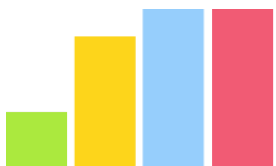# Annual Report of the
Director of Public Health
2022

Hertfordshire Public Health
Evidence & Intelligence

Hertfordshire

FOREWORD

The COVID-19 pandemic has presented unprecedented challenges for colleagues across Hertfordshire County Council, the NHS and the wider local system. Public Health have been at the forefront of our efforts to protect Hertfordshire residents and limit the spread of the virus, working tirelessly over the last two years to respond to an ever-changing situation.

I'm immensely proud of the role played by Hertfordshire County Council in helping vulnerable residents, dealing with individual outbreaks, assisting in the delivery of the testing and vaccination programmes, and supporting professionals across the system with advice, guidance and up-to-date data.

The Annual Report of the Director of Public Health is a statutory document. Our Executive Director of Public Health, Jim McManus, is using his annual report this year to highlight some key numbers showing the impact of the pandemic on the health and wellbeing of our population. It contains some stark statistics about the effect that COVID-19 has already had on Hertfordshire residents, as well as some inspiring accounts from the frontline of our efforts to tackle it.

I applaud the work of all those across so many agencies in Hertfordshire who have been involved in responding to this pandemic and echo the concluding remarks about the importance of ensuring that we keep our eye on the ball and prepare for whatever turn it may take next.

Cllr Morris Bright MBE
Deputy Leader of the Council
Cabinet Member for Public Health & Community Safety
Hertfordshire County Council

PREFACE

"Welcome to my Annual Report for 2022, highlighting the impact of the COVID-19 pandemic on the health and wellbeing of Hertfordshire's population.

Since the pandemic began, over 350,000 people in the county are known to have tested positive for the virus. As well as the loss of life and direct physical health effects, we've seen an indirect impact on mental well-being and an unprecedented strain placed on our health services.

This report presents a selection of key statistics from our COVID-19 JSNA Briefing, as well as casting a spotlight on some of the fantastic local efforts across the system to respond to the pandemic and protect our residents. At the end of the report, you'll find signposts to a suite of infographics at county and district/borough level, and to the full JSNA Briefing."

Prof. Jim McManus, Executive Director of Public Health, Hertfordshire County Council

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INTRODUCTION

COVID-19 is an infectious respiratory disease, caused by the SARS-CoV-2 virus. Cases of the disease were first identified in the Chinese city of Wuhan in 2019 and a global pandemic was declared in March 2020.

How the disease spreads

The virus is spread between people in close proximity when aerosols or droplets that contain the virus enter the body through the eyes, nose or mouth. In indoor spaces with limited or no airflow, aerosols containing the virus may be suspended in the air. Infection may also occur through contact with surfaces which have been contaminated with the virus followed by touching of the eyes, nose or mouth with unwashed hands.

How the virus has changed

All viruses change (or mutate) over time. Most of these changes will make little or no difference to how the virus behaves, but some can alter one or more of its key properties, such as how easily it spreads, the severity of disease, or how well vaccines perform against it. Variants of a virus with one or more of these key changes are classified by the World Health Organization (WHO) as 'variants of concern' (VOCs).

From the outset of the pandemic to February 2022, five VOCs of the SARS-CoV-2 virus were identified:
- Alpha (designated 18 Dec 2020)
- Beta (designated 18 Dec 2020)
- Gamma (designated 11 Jan 2021)
- Delta (designated 11 May 2021)
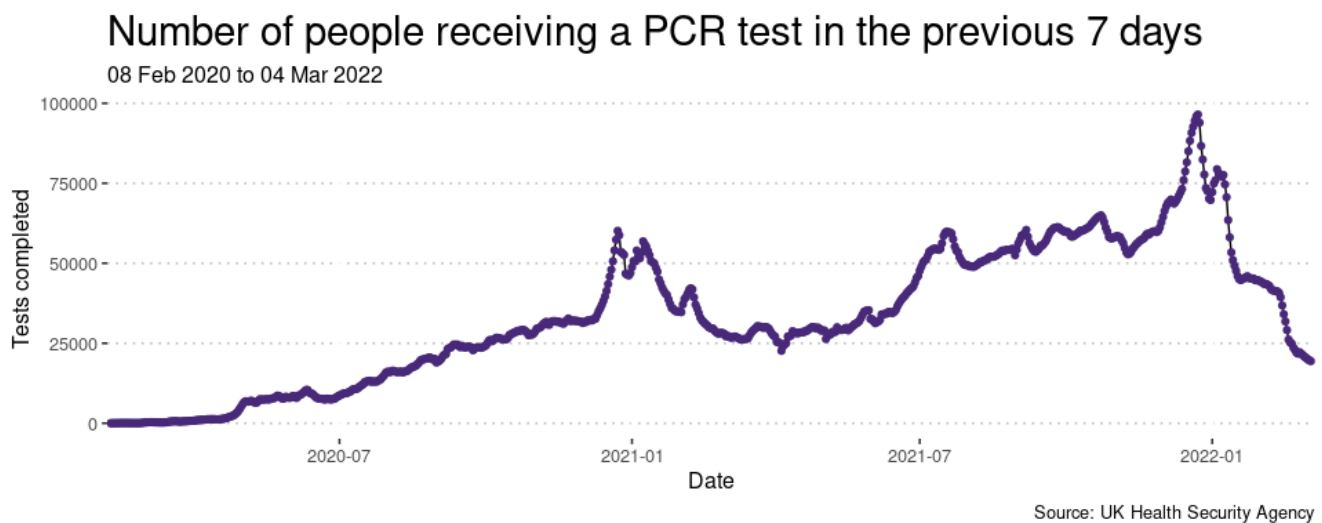- Omicron (designated 26 Nov 2021)

When a particular variant of a virus outcompetes others in terms of spread, it is said to be the dominant variant. Omicron is the dominant variant of SARS-CoV-2 in the UK at the time of writing. It spreads more easily than the previous dominant variant (Delta), but infection with Omicron is less likely to result in hospitalisation.

Responding to the pandemic

The UK response to the pandemic saw the introduction of a range of measures, implemented at various timepoints, to try to reduce COVID-19 infections and deaths. These have included lockdowns, testing, social distancing rules, school closures and travel restrictions, as well as a national vaccination programme.

Our local efforts to respond to the pandemic have involved a wide range of professionals, councillors and volunteers working tirelessly across numerous organisations to limit the spread and impact of the virus as much as possible. Together, our work has involved tracking and predicting the ongoing development of the outbreak, advising the public and local businesses, supporting vulnerable people, providing care to COVID-19 patients and delivering vaccinations to Hertfordshire residents.

By February 2022, our Public Health team had supported the management of almost two thousand separate COVID-19 outbreaks in Hertfordshire, over half of which were in school settings. By mid-March 2022, our residents had undertaken and recorded over 11.3 million tests for the virus and received almost 2.5 million vaccine doses.

Number of people receiving a PCR test in the previous 7 days
08 Feb 2020 to 04 Mar 2022

Source: UK Health Security Agency

Percent vaccinated in Hertfordshire
10 Dec 2020 to 09 Mar 2022

Dose status — First dose — Second dose — Third dose

Source: UK Health Security Agency
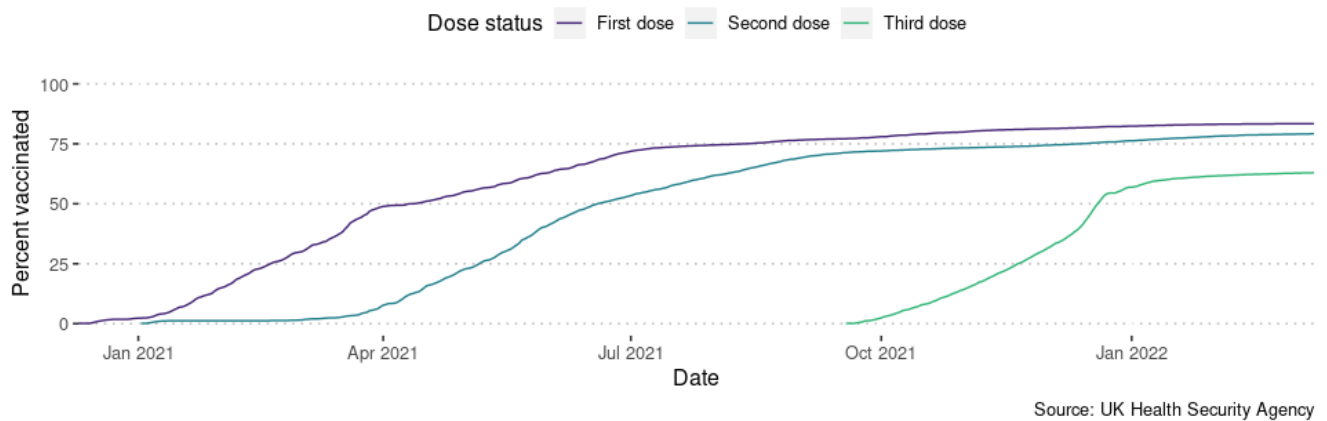
We've described just a few examples of the hard work that's been going on across the county in the case studies throughout this report. You can also find more detail of our local response in the Hertfordshire COVID-19 Local Outbreak Plan.[†]

[†] https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/what-our-priorities-are-and-how-were-doing/local-outbreak-plan.aspx

ROADMAP OF SELECTED MILESTONES

31 Dec 2019
WHO alerted to 'pneumonia' cases with unknown cause

28 Feb 2020
1st known Hertfordshire case

23 Mar 2020
1st national lockdown begins

29 Feb 2020
Strategic Coordination Group stood up

23 Mar 2020
NHS East and North Herts CCG perform basic modeling

28 May 2020
NHS Test and Trace goes live

1 May 2020
Public Health Epidemiology Team begin regular local modelling

July 2020
COVID-19 Surveillance Dashboard produced

5 Nov 2020
2nd national lockdown begins

8 Dec 2020
First vaccine dose administered

8 Jan 2021
Return to face-to-face education in schools and colleges

4 Jan 2021
3rd national lockdown begins

May 2021
Use of Microsoft Dynamics allows for live outbreak management

Sept 21
Booster vaccination programme commences

National   Hertfordshire

CASE STUDY: TARGETED COMMUNITY TESTING WITH 'THE CARAVAN QUEENS'

Through the Targeted Community Testing programme, Hertfordshire County Council's Public Health Service distributed lateral flow device (LFD) home test kits to populations disproportionately impacted by COVID-19 and under-represented through universal testing channels. Disproportionately impacted populations include:

- people who are at higher risk of serious illness if infected with COVID-19, such as the clinically vulnerable
- communities who are disproportionately impacted by the indirect impact of COVID-19, such as those at risk of losing income when self-isolating

Under-represented populations are those who were not adequately served by universal testing channels and so were 'hidden' from testing data. This includes those reluctant to engage or those who faced barriers to testing.

Public Health's COVID-19 testing team first engaged with Hertfordshire's Gypsy and Traveller communities in March 2021. As well as arranging for the Auxiliary Bishop of Westminster to visit Gypsy and Traveller sites and encourage testing, they teamed up with two Traveller sisters, known as 'The Caravan Queens', who have a large following on TikTok, YouTube and Instagram. The team worked with the Caravan Queens to put out positive and engaging messages about testing through their social media channels, helping to improve uptake. Altogether, the team successfully distributed over 1,200 LFD test kits across the county's 55 Gypsy and Traveller sites, where approximately 1,600 people live.

CASE STUDY: HERTFORDSHIRE'S PLACE-BASED APPROACH TO VACCINATIONS

With COVID-19 vaccination being hailed as the silver bullet to ending the pandemic, a number of national and local organisations worked together to maximise overall uptake and minimise inequalities in vaccination status. Often, individuals and communities most at risk from infection and serious illness are those least represented at vaccination centres.

In the early part of 2021, the Hertfordshire COVID Vaccination Health Inequalities Group was set up, with representatives from the NHS, Public Health, Adult Care Services and the voluntary sector. Chaired jointly by Public Health and the NHS, the group was tasked with maximising vaccine uptake among vulnerable groups. This included the Gypsy and Traveller community, the homeless, ethnic minority groups, people with learning disabilities, people with mental health issues, substance misusers and other vulnerable individuals.

The Vaccination Health Inequalities Group was pivotal in ensuring all vulnerable groups were identified, vaccine uptake was known and barriers to uptake were understood so that delivery could be tailored to their needs. Work was undertaken to increase people's confidence in the vaccine, answer any questions they had about its safety and deliver the vaccine at an appropriate time and place for them. Interventions included social media messages; webinars

for care home staff and pregnant women; community engagement with ethnic minority groups with faith leaders; funding for the voluntary sector to support local groups and communities with taking up the vaccine; and pop-up clinics in areas of low-up take, mosques, homeless centres and the local university.

Local knowledge to deliver a placed-based approach

Once adequate COVID vaccination data became available, it was clear that there was disparity in uptake by place, with a gap of around 20% between the lowest and highest Middle Super Output Areas. Although there were some exceptions, vaccine uptake tended to be lower in areas with higher ethnic diversity or a greater proportion of lower occupational class jobs.

Recognising that a good understanding of local demographics, links into the community and community engagement were critical to success, place-based approaches to vaccinations evolved through district and borough councils. District and borough councils' involvement in improving vaccination uptake has been diverse, including mapping demographics and vaccine uptake to understand need; supporting social media; handing out vaccine information leaflets; talking to communities; setting up a district vaccine hotline; and developing pop-ups in areas of need and roving vaccination models to visit workplaces, such as Amazon, Aldi and Post Office HQ. District and borough councils have also been vaccine tracing - telephoning unvaccinated residents to understand and break down any barriers to vaccination, ensuring everyone who wants a vaccination receives one. Targeted health information sharing and health improvement initiatives aligned to district and borough council Healthy Hub programmes, such as blood pressure checks, were also delivered alongside COVID vaccinations.

This place-based approach, with the local authority-NHS partnership sitting within the heart of local partnerships, has set a precedent for future collaboration and its establishment is already facilitating our approach for the wider health inequalities agenda.

COVID-19'S UNEQUAL IMPACT‡

Early on in the pandemic, it was clear that health inequalities were being exacerbated by the spread of the disease. COVID-19 deaths and severe outcomes have disproportionately impacted certain groups, including older age groups, males, people with mental health conditions or disabilities, people from deprived areas, people in care homes and people from minority ethnic groups.

Age	Sex	Deprivation
Rates of infection have been highest in younger age groups but the risk of hospitalisation from the disease increases with age	Early data showed working age males diagnosised with COVID-19 were twice as likely to die as females	Early data showed rates of COVID-19 diagnosis and death were notably higher among those living in deprived areas

Ethnicity	Occupation	Co-morbidities
Most minority ethnic groups have experienced higher rates of death from the disease, largely accounted for by inequalities in related health factors	Men and women working certain jobs (taxi/bus driver, construction, nursing assistant) had higher rates of death from COVID-19	People who died with COVID-19 were more likely to also have common comorbidities than those who died without COVID-19

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‡
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

DIRECT HEALTH IMPACTS OF COVID-19

Cases

- The first case of COVID-19 in Hertfordshire was confirmed on the 3rd of February 2020.
- Between that date and the 9th of March 2022, there were 354,595 identified cases.
- In both 2020 and 2021, daily cases peaked over the Christmas and New Year period, with 2,399 on the 29th of December 2020 and 4,894 on the same date in 2021.

COVID-19 cases over time

03 Feb 2020 to 09 Mar 2022
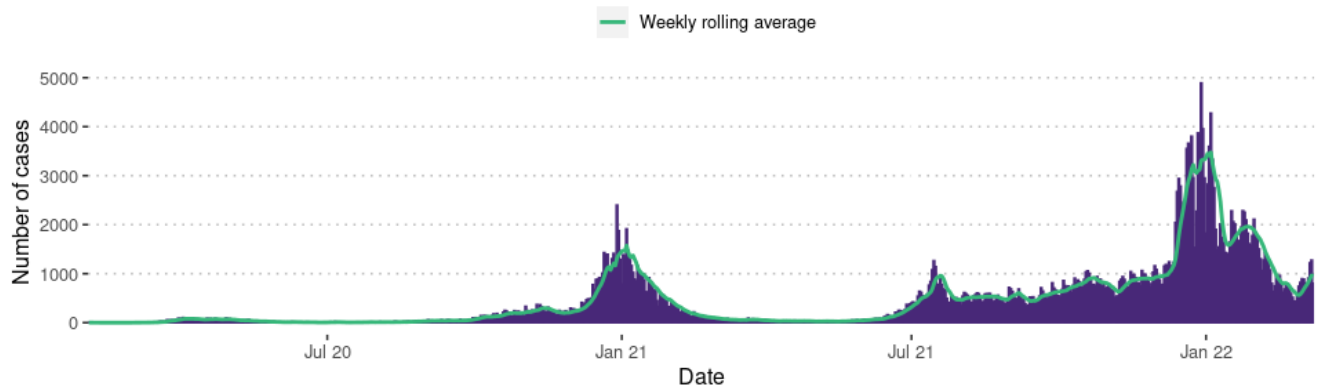
Source: Public Health England

Hospital admissions

- Across East and North Herts NHS Trust and West Herts NHS Trust, COVID patients accounted for 70,408 bed days by the 8th of March 2022.
- Bed occupancy peaked in January 2021, with more than 20% of all bed usage occurring in the month.

COVID patients total bed occupancy
20 Mar 2020 to 08 Mar 2022

Hospital trust ▮ ENH ▮ WH ▮ Weekly rolling average


Source: Public Health England
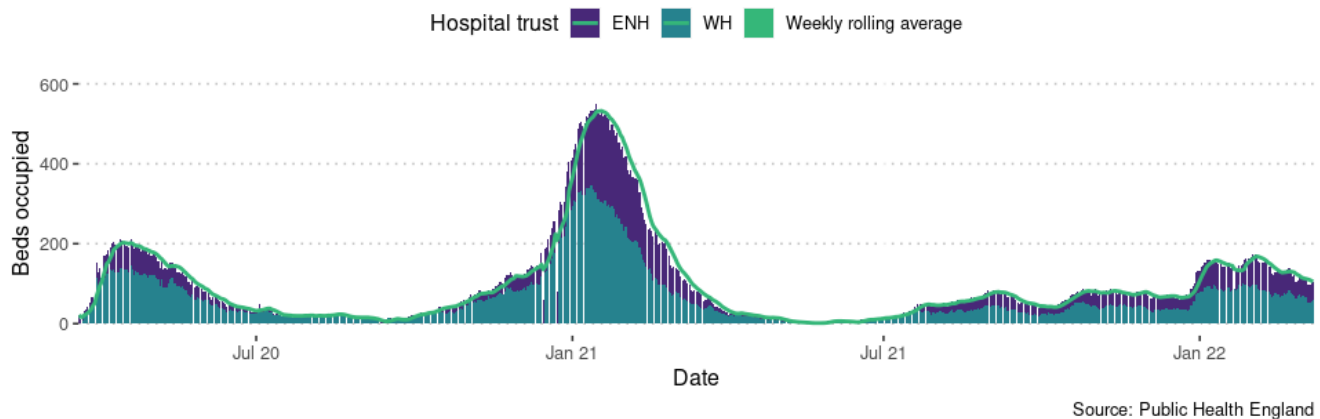
Deaths

- From the 9th of March 2020 to the 9th of March 2022, there were 2,924 deaths within 28 days of a positive COVID-19 test.

- Two large peaks occurred in April 2020 and January 2021, accounting for almost half of all COVID-19 deaths within Hertfordshire over the two-year period.

Deaths within 28 days of a positive test
09 Mar 2020 to 09 Mar 2022

— Weekly rolling average

Source: Public Health England
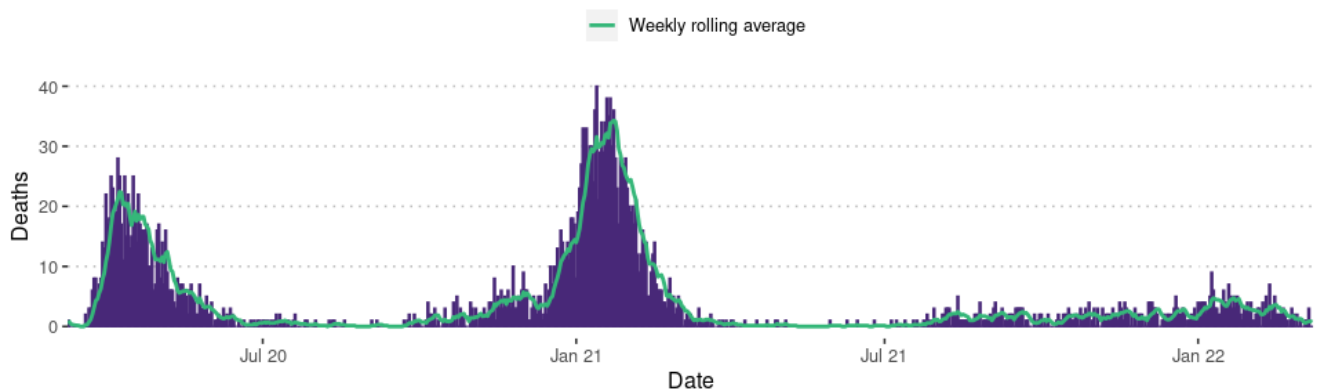
Long COVID

- In January 2022, an estimated 2.1% of the UK population were experiencing 'long COVID' – a term referring to ongoing COVID-19 symptoms that remain more than 12 weeks after the infection. 63% of those with long COVID report that the symptoms adversely affect their daily activities and 18% report that it severely limits their activities.

- Based on this national figure, it is estimated that around 25,000 Hertfordshire residents could be affected by long COVID.

- Hertfordshire's Clinical Commissioning Groups (CCGs) have put in place pathways for the triage, assessment and treatment of long COVID, based on national guidance.

- Between February and September 2021, NHS Herts Valleys CCG's long COVID services had 1,041 referrals and accepted 629 of these. In the same period, NHS East and North Herts CCG's long COVID services had 683 referrals, of which 467 were accepted.

CASE STUDY: THE COVID-19 CARE HOMES OUTBREAKS CELL

Hertfordshire's COVID-19 Care Homes Outbreaks Cell was established in March 2020 to:

- provide strategic oversight on the number of cases, number of deaths and staffing levels across all the care homes and supported living sites in Hertfordshire
- support care settings in an outbreak to keep their residents safe
- coordinate and expedite clinical advice and support about infection control to care settings
- review national guidance and policy, identify gaps and support local implementation across care settings
- provide a link with all the other operations hubs, in particular the Provider Hub
- provide a point of escalation to system governance forums

The cell brought together representatives from a number of agencies to ensure a consistent and joined-up approach:

Adult care services	Public Health Hertfordshire	Hertfordshire Care Providers Association	Care Quality Commission	Clinical Commissioning Groups
Hospices	Health community trusts	Mental health trust	East of England Ambulance Service	111
	General Practice	UKHSA	District councils	

Strong engagement and communication links were established with care providers, allowing accurate and timely information to be gathered, and speedy and proactive interventions to be put in place in response to outbreaks.

A multi-agency approach to care home visitor guidance

After the Department of Health and Social Care issued the first care home visitor guidance in July 2020, the Public Health Service and Adult Care Services wrote a framework taking a risk-based, positive approach to managing visitors to care homes. Webinars were held with Carers in Herts and care providers to listen to their concerns and to explain the guidance and rationale behind the decisions. Regular meetings were held by the county council with family members, The Alzheimer's Society and Carers in Herts to listen to the reality of what residents were experiencing. The teams worked with care homes to support them to implement the guidance and the CCGs distributed iPads to every care home to support virtual contact.

CASE STUDY: HERTFORDSHIRE'S COVID INFORMATION CHAMPIONS

This project was run by Community Help Hertfordshire (CHH), a partnership between Hertfordshire County Council and Community Development Action (CDA) Herts, a voluntary sector organisation. It was conducted at a time when national lockdown policies were imposed as a mechanism to fight the spread of the virus and buy time to develop and administer a long-term solution. The relentless news cycle around COVID-19 exacerbated residents' anxiety about an uncertain future, medically, politically and financially.

The purpose of this project was to disseminate key Hertfordshire Public Health messages about the vaccine and health protective behaviours against COVID-19 to counteract the rapidly spreading misinformation. This was delivered through COVID Information Champions (CICs) – trusted members of local communities who were identified by CHH as suitable leaders to work with. CHH was responsible for training the CICs to ensure that the correct public health messages and knowledge were delivered in an appropriate and effective way to friends, family, colleagues and local community groups.

Communication messages about health protective behaviours and the COVID vaccine were created by Hertfordshire County Council's Public Health Service and communications team.

These messages were circulated to CHH on a weekly basis, who then worked with CICs to tailor the messages to suit local communities' needs. This included translating and identifying suitable methods to deliver the messages to reach the targeted audiences.

Feedback on the messages from the local communities was also regularly sought through the CICs to assess the effectiveness of the messages. This information was then fed back to Public Health and the communications team at Hertfordshire County Council. Tailoring information to suit the needs of the CICs' local communities helped to build trust, which encouraged adherence to health protective behaviours disseminated through appropriate media channels, such as WhatsApp groups.

The project was evaluated by the Research and Evaluation team in Hertfordshire's Public Health Evidence and Intelligence Service (PHEI). The evaluation found that racialised communities and socially marginalised groups engaged better with COVID-19 health protective behaviours and were more receptive to the vaccine if the information was disseminated through trusted community networks. It concluded that providing timely correct information addressing concerns framed in a sensitive and non-judgmental manner tailored to the needs of diverse groups, including translating and disseminating them through CICs, was of critical importance to increasing vaccine uptake in these cohorts.

This case study draws on an evaluation report compiled by Khadija Mohamud, Research & Evaluation Officer and Dr Jo Mackenzie, Strategic Research & Evaluation Lead. To find out more, contact: ph.evaluation@hertfordshire.gov.uk

INDIRECT HEALTH IMPACTS OF COVID-19

In addition to the direct effects of the disease itself on people's health, some of the measures required to limit its spread and ensure that care could be provided to COVID-19 patients have also had a negative impact on health outcomes.

Health behaviours

- Research has indicated that national lockdowns led to increases in some negative health behaviours, including smoking and high-risk drinking.
- In England, there was a 35% increase in smoking prevalence among 18-34-year-olds during the first lockdown, although attempts to quit smoking also increased by 48% among the same group.
- Research showed that being a current smoker increased the odds of severe COVID-19 by 58% and COVID-19 death by 35%.
- The pandemic was also associated with an increase in physical inactivity in England. Between November 2019 and November 2020, levels of activity in men initially dropped more than in women, but the drop in women's activity was sustained for longer.
- There was a larger drop in activity among people in lower socio-economic groups than among those in higher groups.

Hospital waiting times

- Hospital waiting times have been hugely affected by a combination of staff absences (due to illness and self-isolation) and the need to reserve healthcare resources for the treatment of an influx of COVID-19 patients in the early stages of the pandemic.
- In the 11 months leading up to the beginning of the pandemic, the median waiting times for treatment for NHS East and North Herts CCG and NHS Herts Valleys CCG were 8.1 weeks and 7.2 weeks, respectively.
- The median waiting time for both CCGs peaked at over 17 weeks in June 2020. Between April 2019 and October 2021, the average monthly median waiting times for NHS East and North Herts CCG and NHS Herts Valleys CCG were 12.5 and 10.5 weeks, respectively.

- Nationally, the pandemic has interrupted cancer screening programmes. This is expected to lead to delayed cancer diagnoses and an increase in avoidable cancer deaths.

Median waiting time over time
Apr 2019 to 2021-10-01

Source: NHS England
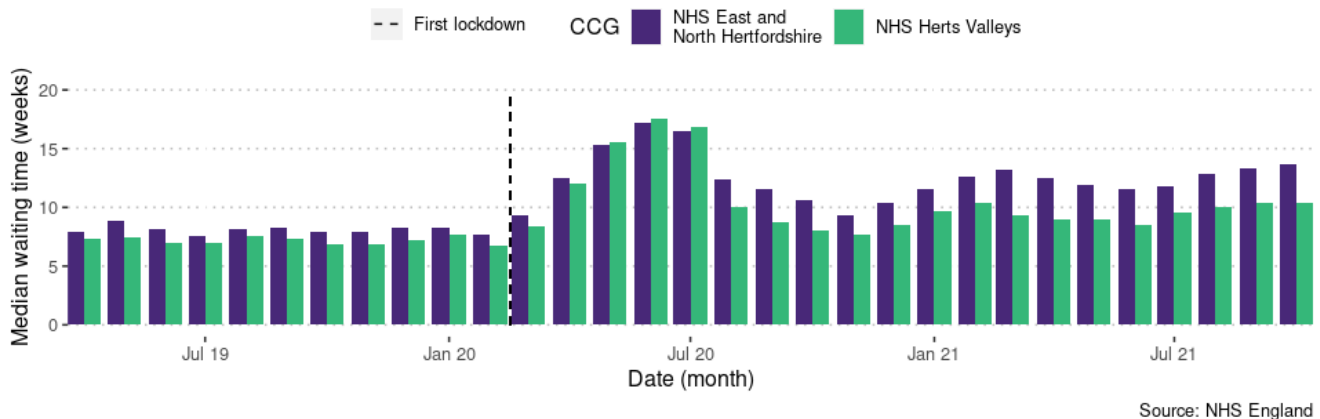
Mental health§

- Prior to the emergence of COVID-19, we had already seen a steady rise in the prevalence of depression and anxiety among over-18s in England. The pandemic then created a set of conditions which were conducive to a deterioration in mental health and wellbeing, including social isolation, anxiety, bereavement, unemployment, and financial uncertainty and hardship.

- Some groups were found to be more likely to experience poor or deteriorating mental health, including women, young adults, adults with pre-existing mental or physical health conditions, adults experiencing loss of income or employment, adults in deprived neighbourhoods, some ethnic minority populations and those who experienced local lockdowns.

- Those who felt lonely, felt a lack of control over their lives, who found uncertainty difficult or who were anxious about death were also more likely to experience worse or deteriorating mental health.

- A UK study found that the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020 and 24.5% in late-March 2021.

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§ https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far

- Research also showed that older adults who were recommended to shield were more likely to report higher levels of depression, anxiety and loneliness in June and July 2020 than people of a similar age who were not recommended to shield. Rates were highest in those who were recommended to shield and strictly complied with that guidance.
- Some evidence suggests that adults who had COVID-19 symptoms experienced higher levels of psychological distress than adults who had not had symptoms, with the impact lasting up to 3 months afterwards.
- A 2021 survey of Hertfordshire school pupils found that 30.4% worried about COVID-19 and 28.6% were less satisfied with their lives than they were before the pandemic.
- Between April 2019 and November 2021, the proportion of people aged 18 and under that were in contact with Hertfordshire mental health services increased by around a third to 2.74%.

Mental health service contacts registered with a Hertfordshire CCG
Apr 2019 to Nov 2021

Age group — 18 and under — 19 to 64 — 65 and over -- First lockdown
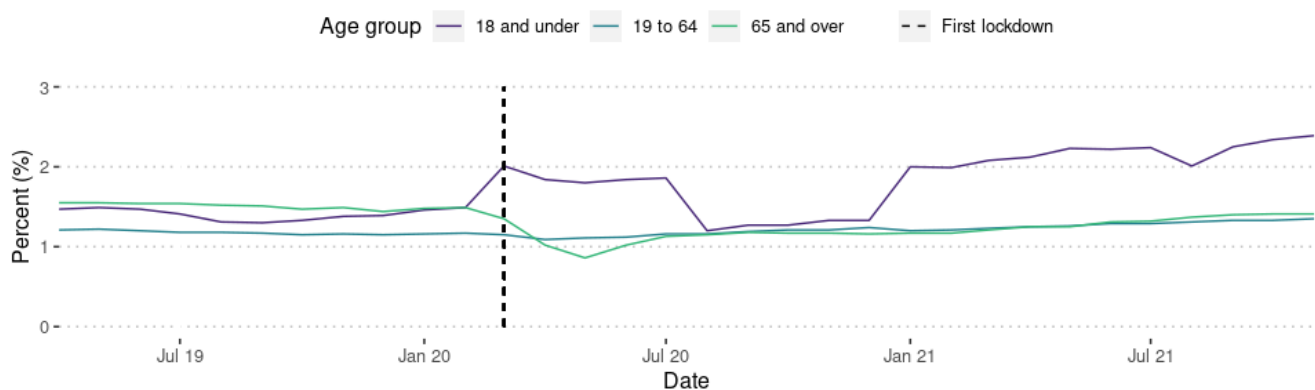
Source: NHS Digital

CASE STUDY: HERTFORDSHIRE INDEPENDENT LIVING SERVICE

When COVID-19 hit, Hertfordshire benefitted from having a thriving voluntary, community, faith, and social enterprise (VCFSE) sector which was already delivering preventative support for vulnerable people. VCFSE organisations are often best-placed to tackle certain issues on the ground and deliver support to people who are vulnerable, hard-to-reach, or in crisis, because of the relationships and trust they've already built-up. Hertfordshire Independent Living Service (HILS) has helped to deliver an essential crisis response to Hertfordshire residents by supplementing statutory support.

The pandemic brought unprecedented challenges and immense sadness for many of HILS' clients, colleagues and their loved ones. For many older people in Hertfordshire, 'meals on wheels' deliveries from HILS became the only constant in their lives, with their Community Team members being the only friendly faces they saw on a regular basis. Even when HILS were forced to suspend some of their other services, teams continued to call their clients, undertake doorstep or garden visits, and send them gifts to let them know that they were valued and cared for.

Looking forward, we are now seeing additional health and social needs resulting from the pandemic, which underlines the importance of prioritising prevention and community support.

Michael's story

91-year-old Michael lives alone with mild dementia. Thanks to his meals on wheels, Michael was able to look after himself independently throughout the first lockdown, but he was losing confidence in his physical mobility and had fallen several times. Without any local relatives, he relied on a neighbour for support and was feeling isolated when he joined the HILS Active Ageing programme in October. With help from his instructor, Charlotte, Michael began receiving chair-based exercise sessions over video call as part of a trial aiming to broaden access to the programme. The exercises helped Michael to improve his strength and confidence walking, while the regular video calls established a routine. "These exercises kept me alive", said Michael. "My mobility makes life worth living." Charlotte also helped Michael with simple but important things, like writing down the dates of the November lockdown, or calling to remind Michael of his second COVID vaccination. She also set him up on the Compassionate Neighbours scheme to make sure he had regular contact from people nearby.

In June, Michael received a HILS Mental Health Wellbeing Pack and was such a fan of the colouring book that he ran out of ink in his colouring pens (the team sent out some new pens and another colouring book to keep him going). Before starting with Active Ageing, Michael had never used a tablet before and wasn't sure if he would get on with this unfamiliar new technology. By by the end of his programme, he decided to purchase his own tablet so he could video call his sister-in-law, Sue, who he hadn't seen since March. Today, Michael is still living independently at home and goes down to the shops every day for his exercise. He also calls Sue regularly on his new tablet.

CASE STUDY: CARERS IN HERTFORDSHIRE
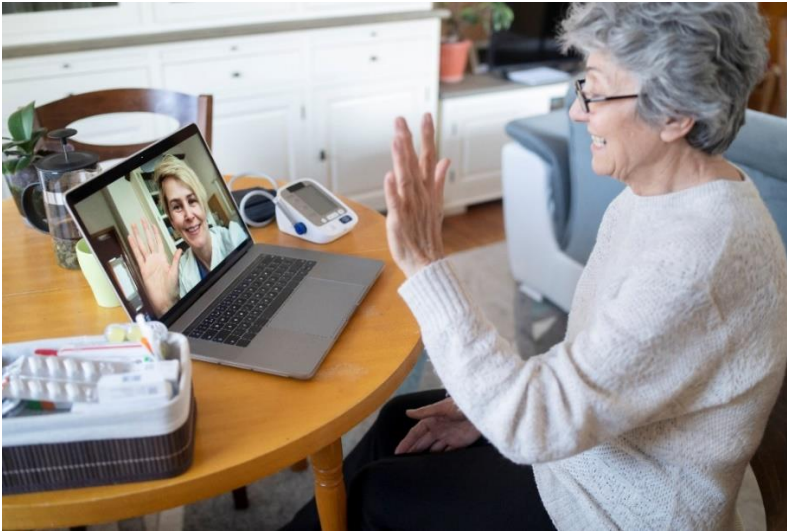
Carers in Hertfordshire provides advice, information and support to unpaid carers - people looking after someone who is elderly, disabled, has a physical or mental illness, or who misuses drugs or alcohol. Being a carer can be very isolating and the support and guidance provided by organisations like Carers in Hertfordshire proved an essential lifeline during the pandemic. As well as information and advice, they provided free online workshops, ideas to increase personal resilience and self-isolation activity suggestions.

"Life during the coronavirus has had its positives and negatives. Health appointments were less stressful as we didn't have to travel because they were over the phone or video call. Shielding was challenging, as was explaining to my oldest son why he was limited in going out and why services he accesses were closed. Over my years of caring, services such as Carers in Hertfordshire have helped. You can feel isolated as a carer and it's great to have an organisation like Carers in Hertfordshire to turn to for information or advice." **Frankie - carer to a number of relatives for nearly 30 years, including her two sons, aged 28 and 12, who have a range of complex health needs and learning disabilities.**

"I enjoy the activities Carers in Hertfordshire's Young Carers Service organise, they enable me to try new things and I have made some friends who are young carers like me." **Freya - a young carer providing emotional and practical support to a family member with cystic fibrosis.**

WIDER IMPACTS OF COVID-19

As well as the impact on health and access to healthcare, the measures taken to control the pandemic had a knock-on effect on employment, financial security and education – all of which are known to influence health in the longer term.

Economic impact

There was a clear increase in the number of people claiming unemployment-related benefits from April 2019 to October 2021.

Number of people claiming unemployment-related benefits
Feb 2019 to Aug 2021

A 150.4% increase since the first lockdown
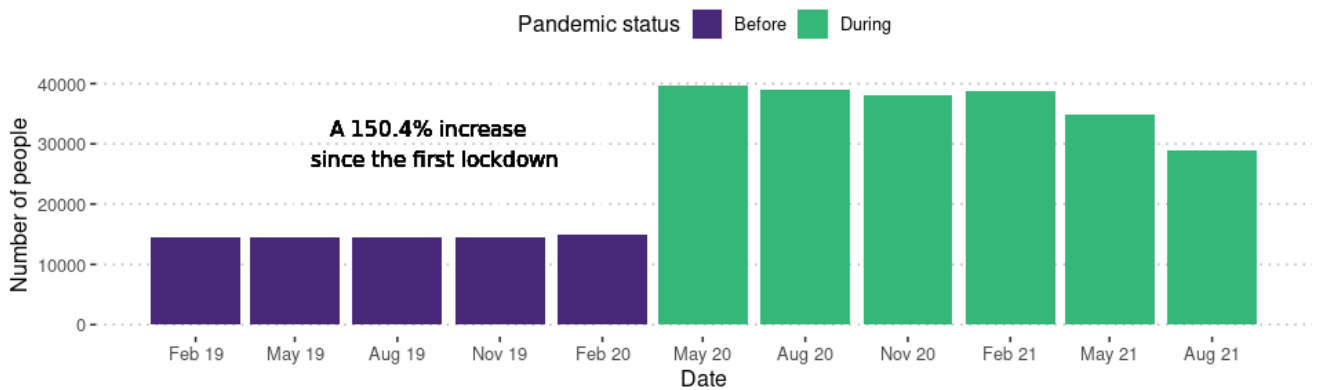
Source: Department of Work and Pensions Alternative Claimant Count

In March 2020, male unemployment in Hertfordshire stood at 4.9%, while female unemployment was much lower at 2.6%. By June 2020, the total unemployment rate rose to a five-year high of 4%, with the rate being the same for males and females. In June 2021, the total unemployment rate reached 4.1%, with a rate of 4.4% for males and 3.8% for females.

Percent unemployed in Hertfordshire
Dec 2016 to Jun 2021
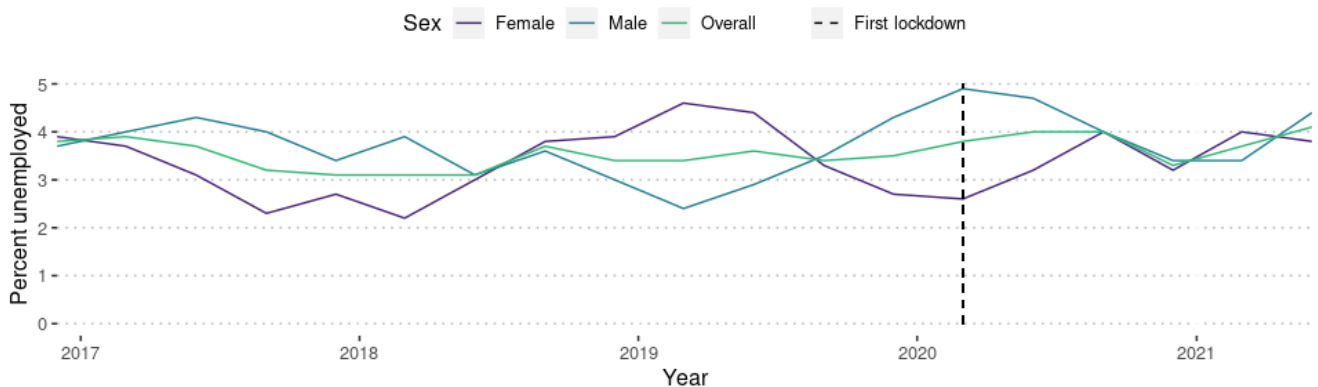
Source: ONS, Annual Population Survey

Education

Schools and educational settings have been impacted greatly throughout the pandemic. A 2021 survey found that 40% of pupils in Hertfordshire had missed school due to COVID-19. Self-isolation of staff and pupils led to full and partial school closures, often preventing parents and carers from working, as well as disrupting pupils' education. National lockdown restrictions also created substantial periods when pupils did not have access to in-person teaching. Once in-person teaching was available, it remained affected by localised outbreaks and clusters in school settings. By March 2022, there had have been over a thousand reported COVID-19 outbreaks in Hertfordshire schools.

The most recent Ofsted report into the impact of the pandemic found that children who were hardest hit by school closures and restrictions regressed in some basic skills and learning. Some young children, who were previously potty-trained, lapsed back into nappies, particularly those whose parents were unable to work flexibly. Older children lost stamina in their reading and writing, some lost physical fitness and others showed signs of mental distress, including an increase in eating disorders and self-harm.

CASE STUDY: THE COVID-19 SCHOOLS CELL

Led by Public Health and Children's Services in the county council, the Hertfordshire COVID-19 Schools Cell was set up to limit the spread of the disease in early years and school settings, and to minimise disruption to face-to-face education and childcare as much as possible.

Hertfordshire County Council offers early years and educational settings a full package of support and advice to reduce COVID-19 transmission. The Schools Cell has provided advice, support, and a process for local education settings to follow when an outbreak threshold is reached. When requests are received by the Schools Cell, settings are assigned a Response Coordinator who contacts them by phone to offer advice and support. The Response Coordinator works with the setting to review the organisation's Outbreak Management Plan and Risk Assessment. Advice and support are offered as appropriate, including:

- infection prevention and control
- vaccine hesitancy support
- events risk assessments
- specialist education-related support
- communications to parents and carers

New and ongoing outbreaks are reviewed at daily meetings of the School Cell, when any concerns connected to the setting are discussed and recommendations for additional specific actions are agreed.

FINAL THOUGHTS

"I hope you've found this report informative and that the case studies have given you a useful glimpse into a small fraction of the work that's been going on across the local system to protect our residents and respond to their needs since the beginning of the pandemic.

While the national restrictions have now been lifted, we must continue to work hard to support those who continue to be affected by the direct and indirect impacts of the disease and ensure that we're adequately prepared for any potential future waves that might result from the emergence of new variants.

The data we've highlighted in this report is just a taste of what can you find in our local COVID-19 dashboard and JSNA COVID-19 Pandemic Briefing. Details of where to find these and other resources are included on the next page.

Finally, I'd like to extend my heartfelt thanks to the countless professionals and volunteers who have given so much over the last two years, under exceptionally challenging circumstances, to fight the spread of this disease and deliver services to the people of Hertfordshire."

Prof. Jim McManus, Executive Director of Public Health, Hertfordshire County Council

WHERE TO FIND OUT MORE

Hertfordshire COVID-19 infographics

To accompany this report, we have produced a set of infographics showing key statistics on the pandemic for the county and each of the lower tier local authority areas. Each infographic can be downloaded as an individual PDF.

You can find them in the DPH Annual Report section on the Hertfordshire Health Evidence website by going to hertshealthevidence.org or scanning the QR code opposite.

Herts Health Evidence

COVID-19 JSNA Briefing

Hertfordshire's Joint Strategic Needs Assessment (JSNA) looks at the specific health and social care needs of our local population and highlights areas of inequality. It helps public bodies decide what type of local services to commission.

This report has been produced using evidence and statistics presented in the Hertfordshire COVID-19 Pandemic JSNA Briefing. You can read the JSNA Briefing by going to hertfordshire.gov.uk/jsna or scanning the QR code below.

The briefing looks at evidence on factors associated with the spread of COVID-19 and the effectiveness of different **public health measures** to reduce it. There's also an-depth examination of the **direct and indirect impact of COVID-19 on Hertfordshire residents and services,** and **Hertfordshire-specific recommendations** broken down into specific target areas.

COVID-19 JSNA Briefing

Every JSNA going forward for the foreseeable future will include a section on COVID-19, exploring any relevant impact of the pandemic on our local population and services.

Hertfordshire COVID-19 public dashboard

Hertfordshire Public Health Evidence & Intelligence have produced a public online dashboard which anyone can use to explore basic data on COVID-19 cases, deaths, hospitalisations and vaccination uptake in the county.

You can access the dashboard by going to http://tinyurl.com/2p9dpnzz or scanning the QR code opposite.

COVID-19 public dashboard

UK government COVID-19 dashboard

The national government COVID-19 data site includes a dashboard with interactive maps. You can look at key statistics at national level or drill down into local authority areas.

Go to coronavirus.data.gov.uk or scan the QR code opposite.

National COVID-19 dashboard