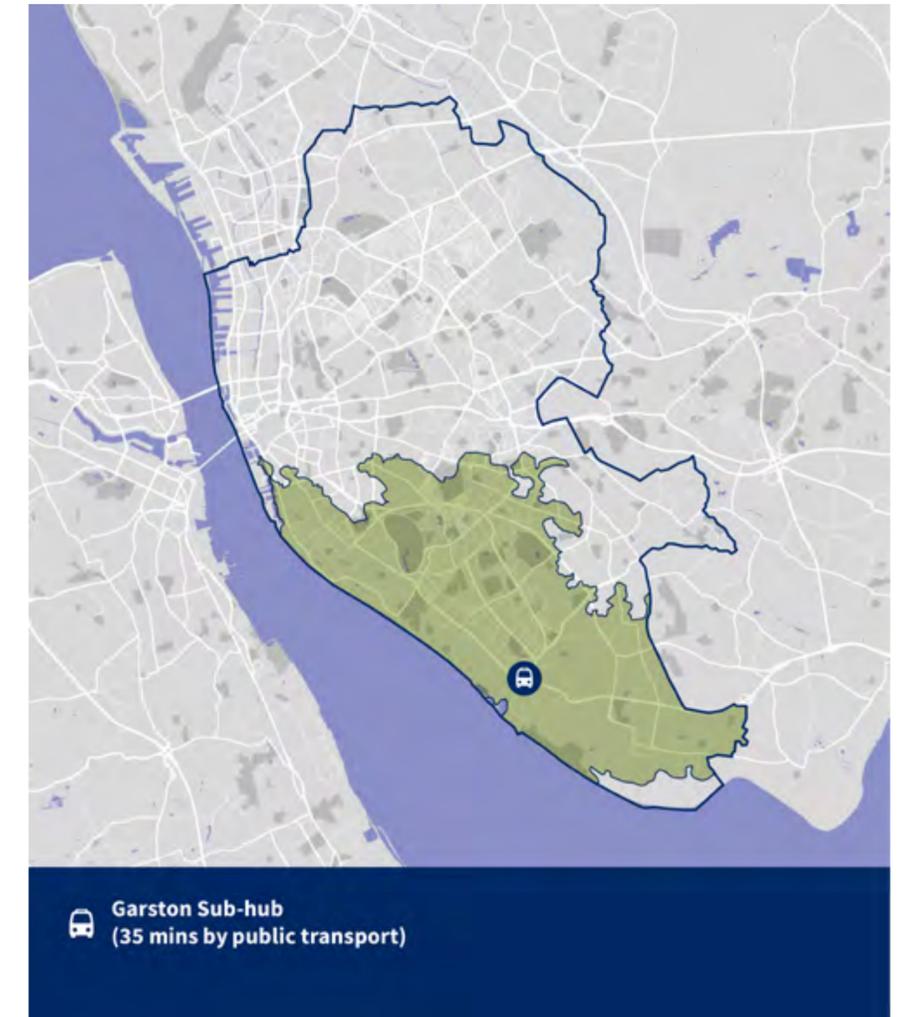
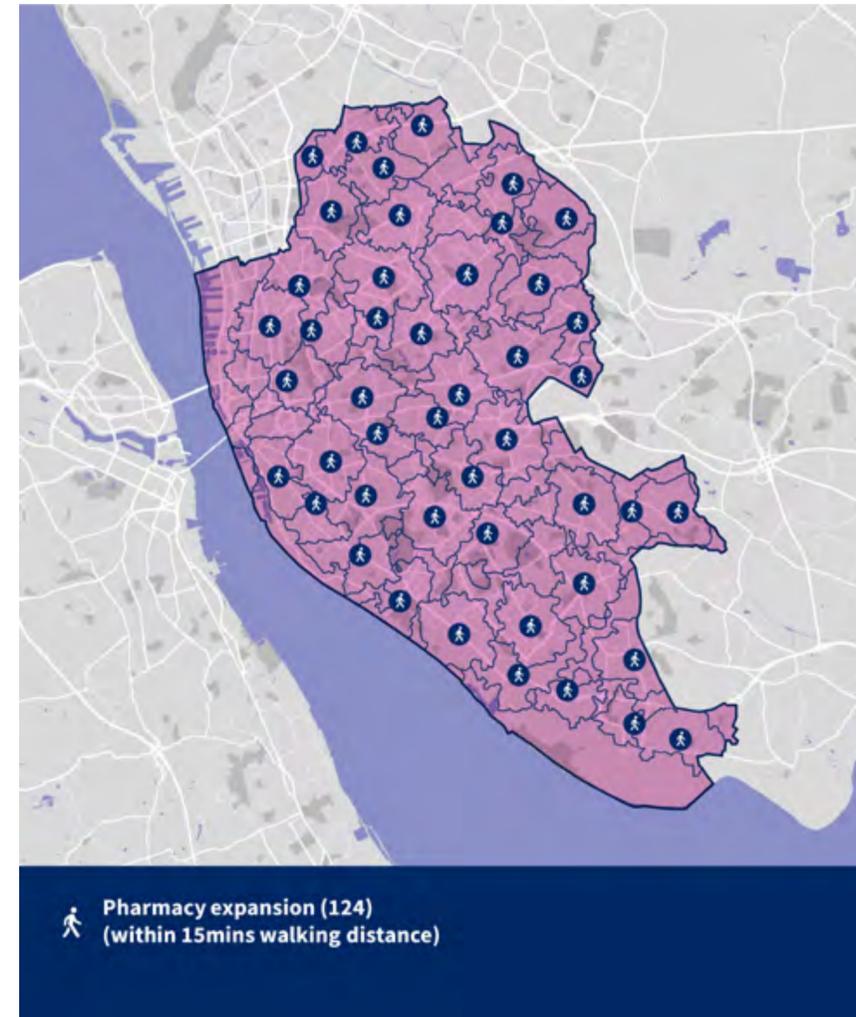
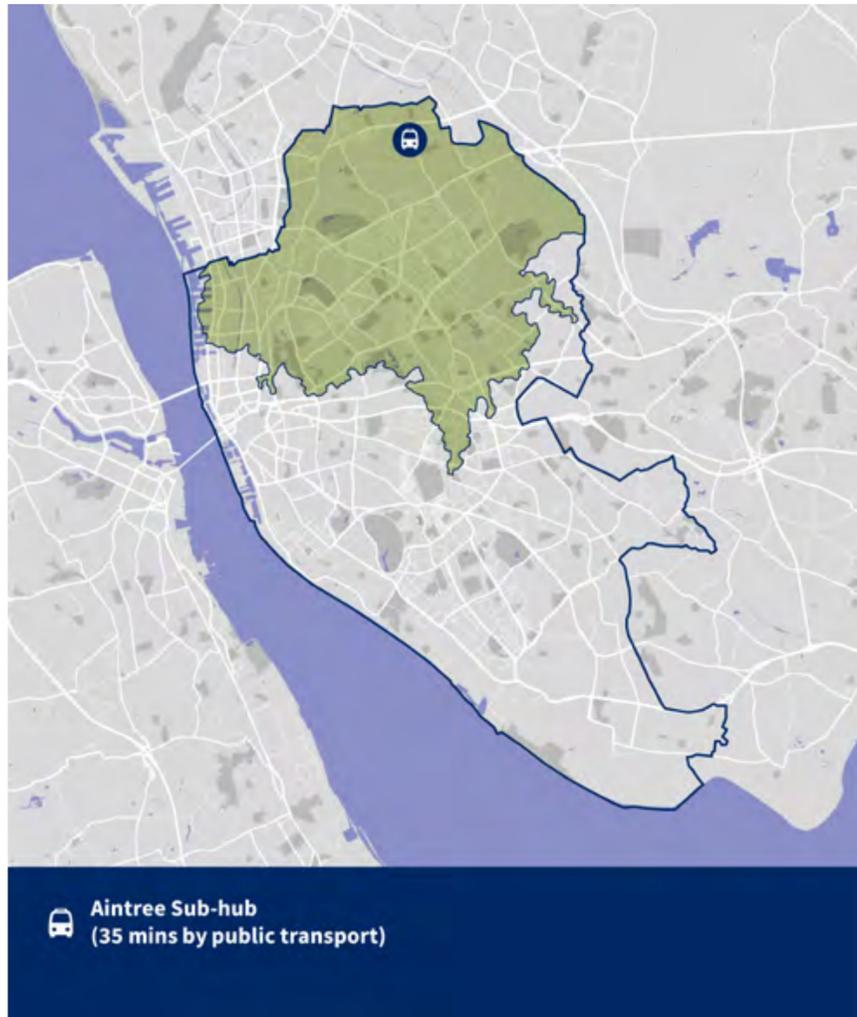
Innovation & Resilience

# Sexual Health Service - New Locations & Digital 'Wraparound'



Innovation & Resilience

# Sexual Health Service - New Locations & Digital 'Wraparound'



## Innovation & Resilience

# Reach Out Liverpool

In 2020, Liverpool saw an increase in deaths by suicide – this could have been associated with the impact of COVID-19, and the resulting anxiety from lockdowns, social isolation and job and financial insecurity. Suicides are preventable - many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses. The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in society to openly discuss it.

On 6th December 2021, Public Health launched '[Reach Out Liverpool](#)' - a campaign that aims to raise awareness of suicide prevention. The campaign is made up of three parts:



**See the problem – raising awareness of what to look out for, including the signs, behaviours and emotions a person in crisis might be displaying.**



**Say the words and start a conversation – we have partnered with the Zero Suicide Alliance who offer a 20-minute training video which provides people with the skills and confidence to reach out to someone in crisis.**



**Signpost to support – providing information on local services that offer 24/7 crisis support.**



Innovation & Resilience

## Reach Out Liverpool

The campaign also reaches out to people in crisis, encouraging them to speak to friends, family or professionals and letting them know change is possible, and that they can feel better.

The campaign has been co-created with people who have contemplated, or attempted suicide, and also by people who have been bereaved or touched by suicide, as well as the general public and suicide prevention experts. The hard-hitting campaign message ‘Having suicidal thoughts?’ was chosen by people with lived experience as having the word ‘suicide’ centre stage. One respondent said that it “has the right mix of directness but also tonal appropriateness. You can relate to this if you have had suicidal thoughts previously and might again.”



# What's Next?

What does 2022 look like?



What's Next?

# What's Changed?



COVID-19 has shone a light on health inequalities. Everyone has been hit by the pandemic but those most vulnerable in our community have been impacted the hardest.



Access to healthcare has been significantly impacted – People with pre-existing long-term conditions faced challenges in accessing care, while the diagnosis of new conditions was also impacted.



The vaccination & testing learning should help the city prepare, prevent and respond to the pandemics of the future.



It is very likely that COVID-19 will become an endemic disease – a disease that will be constantly present and one we will have to learn to live with. The impact of COVID-19 does not end with a vaccine. Ongoing management will still be required.



Liverpool will work closely with partners, primary care networks and our communities to super-charge efforts to respond to poor health and inequalities, building resilience, supporting the most vulnerable and those who have struggled the most throughout the pandemic.



Liverpool will be at the heart of the most ethical and value led economic region in the UK. To do this, we will provide a proactive service to help local people get back into work as quickly as possible.

What's Next?

# Build Back Fairer

**The 2010 Marmot Review, 'Fair Society Healthy Lives', was tasked with finding the most effective evidence-based strategies for reducing health inequalities in England. The final report concluded that there are six common goals for tackling Health inequalities:**

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

What's Next?

## Build Back Fairer

In February 2020, 'Health Equity in England: The Marmot Review 10 years on' was published. Alarmingly, the paper showed that since 2010 life expectancy in England has stayed the same. Life expectancy between the least and most deprived has become steeper and those in the most deprived areas are experiencing shorter life expectancy. All of this has been made worse by the COVID Pandemic, which has further increased the growing health inequalities in England, the North-West and Liverpool. However, as Liverpool emerges from the COVID pandemic, it is vowing to 'build back fairer' by tackling the social, economic and environmental determinants with the ambitious City Plan.

As part of the City Plan, Liverpool City Council is working in partnership with [Cheshire and Merseyside Health Partnership and the Institute for Health Equity](#), led by Professor Sir Michael Marmot, to achieve Marmot Community Status. Areas that are awarded the status of Marmot Community are those that can provide evidence that these six goals are seen throughout local policymaking and decision-making. Key representation from partners will work together to tackle inequalities, embed prevention and support better health for the people and communities of Liverpool.

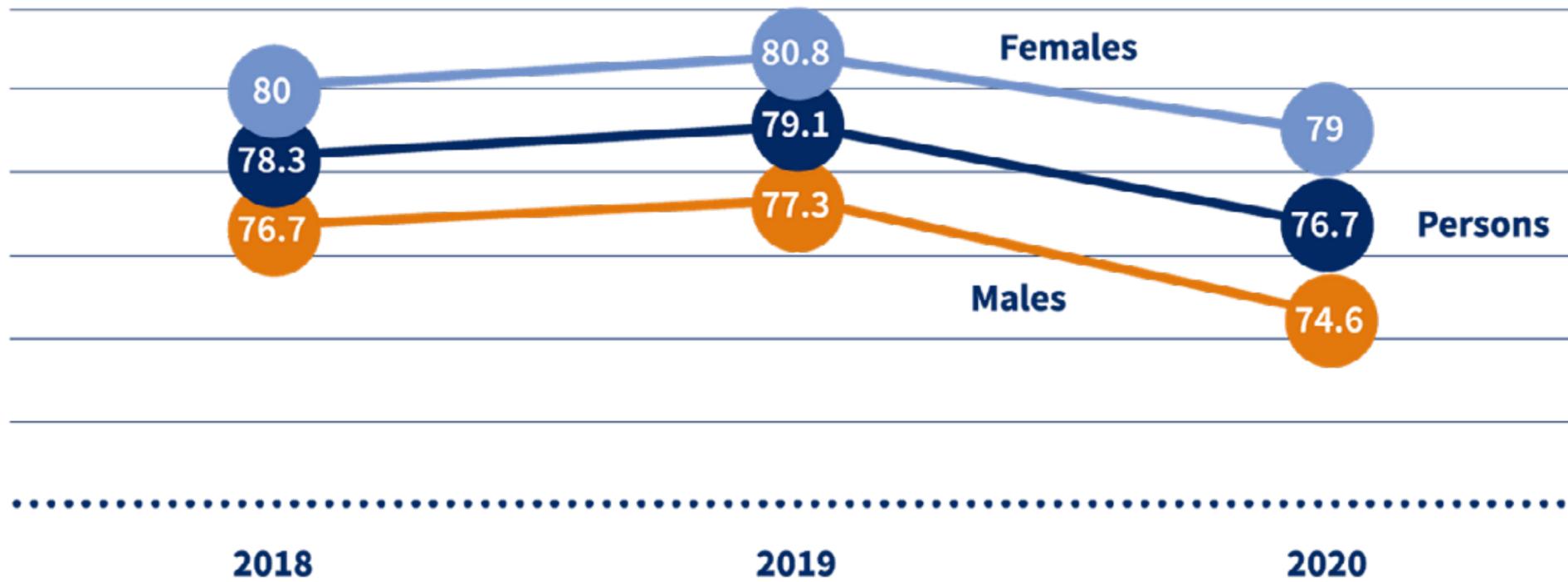


**Professor Sir Michael Marmot**

What's Next?

# Build Back Fairer

Liverpool Life Expectancy 2018 - 2020





# WORKING IN HARMONY

**Councillor Jane Corbett**

Deputy Mayor and Cabinet member  
for Finance and Resources

Click ▶ to watch video

## Context

# Impact of the Pandemic on People With Chronic Diseases

The pandemic has had a major impact on the running of all health services. Although the government has put measures in place to protect and support through the pandemic vulnerable people with long-term health conditions (LTCs), for lots of different reasons, including people being afraid to leave their house to access NHS care, there is now a large cohort of people who have had significant delays in their routine care for LTCs, as well as delays in early cancers diagnoses. Their conditions are now more advanced and more difficult to treat. This excess morbidity is built into the system, and it will manifest this winter and very likely also the winter to come. This is not a short-term problem, it is a medium term problem at best.

This is adding to the already worrying pre-COVID-19 situation in Liverpool, where multi-morbidity was the norm. In 2019,

there was substantial excess of multi-morbidity in young and middle-aged adults living in the most deprived areas in Liverpool, who had the same prevalence of multi-morbidity as people aged 10-15 years older living in the most affluent areas.

In 2019, almost half the population of Liverpool (48.3%) had at least one morbidity by the age of 50 years, and by the age of 65 years, 44.1% were multi-morbid. 60.8% of people with physical-mental health co-morbidity in Liverpool were younger than 65 years. Multi-morbidity has a devastating impact on health and wellbeing outcomes for individuals, and is in danger of overwhelming the health and social care system, leading to a detrimental economic impact on the city when people of working age are considered unable to work.

A report released by the [Department of Health and Social Care](#) shows that health-seeking behaviour has altered during the pandemic. Primary care consultations fell significantly compared to their 2016-2019 average after the start of the pandemic and only fully recovered by May 2021.

## Alcohol Consumption Increase



Context

# Impact of the Pandemic on People With Chronic Diseases

## The report findings:

**Diagnosis of a range of chronic conditions fell significantly.**

**Fall in referrals to secondary care for routine appointments mirrors the fall in numbers of GP consultations.**

Routine referrals to January 2021 generally remained below the four-year average before the pandemic. Hospital activity declined sharply in the first wave, recovering steadily in most specialties but patient wait times have continued to increase.

Behaviours around alcohol consumption have varied, with 8-25% of people indicating they are drinking more alcohol and 21-42% drinking less in 2020 compared 2015-19 average. Heavier

drinking (4+ times per week) has increased by 12% for men and 11% for women, but this was less the case in the most deprived quintile and in younger groups of the population. Unplanned hospital admissions associated with alcohol fell by 3.2% in 2020 relative to 2019, but alcohol-related deaths increased by 20%, which may indicate reductions in sufferers seeking care and service delivery impacts as well as an increase in consumption during the pandemic.

Demand for primary care fell during the pandemic, particularly in the early months. This was driven mainly by people avoiding making appointments as they sought to protect the NHS and reduce their own risk of catching COVID-19. Appointment numbers have risen in later months, though many of these appointments have been conducted

remotely, which may have a number of unintended consequences for care such as less accessible care and challenges around diagnosis and treatment. Similar percentage reductions in consultation rates have been seen across all income deciles, but those in the most deprived quintiles are the heaviest users of primary care services so experienced larger absolute declines. Overall, those with no pre-existing conditions had the greatest absolute/percentage reductions in consultation rates.

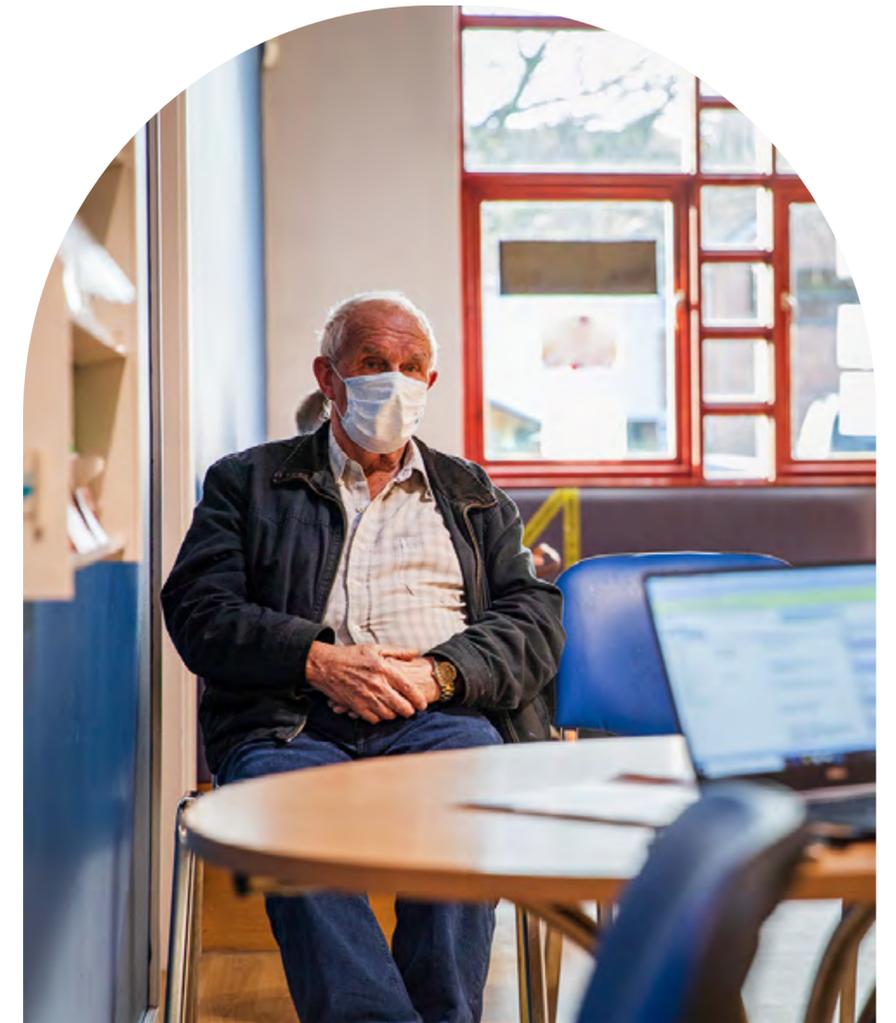
## Context

# Impact of the Pandemic on People With Chronic Diseases

This data highlights the extent of the health inequalities between people of different ethnic and socio-economic backgrounds. Primary care consultations are used to diagnose, monitor and treat many long-term illnesses such as type II diabetes, Cardiovascular Disease (CVD) and lung conditions. The higher pre-pandemic usage of primary care by those living in more deprived areas and some ethnic minority groups points to pre-existing health inequalities that are likely to have been exacerbated by COVID-19.

Analysis conducted by the REAL Centre identifies the potential scale of 'missed' incidence in primary care. The numbers of 'missing' incidence are estimated and expressed as a percentage of 2019 incidence:

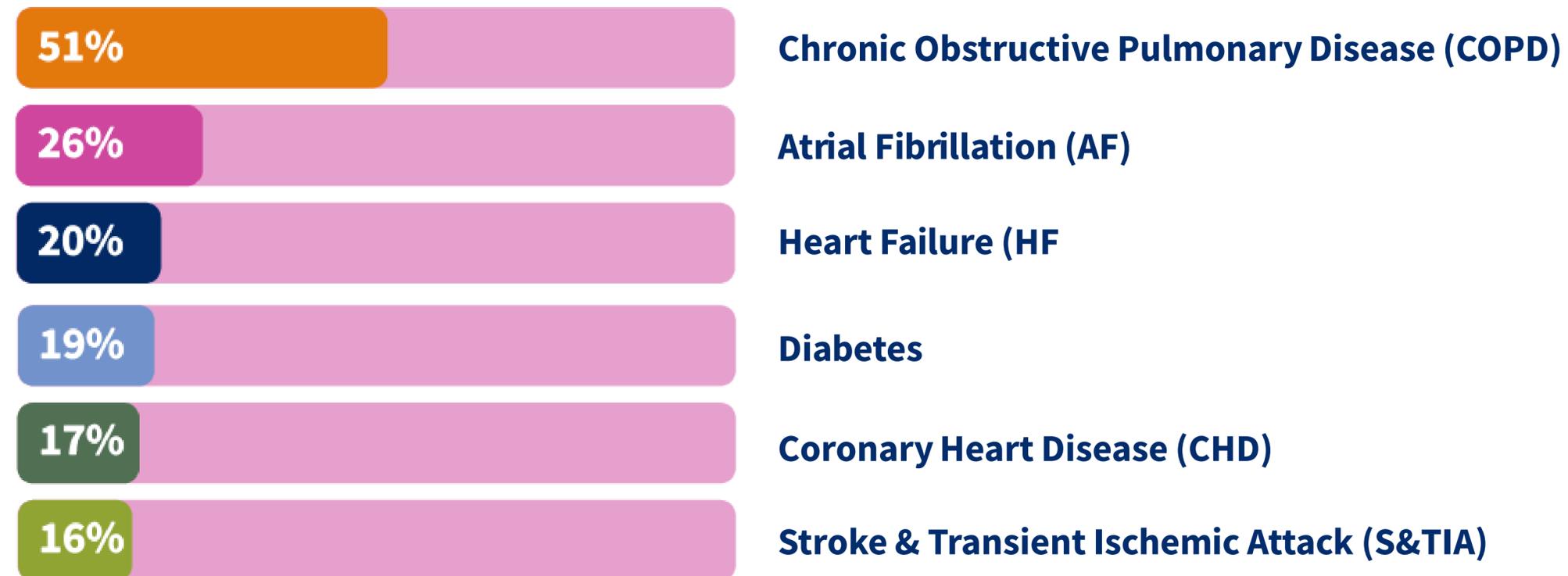
Chronic Obstructive Pulmonary Disease (COPD, 51%), Atrial Fibrillation (AF, 26%), Heart Failure (HF, 20%), Diabetes (19%), Coronary Heart Disease (CHD, 17%) and Stroke & Transient Ischemic Attack (S&TIA, 16%).



Context

# Impact of the Pandemic on People With Chronic Diseases

Health Inequality & COVID-19 Long-term conditions Missing Incidences



As a percentage of 2019 incidences

Source: analysis by the REAL centre

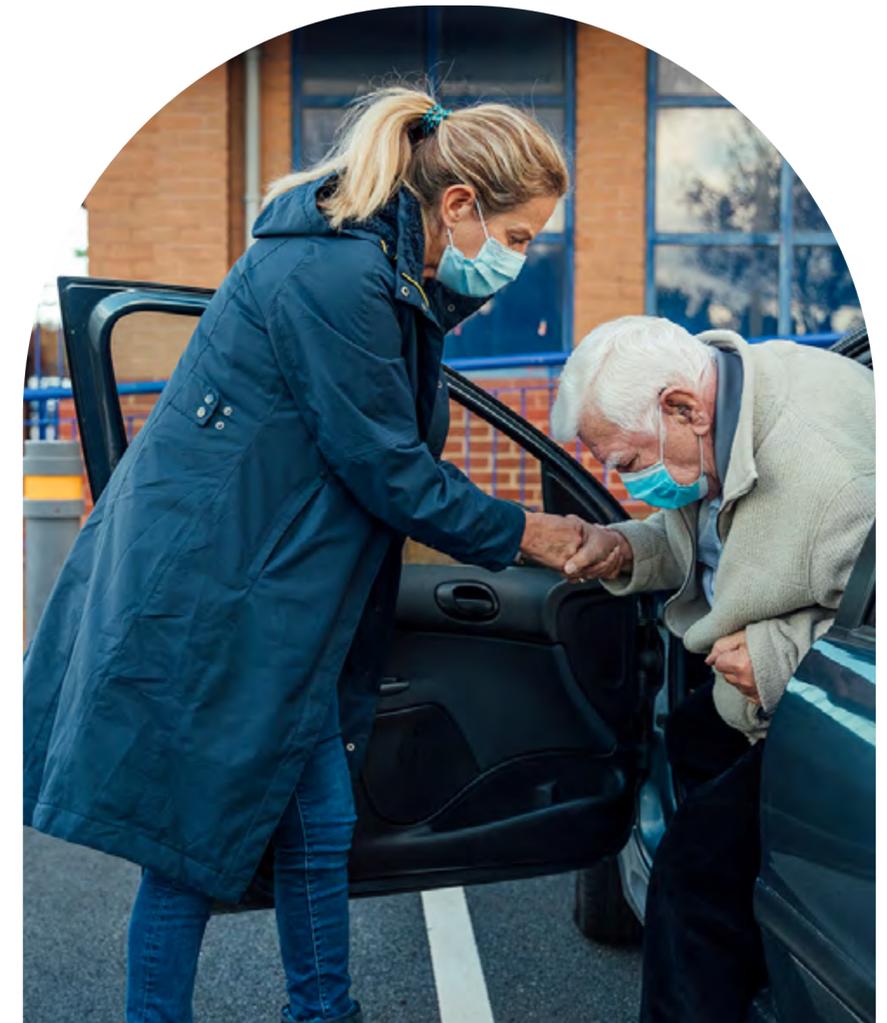
## Context

# Impact of the Pandemic on People With Chronic Diseases

### Preliminary data analysis shows that in Liverpool:

-  2 out of 3 older people (65+) have not had a pulse check this year. Pulse checks are the main method for diagnosing atrial fibrillation and through its management, prevent strokes and other heart diseases.
-  4 out of 10 patients with diabetes have not had their blood pressure checked in 2020-2021. This is a significant growing and at risk population in need of urgent attention.

More data analysis is currently taking place to give a clearer picture of the burden of chronic diseases aggravated by the pandemic in Liverpool. A local plan for risk reduction and recovery is being developed and will encompass a whole system approach to support the development and implementation of more long-term plans for LTCs prevention, with a focus on supporting vulnerable groups with multi-morbidity or co-existing physical and mental health conditions.



What's Next?

## Visible Virals

As part of the ongoing COVID-19 recovery work within Public Health, Culture Liverpool commissioned artists to use high quality and engaging cultural activity to animate, bring to life and educate Liverpool's residents about the city's experience of COVID-19 so far.

Public Health's response to the pandemic has put residents' safety, struggles and mental health at the heart of everything it has done. The City has shown resilience, grit and determination and we would like to dedicate this annual report to every one of Liverpool's residents.

Visual Viral's will engage with our communities and bring to life the highs and the lows of the City's COVID-19 response and how as a City we will keep on fighting.

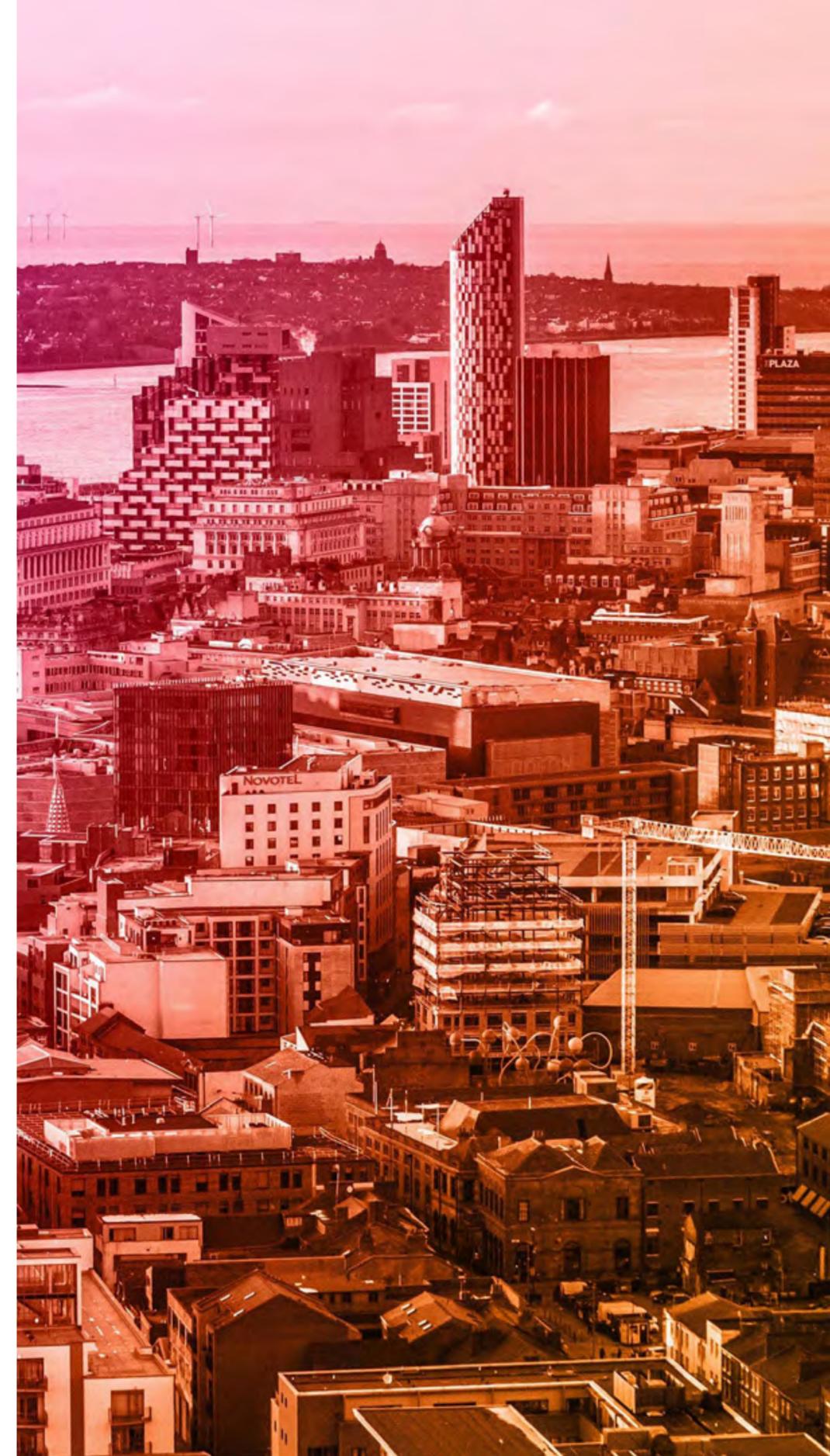


What's Next?

# Recommendations

## 1. We will continue our response to the COVID-19 pandemic by:

-  Communicating information effectively to our community.
-  Continuing to endorse and adopt flexible & agile working policy.
-  Focusing on Long-Term Conditions and improve access to healthcare.
-  Continuing to support those most vulnerable in the community through vaccination and testing.
-  Continuing to try to stop the spread of COVID-19 and its variants through effective contact tracing.
-  Investing substantially in Mental Health support.
-  Raising awareness of suicide as a major Public Health issue through the Reach Out Liverpool campaign.
-  Focusing on addressing inequalities in Long-Term Conditions and improve access to healthcare
-  Learning the lessons from this pandemic to help us prepare for future pandemics



What's Next?

# Recommendations

## 2. We will learn lessons for the next pandemic

-  Help the world prevent, predict, prepare, respond to and recover from Pandemics of the future with the support of the innovative Pandemic Institute based in Liverpool.

## 3. We will work with partners on actions focussed on pandemic recovery and beyond, including...

-  Progressing the strategic partnership ambitions identified in the City Plan to systemically reduce inequalities and improve outcomes for residents
-  Delivering partnership interventions built on the City Plan's principles of early intervention, integrated services, prioritisation according to need, and 'People Power'
-  Strengthening community partnerships by shifting power from institutions to people and communities
-  Embedding the Marmot 6 common themes within all work areas
-  Working in partnership with Cheshire and Merseyside Health Partnership and the Institute for Health Equity, led by Professor Sir Michael Marmot, to achieve Marmot Community Status
-  Maximising the increased profile of Public Health to influence partner interventions and improve outcomes for residents
-  Developing an Integrated Wellbeing Service for the people of Liverpool that takes a holistic approach to health, wellbeing & inequalities
-  Focusing on health issues made worse during the pandemic.

# 2022 Report

A look at the 2022 Public Health Report



2022 Report

# Priorities For 2022

-  To report the impact of the COVID pandemic on Long-Term Conditions in Liverpool.
-  To report the impact of the COVID Pandemic on Morbidity including Multi-Morbidity within the population.
-  To report on the outcome of vaccine hesitancy by the Liverpool School of Tropical Medicine.
-  To report on the innovative and creative ways Public Health work with other departments – such as Arts & Culture and Markets & the Retail sector.

-  To understand the impact of Long COVID and COVID fatigue as we recover from the pandemic.
-  To invest substantially in low level support for Mental Health.
-  COVID pandemic recovery.



# More Information

- ➔ **Local COVID-19 cases by area**
- ➔ **Up to date cases in Liverpool**
- ➔ **Up to date deaths in Liverpool**
- ➔ **Rapid evidence review of direct and indirect impacts of COVID-19 on health and wellbeing**
- ➔ **Liverpool City Council – Help for people and communities**
- ➔ **Liverpool Clinical Commissioning Group – Getting help and support during the pandemic**
- ➔ **Catch up on blogs and information about COVID-19 in Liverpool**
- ➔ **Liverpool City Emergency Management Plan**
- ➔ **Merseyside Community Risk Register**
- ➔ **Liverpool Joint Strategic Needs Assessment**
- ➔ **Public Health reports**
- ➔ **City Plan Liverpool**
- ➔ **One Liverpool Strategy**
- ➔ **Liverpool Equalities Action Plan**
- ➔ **Liverpool Cultural Strategy**
- ➔ **Health Equity Assessment Tool (HEAT)**

# Acknowledgements

## Thanks to the Public Health team

Huge thanks go to all our partners who we have worked alongside in the response to this pandemic, and to those who contributed to this report:

- Alder Hey Children's Hospital
- Everton Football Club
- Healthwatch
- LCC Adult Social Care
- LCC Children & Young People Service
- LCC Communications
- LCC Community Services
- LCC Culture Liverpool
- LCC Digital Services
- LCC Economy
- LCC Environmental and Emergency
- Resilience Unit
- LCC Policy
- Liverpool Clinical
- Commissioning Group
- Liverpool Community & Voluntary Services
- Liverpool Football Club
- Liverpool Medical Committee
- Liverpool Pharmaceutical Committee
- Local faith leaders
- Merseyside Fire & Rescue Service
- Merseyside Police
- North West Ambulance
- Our commissioned services
- School Improvement Liverpool
- St Andrew's Community Network
- UK Health & Security Agency
- University of Liverpool

# Acknowledgements

## List of partners:

- Academy of St Francis of Assisi
- Aintree Primary Care Network
- Alpha Taxis
- Anfield and Everton Primary Care Network
- Anfield Sports and Community Centre
- Arriva North West
- Asda Supermarket, Smithdown Road
- Branded Furniture Outlet, Wavertree
- Brigadier Phillip Toosy Army Reserve Centre, Aigburth Road
- Central Liverpool Primary Care Network
- Childwall and Wavertree Primary Care Network
- Citizens Advice
- ComCabs
- LCC Community Champions
- LCC Culture
- LCC Parking Enforcement Team
- LCC Streetscene, Parks and Greenspaces
- Liverpool Anglican Cathedral
- Liverpool Business Improvement District (BID)
- Liverpool City Region Combined Authority
- Liverpool First Primary Care Network
- Liverpool Harriers Athletic Club
- Liverpool Learning Partnership
- Liverpool Lifestyles Tennis Centre
- Liverpool School of Tropical Medicine
- Liverpool University Foundation NHS Hospital Trust
- Local Solutions, Mount Vernon Green
- Matalan Wavertree
- Mersey Care NHS Trust
- Merseyside Youth Association
- MIRIS International
- Morrisons Supermarket, Belle Vale
- North Liverpool Primary Care Network
- Picton Primary Care Network
- PSS
- Pyramid Events
- Royal Voluntary Service NHS Volunteer Responders
- St Aidens Church Café, Speke
- SWAGGA Primary Care Network
- The Red Cross
- Tiber Football Centre, Lodge Lane
- Toxteth Town Hall, High Park Street
- University of Liverpool