

Agenda

Health and wellbeing board

Date: **Monday 8 March 2021**

Time: **2.30 pm**

Place: **Online meeting**

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Notes: For any further information please contact:

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairperson	Councillor Pauline Crockett	Herefordshire Council
Vice-Chairperson	Dr Ian Tait	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Hayley Allison / Julie Grant	NHS England
	Jo-anne Alner	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Chris Baird	Herefordshire Council * ¹
	Richard Ball	Director for economy and place
	Chris Burdon	Herefordshire and Worcestershire Health and Care NHS Trust
	Dr Mike Hearne	Taurus Healthcare
	Councillor David Hitchiner	Herefordshire Council
	Rebecca Howell-Jones	Director of public health
	Jane Ives	Wye Valley NHS Trust
	Councillor Felicity Norman	Herefordshire Council
	Ivan Powell	Herefordshire Safeguarding Adults Board
	Ian Stead	Healthwatch Herefordshire
	Superintendent Sue Thomas	West Mercia Police * ¹
	Nathan Travis	Hereford & Worcester Fire and Rescue Service
	Councillor Ange Tyler	Herefordshire Community Safety Partnership
	Stephen Vickers	Director for adults and communities

Notes

*¹ The director for children and families and the superintendent for Herefordshire of West Mercia Police also represent the Safeguarding Children and Young People in Herefordshire Partnership.

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES</p> <p>To receive details of any member nominated to attend the meeting in place of a member of the board.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest in respect of schedule 1, schedule 2 or other interests from members of the board in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 7 December 2020.</p> <p>HOW TO SUBMIT QUESTIONS</p> <p><i>The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 2 March 2021.</i></p> <p><i>Questions must be submitted to councillorservices@herefordshire.gov.uk. Questions sent to any other address may not be accepted.</i></p> <p><i>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved</i></p>	9 - 12
5.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public.</p>	
6.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive any written questions from councillors.</p>	
7.	<p>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT</p> <p>The purpose of this report is to present the 2020 Director of Public Health (DPH) annual report and to seek the support of the Health and Wellbeing Board in implementing the recommendations. The report identifies key areas for action to tackle some of the societal impacts of COVID-19.</p>	13 - 50
8.	<p>DATE OF NEXT MEETING</p> <p>The next scheduled meeting is Monday 7 June 2021 at 2.30 pm.</p>	

The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the health and wellbeing board, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of COVID-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at www.youtube.com/HerefordshireCouncil

The recording of the meeting will be available shortly after the meeting has concluded through the relevant health and wellbeing board meeting page on the council's website at <http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=599>

You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to observe 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.

**The Seven Principles of Public Life
(Nolan Principles)**

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Minutes of the meeting of Health and wellbeing board held online on Monday 7 December 2020 at 10.00 am

Members	Jo-anne Alner	Managing director	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Chris Baird	Director for children and families	Herefordshire Council
	Chris Burdon	Chair	Herefordshire and Worcestershire Health and Care NHS Trust
	Councillor Pauline Crockett (Chairperson)	Cabinet member - health and adult wellbeing	Herefordshire Council
	Dr Mike Hearne	Managing director	Taurus Healthcare
	Councillor David Hitchiner	Leader of the Council	Herefordshire Council
	Rebecca Howell-Jones	Acting director of public health	
	Councillor Felicity Norman	Cabinet member - children and families and deputy leader	Herefordshire Council
	Amy Pitt	Assistant director talk community programme	Herefordshire Council
	Ian Stead	Chair and director	Healthwatch Herefordshire
	Dr Ian Tait (Vice-chairperson)	Chair	NHS Herefordshire and Worcestershire Clinical Commissioning Group
	Marc Willimont	Acting assistant director for regulatory, environment and waste services	Herefordshire Council

In attendance: Mandy Appleby Assistant director for adult social care operations
 Ben Baugh Democratic services officer
 Kate Coughtrie Deputy solicitor to the council
 Andrew Lovegrove Acting deputy chief executive / chief finance officer
 Jenny Preece Governance support assistant
 Paul Smith Assistant director all ages commissioning
 Councillor Yolande Watson Cabinet support member - adults and communities

1. APPOINTMENT OF VICE-CHAIRPERSON

The council's constitution required that one of the board members representing NHS Herefordshire and Worcestershire Clinical Commissioning Group be appointed vice-chairperson annually by the board. Dr Ian Tait was nominated as the vice-chairperson.

Resolved: That Dr Ian Tait be appointed vice-chairperson of the board for the remainder of the municipal year.

2. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Nathan Travis (Hereford & Worcester Fire and Rescue Service), Richard Ball and Stephen Vickers (Herefordshire Council), Hayley Allison / Julie Grant (NHS England), and Jane Ives (Wye Valley NHS Trust).

3. NAMED SUBSTITUTES

Amy Pitt was present as a substitute for Stephen Vickers, and Marc Willimont was present as a substitute for Richard Ball.

4. DECLARATIONS OF INTEREST

Dr Ian Tait reminded the board that he was also a member of Worcestershire's health and well-being board.

5. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 30 June 2020 be approved and be signed by the chairperson.

6. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

7. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

8. BETTER CARE FUND QUARTER 4 AND YEAR-END REPORT 2019/20

The assistant director all ages commissioning presented the report, drew attention to the Better Care Fund (BCF) template for quarter 4 2019/20 as appended to the report, and made the following principal points:

- i. (agenda page 23) Attention was drawn to the key purposes of the BCF reporting.
- ii. (agenda page 27) It was noted that all parts of the template had been completed. It was commented that, with continued collaboration (especially during the Covid-19 pandemic), the system was more closely integrated than it had been before.
- iii. (agenda page 31) It was noted that the national conditions had been completed. The assistant director talk community programme was thanked for her previous work on the BCF.
- iv. (agenda page 32) The target for reducing the rate of non-elective admissions had not been met and partners continued to work together to support individuals at home and to avoid admissions, including through the Home First and Hospital at Home schemes. The target for reducing the rate of permanent admissions into residential care (16.9%) had not been met but a significant reduction of 10.8% had been achieved. The target for the proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services had not met target but performance continued to improve. The target for delayed transfers of care (DToC) had been achieved, with Herefordshire recording some of the lowest DToC days for a number of years.

- v. (agenda page 37) Actual expenditure was shown as £56,016,560 compared to planned expenditure of £56,078,091, with overspend in some areas being offset by underspend in others. It was reported that care home placements continued to be an issue due to bed capacity; it was anticipated that some of the pressure would be alleviated through a capital scheme to build a care facility.
- vi. (agenda page 38) Attention was drawn to the agreed statements in the year end feedback and the associated comments were summarised.

The assistant director for adult social care operations said that, even with the considerable pressures during the last year, significant progress had been made, such as the rapid setting up of an integrated hub to manage the discharge pathway. Updates were also provided on the current position with recruitment for the Home First service and with transfers of care.

Mr Stead welcomed the report and the progress that had been made, adding that Healthwatch Herefordshire had been impressed with the liaison between health and social care during recent months. In response to a question, the assistant director all ages commissioning said that there was every intention to maintain the trajectory and build upon the close working relationships that had been established. The assistant director social care operations commented on the learning that had been captured and how this was informing discharge to assess and other processes.

On behalf of the board, the vice-chairperson thanked the director for adults and wellbeing and his assistant directors for all their efforts. In response to a question, the assistant director social care operations said that the key messages for partners were around continuation, appropriate funding and system cooperation.

The assistant director talk community programme noted the development and growth of the programme during the last year, said that there was an opportunity to align this with the work of the board in terms of the prevention agenda and addressing health inequalities, and praised communities for the way in which they had come together to support the most vulnerable people.

The chair commented on the need to challenge the system and on the importance of working together. The vice-chairperson welcomed the strong focus on prevention and inequalities, adding that a reset to previous values and behaviours could make the journey of continuation more difficult.

In response to a question from Mr Stead, the assistant director all ages commissioning said that excess mortality during the course of the pandemic was being taken into account in terms of future planning. He explained that the Market Position Statement 2020-25, once approved by cabinet, would be made available online and would be kept up to date with new developments and planning requirements. He added that the direction of travel was now around prevention and avoidance, rather than reaction.

The chair thanked officers for their hard work and for the report, noting that the section on resource implications (agenda pages 19/20) was particularly helpful.

Resolved: That the board has reviewed the better care fund 2019/20 quarter 4 national performance and end of year feedback.

9. DATE OF NEXT MEETING

Monday 8 March 2021

The meeting ended at 10.50 am

Chairperson



Title of report: Director of Public Health Annual Report

Meeting: Health and wellbeing board

Meeting date: Monday 8 March 2021

Report by: Director of Public Health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

The purpose of this report is to present the 2020 Director of Public Health (DPH) annual report and to seek the support of the Health and Wellbeing Board in implementing the recommendations.

The report identifies key areas for action to tackle some of the societal impacts of COVID-19.

Recommendation(s)

That:

- a) The Health and Wellbeing Board notes and considers the findings of the report, and provides leadership in addressing inequalities created by, or exacerbated by, the COVID-19 pandemic, through recognition of these challenges, communicating the key messages of the report to their constituent members, and identifying further actions that can be taken by constituent organisations and across the system.**

Alternative options

1. The Health and Wellbeing Board may receive the report but determine that they will put in place different arrangements to support the health and wellbeing of Herefordshire residents during the pandemic, and during the period of recovery from the COVID-19 pandemic.

Key considerations

2. Directors of Public Health have a statutory requirement to write an independent annual report on the health of their population. The Director of Public Health Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. The report is informed by and sits alongside the Joint Strategic Needs Assessment (Understanding Herefordshire).
3. The focus of the 2020 report is the COVID-19 pandemic. COVID-19 has affected every member of our society, either through direct effects on our health, or indirectly through the impact of lockdowns, social isolation and wider economic disruptions. It is clear that COVID-19 has disproportionately affected certain members of our society, such as the elderly, the vulnerable and those of minority ethnic backgrounds. The report looks at the impact of COVID-19 on the Herefordshire population and identifies challenges that will need to be met in order to support Herefordshire's recovery from the pandemic.
4. The impacts of COVID-19 are far-reaching and will affect every member of Herefordshire's population either directly through the effect of the virus on their health, or indirectly as a result of isolation measures, detrimental effects on education and the economy, or wider social concerns such as longer-term impact on access to healthcare and suitable housing.
5. COVID-19 has exposed existing inequalities, and created new inequalities, across the UK. In Herefordshire, the elderly and those in care homes have been particularly affected through being in closer contact with carers, being more likely to develop severe disease, and being more likely to experience social isolation and loneliness during periods of lockdown. Children have missed school, which risks an impact on future educational attainment. Additionally, through not being at school, there are some children who are not receiving school meals and therefore risk not being fed adequately nutritious food at home. Those living in rural areas, as in much of Herefordshire, are likely to find it even harder than usual to access healthcare given reductions in available appointments, and longer waiting times.
6. The 2020 Annual Director of Public Health Report outlines the challenges that Herefordshire has faced during the different waves of the pandemic. It documents the response of the community and the council to meet these challenges, and suggests areas of focus for the coming years to address the needs that have arisen as a result of the pandemic.
7. The pandemic has highlighted the importance of whole-system, partnership approaches in all that we do. The effects of the virus are so broad that in order to support a safe and healthy local recovery, a holistic approach, as suggested in the report, is necessary.

Community impact

8. The Director of Public Health Annual Report recommendations are all designed to have a positive impact on the community by delivering more robust and effective approaches to improve health and wellbeing and tackling inequalities.
9. The recommendations specifically identify priority areas to focus on to tackle the challenges created by the impact of COVID-19 in Herefordshire.
10. This is in line with the current County Plan, and pursuing existing agendas such as the Children and Young People's Plan, Talk Community, making Herefordshire a Sustainable Food Place, and ongoing towards carbon neutrality by 2030. Additionally, there will need to be a focus on the local economic recovery, with support to re-establish the visitor economy and local small businesses.

Environmental Impact

11. This report considers the health and wider social impact of the COVID-19 virus on the Herefordshire population, within which is a consideration of the indirect impact of the virus on the environment.

Equality duty

12. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
13. This is a factual report that sets out the impact and response to COVID-19 in Herefordshire, identifying and recommending inequalities to be addressed. Therefore we believe that this will not have a detrimental impact on anyone that shares a protected characteristic and as the report aims to highlight and ensure that health inequalities are addressed we believe this will support the council in fulfilling its equality duty in particular advancing equality of opportunity and fostering good relations.

Resource implications

14. There are no direct resource implications from the publication of the 2020 DPH annual report.
15. Not all of the activity outlined in the recommendations has been costed at this stage and where this is the case those projects will require further work across relevant organisations.

Legal implications

16. Every Director of Public Health must produce an annual report. This is a statutory requirement and must be complied with.

Risk management

17. The risks and opportunities associated with the delivery of the recommendations of the Director of Public Health Annual Report are identified below:

<u>Risk / opportunity</u>	<u>Mitigation</u>
The impact of COVID-19 on health and wellbeing are not understood.	Data presented to describe the direct and indirect impacts of COVID-19 on health and wellbeing, in addition to analysis of who is most at risk from COVID-19.
HWBB constituent members do not utilise the findings reported in the DPH report to inform their decisions and actions, including provision of services, in Herefordshire.	Report shared with HWBB. DPH working with partners in the development and delivery of various plans, for example Herefordshire Council delivery plan for the County Plan, and with NHS partners on Integrated Care System development and local Primary Care Networks.

Consultees

18. None

Appendices

Appendix 1: Director of Public Health 2020 Annual Report. The impact of COVID-19 on Herefordshire.

Background papers

None identified.

Glossary of terms, abbreviations and acronyms used in this report

DPH: Director of Public Health

HWBB: Health and Wellbeing Board

DIRECTOR OF PUBLIC HEALTH REPORT 2020: IMPACTS OF COVID-19

DRAFT Version 0.002

Herefordshire Council

February 2021

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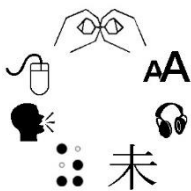
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If you need help to understand this document, or would like it in another format or language, please contact us on 01432 261944 or e-mail researchteam@herefordshire.gov.uk

1. Foreword

The coronavirus pandemic has been frequently described as the greatest public health crisis in 100 years. Its impact has gone far beyond the immediate risk of being infected, it has affected the way every one of us leads our lives, changing the way we work, shop and socialise. The immediate disruption it has caused will continue for some time, even with the vaccines now available, but beyond this the societal impacts will endure for many years to come.

The evidence base on the impacts of the virus is developing all the time, but what is already clear is that COVID-19 disproportionately affects the vulnerable, the elderly, and the disadvantaged in society. This occurs both through direct impacts on health, and indirect, wider impacts on job security, educational attainment, and access to healthcare and housing, amongst other factors.

Herefordshire itself has attributes that will have impacted on the way the pandemic has manifested locally:

- A relatively older age structure than nationally, with a quarter of the population over 65. Older age is the single greatest risk factor for developing serious disease, or dying, as a result of infection with COVID-19.
- Early [analysis of COVID-19 vulnerability](#) in England put Herefordshire in the highest risk bracket for clinical vulnerability, reflecting our more elderly than average population, together with a higher than average prevalence of certain health conditions known to be COVID-19 risk factors.¹
- High numbers of our population reside in care homes, receive domiciliary (or informal) care, and are more likely to interact with the local healthcare system than younger individuals.
- A higher proportion of employees in Herefordshire than in England as a whole work in residential care settings (4%) or other health care settings (8%). There is a potential for increased exposure to the virus for these individuals.
- Research suggests that transmission of the virus is highest in urban areas² where people are living in close proximity and are better connected to each other and to other parts of the UK and abroad. Herefordshire has the fourth lowest population density in England, with many individuals living in rural and remote parts of the county. This presents difficulties in access to healthcare, but conversely makes close contact with others on a regular basis less likely than in more urban parts of England. This may have helped Herefordshire avoid the higher rates that have been seen in more densely populated areas.
- The Herefordshire economy requires a substantial seasonal workforce: This came to the forefront with an outbreak on a farm that involved high numbers of seasonal workers from Eastern European countries, employed to pick and pack vegetables. The response to which informed national policy.

It is important to recognise that although disruptive, and often devastating, the pandemic has been a stimulus for community empowerment and cohesion and also provided the opportunity for many of us to adjust our ways of living and working to better suit our personal needs. We have seen positive outcomes this year as well as negative, such as that of the case study included within the

¹ British Red Cross Society, COVID-19 vulnerability index.

² Bowyer et al., 2020, Kulu and Doery, 2021, Hamidi et al., 2020.

report. It is hoped these positive outcomes can be built upon in the months to come to encourage healthier behaviours and improved individual and community wellbeing.

Our priority over the last year has been to protect residents of the county from the virus. That has been to provide up-to-date, reliable advice to the public and local organisations; support the most vulnerable in our population to stay safe and well during the pandemic; to react rapidly to emerging COVID-19 situations in the community to reduce transmission and prevent wider impacts of the virus; and support with the rollout of the vaccine. Herefordshire residents as well as our health and social care system, voluntary sector and business partners have all contributed and sacrificed a huge amount to this effort.

Thank you everyone for your efforts over this past year to help keep Herefordshire safe, and reduce the impact of both the virus and the interventions to control it on. It has been a huge combined effort. As we move into a phase of living with COVID, we need to maintain that common purpose to address and reduce the inequalities that were both present and exacerbated over the past year, and to thrive as a healthy, happy society. This will take everyone: individuals, families, friends and communities as well as businesses, organisations, public services.

This report highlights the effects to date of the pandemic on our local population. It documents some of our achievements of the past year and sets out key considerations for ensuring Herefordshire's strong recovery from COVID-19.

Rebecca Howell-Jones

Acting Director of Public Health

2. Direct impacts: COVID-19 in Herefordshire

2.1 The course of the pandemic

From the first confirmed case at the beginning of March 2020 to the middle of February 2021, there had been nearly 6,400 confirmed cases of COVID-19 amongst Herefordshire residents, i.e. around 3% of the population. However, it is not possible to know the true number of infections that there have been in Herefordshire. There will have been many more unconfirmed cases during the first wave in the spring when testing was limited. During April, only a few hundred people were being tested a week, compared to 4,000 by the time tests were widely available to anyone with symptoms in late September, and over 8,000 by the new year.

GP records during the time when testing was not widely available indicate that up to 180 confirmed and suspected cases a week (compared to up to 130 lab-confirmed cases) were being reported and that by the middle of June 1,000 had been recorded across the county (compared to 750 lab-confirmed cases). However, even these figures will have significantly underestimated the true number of infections.

According to figures published by the Office for National Statistics, by the middle of February 2021, COVID-19 had been mentioned on the death certificates of 308 Herefordshire residents, four out of five of whom were aged 75+. The majority (60%) have occurred in hospital, followed by a third in care homes. Around three-quarters of these deaths have been in excess of the number that would have been expected in an average year. There have been notable drops in mortality from some conditions during the pandemic, particularly 'flu / pneumonia, although in many cases these conditions are mentioned as factors contributing to death where COVID-19 is also indicated as a cause.

The course of the pandemic in Herefordshire has been broadly similar to the national picture, albeit a week or so 'behind the curve' of rising trends, and with much lower case rates and mortality in general. Our border with Wales means that we need to be mindful of the divergence in national policies on lockdowns and other restrictions. There have been four distinct periods so far, each with its own characteristics in terms of who has been most affected.

2.1.1 The first wave (April-May)

With testing limited to only those suspected cases who were most at risk of serious illness, there were relatively few lab-confirmed cases in Herefordshire during the first wave of the virus in the spring of 2020. The whole of the UK went into a full lockdown on 23 March, clinical extremely vulnerable people were told to shield and everything but essential shopping closed for almost seven weeks until the first easing in mid-May; and for a time this included routine healthcare. At the peak between mid-April and mid-May, a maximum of around 30 cases were being confirmed locally a day, and were in single figures by the end of May.

Due to the national testing policy, a disproportionate number of Herefordshire's confirmed cases during this time were elderly: 37% of cases were aged 65+, compared to 25% of the population. During this wave, hospital admissions were at their highest during April, with nearly 100 patients either admitted with COVID-19 or diagnosed as inpatients.

This time sadly saw the highest number of deaths in Herefordshire to date – 120 were recorded up to the first week in June, with almost half being care home residents (including care home residents who died in hospital) and two thirds of deaths were in those aged 80+. For a six week period from early April to late May deaths were consistently higher than average for the time of year, and these ‘excess deaths’ were primarily due to COVID-19.

2.1.2 The summer (June to August)

Lockdown restrictions eased gradually from May, and with better weather and mixing outdoors, cases were low throughout most of the summer – the weekly average was little over ten cases. A handful of COVID-19 patients were in hospital at any point during July, August and September and official statistics recorded COVID-19 on the death certificates of thirteen people between early June and the middle of October, eleven of whom were aged 80+.

The one notable exception was during July, when 140 cases were confirmed in two weeks – most linked to an outbreak on a vegetable farm near Colwall. This was the first of its kind in the UK, and was large enough at the time to have a noticeable impact on the national rates. Thanks to the strong partnership response and co-operation of the owner, the outbreak was successfully contained and learning was shared widely and no deaths were reported.

2.1.3 The beginning of the second wave (October to November)

As nationally, numbers of confirmed cases began to rise again in mid-October. Following a two week ‘firebreak’ lockdown in Wales, a month long English lockdown was imposed in November. The weekly number of Herefordshire cases peaked at 370 in mid-November, 10 days into the lockdown.

Contrary to earlier in the pandemic, the local rise was driven by young people, with under 30s accounting for almost a third of cases in September and October - a period which coincided with the return of schools and universities. Over this period just 15% of cases were aged 65+, although this rose to 20% during November’s spike.

In November it was evident that many new cases were geographically clustered, particularly in some of the most deprived areas of Hereford where rates of over 500 per 100,000 population were recorded in the middle of the month. Mobile testing units were set up in these areas to maximise accessibility for local residents. Almost 1,800 tests were carried out in Hereford, Leominster and Ross in the second half of November.

Reflecting the younger age profile of cases, this peak didn’t translate into a rapid increase in either hospital admissions or deaths related to COVID-19 – although both did start to increase gradually during October.

2.1.4 The winter (from December)

As I write, we are on the downward trajectory of the winter peak. Amid rapidly rising case numbers and concerns relating to new variants of the virus and pressure on the NHS, the whole of England effectively went into a third lockdown on 4 January 2021. Schools once again closed to most pupils, non-essential services and retail were shut, and shielding reintroduced for the extremely clinically vulnerable. However, there is hope on the horizon with the vaccination programme which is now well underway.

Cases began rising from early December, although in Herefordshire the increase was about a week behind the national trend. This lag was one of the reasons for the county being placed in the lowest of the government's risk categories (Tier 1) just before Christmas. The associated easing of restrictions undoubtedly increased the spread of the virus, and we saw unprecedented demand for testing and subsequent confirmed cases over the Christmas holiday period.

Young adults continued to drive the increase with 20% of cases from mid-December aged 18-30 (despite making up only 13% of the population). Reflecting the widespread community transmission, there was no distinct geographical pattern over this period. 'Hotspots' have tended to be linked to outbreaks, often in health, social care and other workplaces.

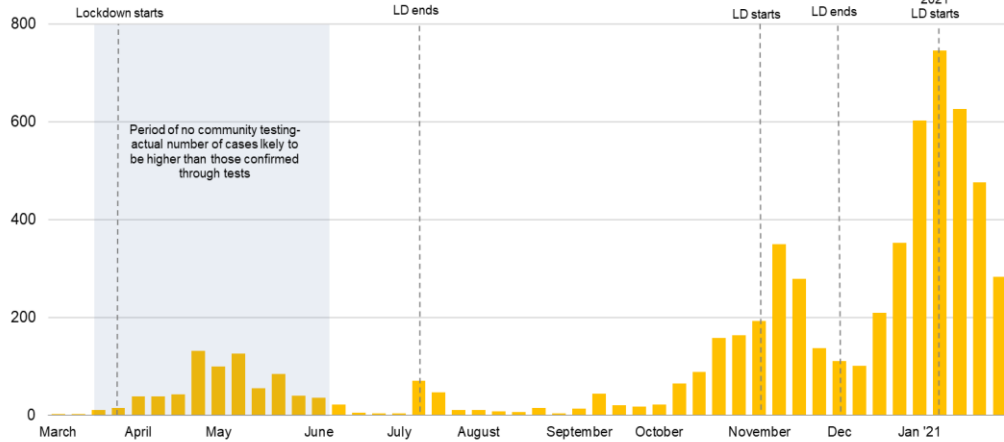
December also saw another increase in the proportion of cases amongst people aged 65+ (back to around 20%), which corresponded to a rise in both hospitalisations and deaths. At their peak in mid-January, there were twice as many (over 100) patients with COVID-19 in Herefordshire hospitals than in April.

Throughout January, there was a sustained period of total deaths being higher than expected given the time of year (i.e. 50 to 60) for the first time since last spring – and again, these 'excess deaths' were mainly attributable to COVID-19. In fact, there have been more COVID-related deaths so far during this wave than in the first wave (160 since the beginning of December, compared to 120 up to June). A notable difference is that the majority (75%) of the most recent deaths have been in hospital, whilst in the spring there was an equal split between hospital and care homes.

One of the tools to help identify and control the virus is regular testing of people without symptoms. This is being rolled out nationally using lateral flow device (LFD) tests. These were introduced in Herefordshire in late November beginning with health and social care staff. The programme continues to expand, with regular tests being offered to critical workers who can't work from home at various sites across the county, testing in school and college settings and the expansion of the home-testing offer. Over 50,000 LFD tests had been conducted in total by the middle of February 2021, with an average of 1,500 a day by this point.

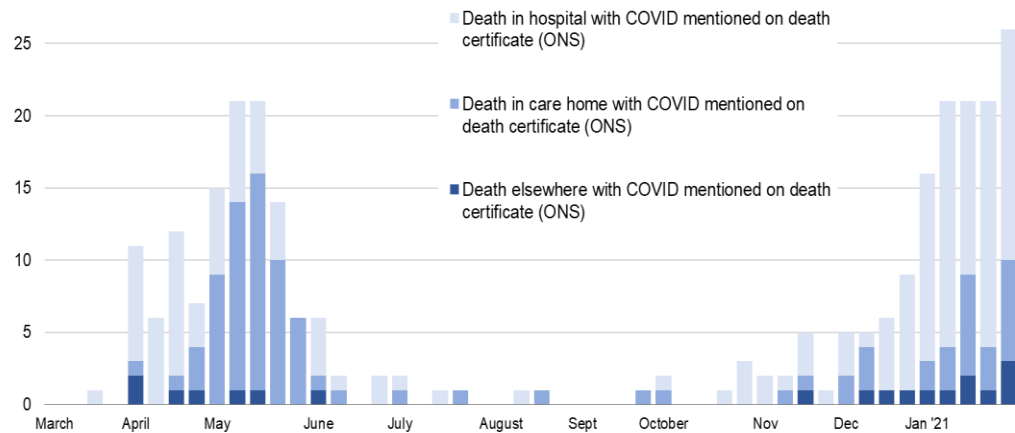
Figure: The profile of the pandemic in Herefordshire

Confirmed cases show the unprecedented numbers in January reaching a peak of more than double the November level. We can't compare to numbers in the first wave because testing was so limited.

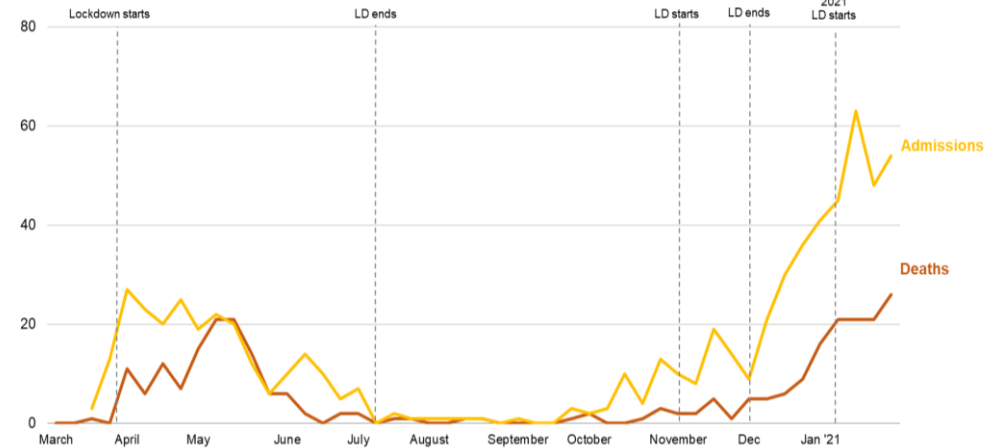


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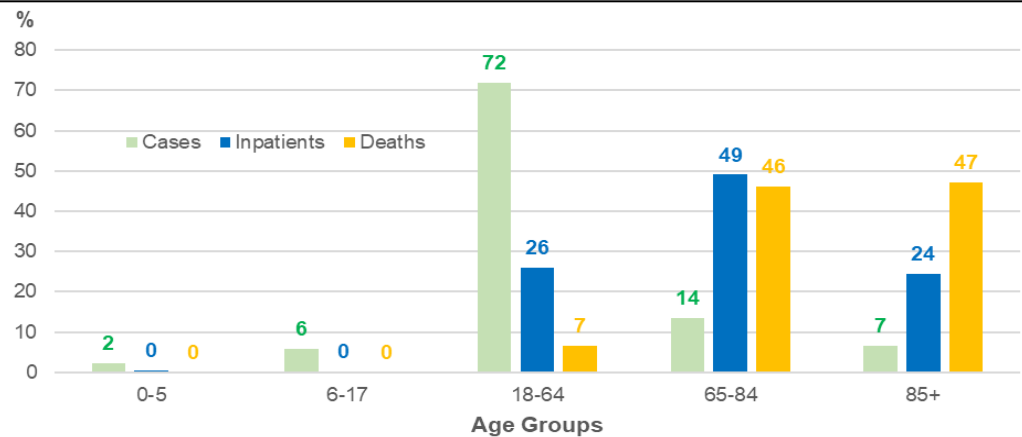
Significant numbers of **deaths related to COVID-19** in the first wave were in care homes, but during the winter they have mainly occurred in hospital. Despite the high numbers of cases in November, deaths didn't increase significantly until the new year. By early February, the weekly number was higher than during the first wave.



The number of **people in Herefordshire hospitals** with COVID-19 has been much higher during the winter than in the first wave, but **deaths** have not increased as rapidly. Note that not all people who died will have been in hospital.



Illustrating the increased risk to the elderly: although the majority of cases have been aged 18-64, the majority of hospitalisations have been 65+ - as have almost all deaths (in fact, almost half of deaths have been 85+).



2.2 Who has been most affected directly by the disease?

Risk from the virus itself varies between people. Factors affecting risk include age, where someone lives, socio-economic factors (e.g. living in disadvantaged areas) and ethnicity. In addition, living in a care home, or having certain jobs, such as nurse, taxi driver or security guard increase risk. Between March and June 2020 COVID-19 mortality rates in the most deprived areas of England were more than double those in the least deprived areas.

INFOGRAPHIC

Who in Herefordshire has been most affected directly by COVID-19?

- The elderly
- Care home residents, or those receiving domiciliary care
- Individuals with physical co-morbidities
- People with learning disabilities
- People who work in 'higher risk' occupations
- Individuals of a lower socio-economic status
- People who live in deprived areas – national picture
- People from BAME communities – national picture

2.2.1 The elderly

Whilst data on cases are distorted by testing policies throughout the pandemic, the majority (70%) of people with COVID-19 in Herefordshire hospitals have been aged 65+. Furthermore, the elderly are more likely to die with the effects of COVID-19 and over the course of the pandemic in Herefordshire 80% of people who have died have been aged 75+.

2.2.2 Care home residents

Care homes across the country have been significantly affected by the virus. Most in Herefordshire experienced at least one 'outbreak' (i.e. multiple cases in a short space of time) during the course of

the year, and, as nationally, a disproportionate number of deaths have been amongst care home residents.

Slightly more than one third (36%) of all COVID-related deaths in Herefordshire have been amongst residents of care homes, all aged 69 or above. Nine out of ten died in the care home; the others in hospital. Of all care home residents who have died of COVID-19 to date, two-thirds did so in April and May; the winter has seen fewer deaths in care homes compared to hospitals so far.

2.2.3 Where people live: deprivation

Nationally, there is evidence to indicate that people living in more deprived areas have been more likely to be affected by COVID-19, particularly in relation to the cumulative number of cases and diagnosis rate, mortality³ and requiring critical hospital care⁴. Locally there was a clear pattern during November when some of the most deprived areas of the county saw much higher rates of infection than others, although this didn't necessarily result in higher mortality. Overall, however, the currently available data doesn't provide any clear pictures of variation in levels of

³ [Disparities in the risk and outcomes of COVID-19](#)

⁴ [COVID-19 in critical care: epidemiology of the first epidemic wave across England, Wales and Northern Ireland](#)

testing, number of cases or deaths across the whole pandemic. It is an important factor, and one that we will continue to investigate.

2.2.4 Who you are: gender and ethnicity

Generally, it has been found that men are more likely to die with COVID-19 than women. However, as of the end of January, there had been no significant difference between the number of male and female Herefordshire residents who died with COVID-19.

National data⁵ indicates that COVID-19 mortality may be related to ethnicity, with people of Black and Asian ethnicity being more likely to die than people of White ethnicity with mortality being higher in men than women. This is partly due to people of minority ethnic groups being more likely to work in professions with higher COVID-19 exposure. However, we don't currently have enough data to know whether the same has been seen locally.

2.2.5 Occupation

While 70% of all confirmed cases in Herefordshire to date have been aged 18 to 64, this group account for less than 3% of hospital COVID-19 patients and 6% of deaths.

National data⁶ indicates that of those of working age who died with COVID-19 during 2020, death rates were higher in manual labour and process plant occupations. However, due to the low number of deaths amongst working age people in Herefordshire (17 as of the end of January), no local patterns can reliably be determined.

Even if people of working age are relatively unaffected health-wise, they still have to self-isolate. For some this will have little impact, if they can rely on sick leave policies, and have a support network to do shopping or drop off medication. For others, it will mean no income, and possibly having to isolate in less favourable living environments.

⁵ [Why have Black and South Asian people been hit hardest by COVID-19?](#)

⁶ [Coronavirus \(COVID-19\) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020](#)

2.3 Clinically extremely vulnerable residents

As understanding of the virus has increased, those most at risk of serious illness from COVID-19 have been identified. About one in three Herefordshire residents are amongst the 'clinically vulnerable' group of people aged 75+, pregnant women and others with health conditions that mean they are usually eligible for the 'flu jab.

A subset of people with certain serious health conditions were identified as 'clinically extremely vulnerable' (CEV). This group was advised to 'shield' from the middle of March to the end of July, and again at the beginning of January this year. Around 7,300 people in Herefordshire were identified as being CEV in 2020 – a similar proportion to England as a whole.

Almost two-thirds of CEV adults in England reported following the guidance throughout May and June. Shielding was a highly restrictive measure, with the most vulnerable advised to not leave their homes for any reason, not even for food or outdoor exercise.

Local groups and organisations provided support for essentials for those without people around them to help, however this physical isolation took its toll. More than a third (37%) of the shielding population reported a worsening in their mental health (mid-July). Women and those aged 30 to 59 were most affected, and those already receiving treatment for mental health problems were more than twice as likely to feel this than those who had never received treatment.⁷

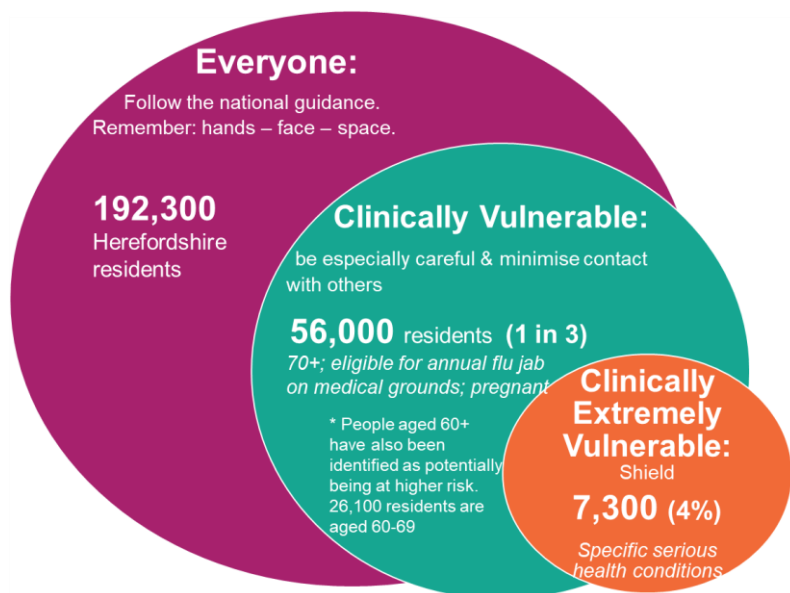
Before being advised to shield, almost a third of people worked. Some continued to work from home, while others were furloughed. As shielding came to an end in July, two-thirds were comfortable going back to work outside the home if protective measures were in place.

At the time of writing (February 2021), the NHS are in the process of adding further tranches of people to the CEV list based on newly identified risk factors⁸. So far, a further 4,000 Herefordshire residents have been added in Herefordshire. They have been advised to shield until the end of March 2021, and are being prioritised for vaccination.

2.4 Physical and mental health consequences

2.4.1 Physical health

COVID-19 will have resulted in both years of life lost, and a reduction in quality of life, for those who either contract the virus and survive, or who have been disadvantaged from the virus in other ways. A report from the Department for Health and Social Care, published in July 2020, predicted that the longer term impact on quality of life is expected to be more significant than the impact of direct



⁷ ONS: [Coronavirus and shielding of clinically extremely vulnerable people in England](#)

⁸ <https://digital.nhs.uk/coronavirus/risk-assessment/population>

deaths due to COVID-19.⁹ The expected reduction in years of life lived in good health is the result of recession and consequent deprivation, such as food and fuel poverty, and mental health issues.

It has been well-documented that the health impacts of the virus are broad. In addition to the direct impact of COVID-19, there were changes to and ceasing of health services, from preventative activities right through to hospital treatments. In Herefordshire, for example, routine breast screening was paused temporarily between March and August 2020, and cervical screening saw a national pause in sending out invitations between April and June 2021.¹⁰ Waiting lists for routine operations have increased across the UK. These delays will inevitably have consequences both for patients, and for primary care, who will be required to manage those individuals whilst they wait for their procedures. Secondary care will ultimately be under pressure to clear the 'backlog' created by the reduction in services during the pandemic.

The longer-term health consequences of COVID-19 infection, with the emergence of 'Long COVID' as a debilitating chronic syndrome, are yet to be seen. However local GPs have raised concerns that young and previously fit individuals are suffering life-altering symptoms post-COVID-19 infection, which in turn are likely to have significant impacts on the future economy, workforce and demand for health care resources. Among those recovering from COVID-19 a significant number of patients suffered from mental health conditions following discharge.

Furthermore, we know that lockdowns have had an impact on health behaviours. The proportion of adults binge drinking has increased by 6% from 2019, as has the proportion of adults drinking frequently (more than four times per week). Conversely, cigarette smoking has reduced, which has been put down to a decline in lighter smokers.¹¹ Vigorous physical activity also showed a slight decline, but was counter-balanced with a reported increase in people doing strength training.¹²

2.4.1 Mental well-being

Coronavirus is likely to have a lasting multi-dimensional impact on mental wellbeing; not only through the anxiety and stress caused by the danger from the virus itself, but through the cost and disruption caused by policies aimed at controlling its spread.

Within weeks of the pandemic reaching the UK, the UK Household Longitudinal Study (UKHLS)¹³ showed an increase in mental distress among adults. Levels of happiness and anxiety, which tend to reflect more immediate or acute feelings, saw the greatest change as lockdown was introduced compared to pre-pandemic levels.

⁹ DHSC, 'Direct and Indirect impacts of COVID-19 on Excess Deaths and Morbidity'. July 2020.

¹⁰ Update on Restoration of Screening & Immunisation Programmes (Midlands-West)

¹¹ Niedzwiedz et al. *Mental health and health behaviours before and during the initial phase of the COVID-19 lockdown: longitudinal analyses of the UK Household Longitudinal Study*. J Epidemiol. Community Health. September 2020.

¹² Naughton et al. *Health behaviour change during the UK COVID-19 lockdown: Findings from the first wave of the C-19 health behaviour and well-being daily tracker study*. Br J Health Psychol. Jan 2021.

¹³ University of Essex, Institute for Social and Economic Research. (2020). Understanding Society: COVID-19 Study, 2020.

In the longer term, known risk factors for mental health, such as loneliness, unemployment, debt, poverty, bankruptcy, eviction and house repossession, relationship breakdown, domestic violence, and homelessness have all either increased, or are likely to increase significantly once the government's various economic support measures end. If the economic impact is similar to that of the post 2008 recession, it has been suggested that, nationally, we could expect 500,000 additional people to experience mental health problems,¹⁴ with depression being the most common. Within this number there will be significant geographical and socio-economic variation, with the most disadvantaged the worse hit. The mental health charity Mind has declared coronavirus to be 'a mental health emergency.'

People with learning disabilities have also reported a detrimental impact on wellbeing throughout the pandemic. A survey by non-profit support provider, Dimensions, identified a 'collective sense of exclusion',¹⁵ with 93% of responders feeling more isolated from society, and almost 80% reporting that compared to other members of society, they felt they do not matter.

Pressures on the NHS have meant waiting times for mental health support have increased across the country. Locally, there was a spike in referrals to acute crisis lines during the spring lockdown, but this didn't translate into admissions or treatment – suggesting the demand was for either signposting related to lower-level mental health concerns, or amongst existing service users. A new model of referral was launched in October so it is not yet possible to determine changes due to COVID-19.

INFOGRAPHIC

Results from the national Opinions and Lifestyle Survey indicate that:

- Almost one in five adults (19%) were likely to be experiencing some form of depression during the coronavirus (COVID-19) pandemic; almost double the pre-pandemic level.
- One in eight adults (13%) developed moderate to severe depressive symptoms during the pandemic, while a further 6.2% of the population continued to experience this level of depressive symptoms. Around 1 in 25 adults (3.5%) saw an improvement over this period.
- Adults who were aged 16 to 39 years old, female, unable to afford an unexpected expense, or disabled were the most likely to experience some form of depression during the pandemic.
- Feeling stressed or anxious was the most common way adults experiencing some form of depression felt their well-being was being affected, with 85% stating this.
- Over two in five (42%) adults experiencing some form of depression during the pandemic said their relationships were being affected, compared with one in five (21%) adults with no or mild depressive symptoms.¹

¹⁴ Centre for Mental Health. [COVID-19 and the nation's mental health](#). July 2020.

¹⁵ Care Management Matters: New research into COVID's impact on people with learning disabilities. Dec 2020.

INFOGRAPHIC ON INEQUALITIES OF WHO'S BEEN AFFECTED: (Infographic to be developed for design version based on following data and intelligence.)

Message	Source	Statistic
1. People from the poorest backgrounds		
More likely to be furloughed – loss of income		Individuals in routine, manual occupations are more likely to be furloughed. For example: 47% in food sector furloughed – national fig.
Less likely to be able to WFH – risk to health	Build Back Fairer- COVID-19 Marmot review ONS (Annual Population Survey)	Men in elementary/service occupations had more than double the mortality rate than those in professional occupations (Age-SMR (death involving COVID-19) approx. 40/100,000 compared to 12 in professional occupations). Hfds employees: 11% in caring, leisure and other service occupations. 9% in elementary occupations.
Children more likely to miss out on schooling	IFS Deaton r/v (national)	Since July, pupils from poorer areas and households have been more likely to miss days from school. Students at independent schools were twice as likely as those at state schools to take part in online lessons every day.
Food poverty	FSM	Proportion of Herefordshire pupils eligible for free school meals has increased from 12% - 14%.
More likely to suffer from direct impacts of COVID-19	National picture	National pattern of higher mortality in poorer areas not apparent locally.
More likely to have health risk factors eg obesity, smoking, type 2 diabetes	Inequalities in Herefordshire, DPH report 2019	Those living in the most deprived areas are more likely to be obese than those living in the least deprived areas. In Herefordshire: <ul style="list-style-type: none"> - children in most deprived areas around 10% more likely to be obese compared to those in least deprived - Adults in most deprived areas 20% more likely to be obese compared to least deprived People living in the most deprived areas of Herefordshire are: 26% more likely to smoke compared to least deprived Adults living in the most deprived areas of Herefordshire are almost 3 times more likely to be admitted to hospital for alcohol specific conditions
2. Older people		
More likely to be CEV	SPL	48% of CEVs in Hfds are 75+
More likely to be receiving care in their homes – increased risk from visitors	Social care records	64% of Herefordshire residents in receipt of HC funded domiciliary care are aged 75+ (Those known to ASC as of 1 st Dec 2020)

More likely to be digitally excluded	ONS survey of internet use, 2019 2019 Fastershire survey	47% of people aged 75+ have never used the internet. Locally, we know that more than half of the predominantly elderly Telecare users in Herefordshire don't use the internet. Digital exclusion in older age is an issue because it contributes to combined forms of isolation and exclusion.
Socially isolated	Age UK	<ul style="list-style-type: none"> - 28% of Herefordshire households comprise a single person – half of whom were over 65 (census data) - Loneliness affects well over a million people aged over 65 in the normal course of events, but it is increasingly clear that the pandemic has caused many, many more older people to become lonely - Care home residents, who are not seeing family/visitors at higher risk of loneliness
More likely to die from the virus		Over the course of the pandemic in Herefordshire 80% of deaths have been in those aged 75+.
3. People with existing vulnerabilities related to health		
LD: – loneliness/isolation - Higher mortality from COVID-19	National reporting	At least 4 times higher (March to June) death rate from COVID-19 www.gov.uk/government/news/people-with-learning-disabilities-had-higher-death-rate-from-COVID-19 75% worry that after the pandemic they won't get the same opportunities as before https://www.caremanagementmatters.co.uk/new-research-into-COVIDs-impact-on-people-with-learning-disabilities/
Mental health	ONS lifestyle survey	Mind has declared coronavirus a 'mental health emergency' Those with pre-existing MH conditions have worse mental health outcomes during the pandemic Feeling stressed or anxious was the most common way adults experiencing some form of depression felt their well-being was being affected, with 85% stating this
Physical health: pre-existing conditions – more at risk of severe or fatal COVID-19 - More likely to be shielding so social isolation - Indirect impact of treatment being stopped -	<ul style="list-style-type: none"> - Opinions survey - Eg backlog in cancer treatments (MacMillan report)/ people not seeking treatment 	Those with chronic conditions are at higher risk from COVID-19, and higher risk of stress and loneliness as a result of being advised to shield. May not be something that's easily summarisable – complex and interlinked. '...the evidence consistently suggests that people with COVID-19 who are living with overweight or obesity, compared with those of a healthy weight, are at an increased risk of serious COVID-19 complications and death' – PHE Excess weight and COVID-19: Insights from new evidence.

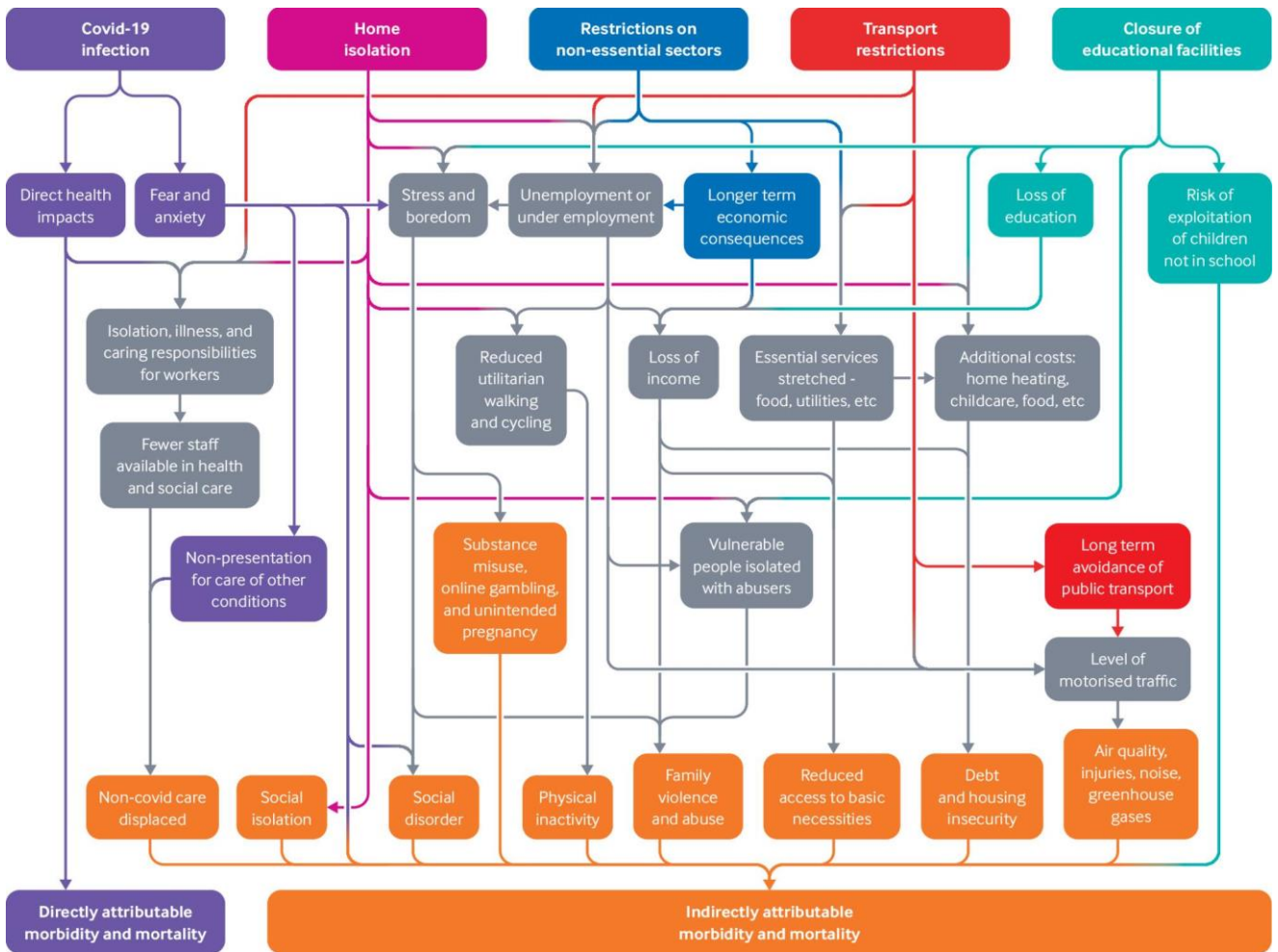
4. Wider impacts on society

In addition to the direct impact of COVID-19 on individuals, some of the control measures that have been required have adversely affected people, businesses and communities. These include children missing out on school, those living with domestic abuse, those who have lost their livelihoods because of business closures, and those whose mental health has suffered from the lack of social contact. Elderly people at risk of serious illness, and socially isolated from shielding, are the least likely to have the digital capabilities to stay connected. Some people's health will also have suffered indirectly, because they couldn't access the healthcare they needed due to services being closed or overwhelmed by COVID-19, or because they have felt unwilling to 'burden' healthcare services during the pandemic. The flowchart below illustrates how wide-ranging, complex and inter-related these impacts are.

As the graphic in the previous section highlights, the pandemic has reinforced, and in some cases widened, long-established inequalities in society. In the UK, as elsewhere, it has had a disproportionate impact on the most vulnerable; with the poor, those in insecure work, or on the margins of society worst affected by the social and economic disruption it has caused.

FLOWCHART ON IMPACT OF VIRUS AND MEASURES TO CONTROL SPREAD.

Source: Mitigating the wider health effects of covid-19 pandemic response, **British Medical Journal**. ¹⁶



¹⁶ BMJ 2020;369:m1557. www.bmj.com/content/369/bmj.m1557

COVID-19: Who is most vulnerable to the socio-economic impacts in Herefordshire?

ISOLATION

Some people have been more vulnerable to the effects of isolating themselves than others.

19,300	have a common mental health problem (e.g. depression)
14,400	provide 50+ hours of unpaid care a week
12,800	feel lonely most of the time
9,600	have irregular contact with family or friends (once a month or less)
10,000	digitally excluded
1,800	households with assisted rubbish collections
2,000	care home residents
1,250	dependent on formal care providers for personal support
11,200	pensioners living alone in the community
6,100	aged 60+ living in poverty

CHILDREN

The closure of schools has affected all children in some way but some children have been more disadvantaged than others, with potentially life long consequences.

32,200	under 16s in the county
5,500	living in low-income families
3,300	school age children eligible for free school meals (October 2020)
670	children in care, or with plans for their protection
6,500	under 18s living with an adult with at least one of the so-called "toxic trio" (mental ill-health, substance misuse or domestic abuse)

ECONOMIC VULNERABILITY

Some industries have been disproportionately affected by lockdowns and some workers are likely to face more uncertainty in the future.

9,700	employees in industries facing high impact of social distancing measures (eg. travel, hospitality, leisure, entertainment, personal service activities)
23,100	self-employed people
5,900	Self Employment Income Support Scheme claimants (end 2020)
3,700	people on zero hour contracts
4,600	people claiming unemployment-related benefits (December 2020)
9,200	jobs furloughed as of November 2020
10,200	businesses with <50 employees (98% of all county businesses)

HOME

The need to stay at home has widened inequalities. While some have been able to work from home and have a home environment that has made it easier to endure extended periods of lockdown, for others this confinement has had an adverse affect on their safety, mental health or ability to work.

83,800	households in Herefordshire
23,500	homes owned with a mortgage or loan
15,200	privately rented homes
22,300	low income households
9,800	low income households in fuel poverty
14,300	households experiencing excess cold
50	living in temporary accommodation
1,400	domestic abuse <u>crimed</u> incidents (Dec 2019—Nov 2020)

4.1 Economic impacts

The pandemic has had an unprecedented impact on the global economy, and there can be no doubt that the political and social fallout will be felt for many years. March 2020 saw whole industries closed down almost overnight, and the re-opening has been sporadic and unequal, with some sectors affected far more than others.

The combined impact of the virus and the cost of the government's response has increased the national deficit to the largest ever seen in peacetime and the highest level since the end of the Second World War. Despite historically low interest rates this will still likely have long-term consequences for public spending and tax levels. It is also set against a backdrop of the as yet unknown implications of the 'Brexit' trade agreement with the European Union and the economic effects of the global environmental crisis.

4.1.1 Businesses

As a result of certain vulnerabilities in its economy, it has been estimated that Herefordshire has experienced a greater than average decline in Gross Value Added (GVA; a measure of economic activity) as a result of the closure of areas of the economy during the three coronavirus lockdowns. Particular concerns are:

- 56% of employees work in sectors initially identified as 'at risk' due to the pandemic, compared to 49% in England as a whole.¹⁷
- Around 9,500 (one in ten) jobs across 1,300 enterprises are in 'accommodation and food services' and 'arts, entertainment, recreation & other services': sectors that nationally have suffered most from lockdown restrictions.
- A disproportionate number (around 90%) of businesses are 'micro' employing less than 10 people, and these can be less resilient in terms of assets and cash flow.
- High rates of self-employment: (17% of the working age population, compared to 10% regionally and nationally). There were between six and nine thousand claims for each wave of the Self-Employment Income Support grant. Take-up for all three grants has been lower amongst Herefordshire's 23,000 self-employed people than nationally, and we don't yet know the reasons why.

There has been a range of financial support available to businesses in the form of grants and loans over the course of the year, both from national and local government. The nature of the schemes means that it is difficult to quantify the extent to which the local economy has depended on them. What we do know is that over 5,000 businesses in Herefordshire received a share of over £60 million in locally administered grants over the spring and summer, and that take-up was 99% compared to 94% nationally. A further £4.1m has been claimed since the November trading restrictions.

¹⁷ Due to reliance on industries such as manufacturing, retail and tourism. Grant Thornton for the County Councils Network, August 2020: www.countycouncilsnetwork.org.uk/almost-six-million-people-in-county-areas-working-in-at-risk-job-sectors-with-rural-areas-most-vulnerable-to-the-economic-impact-of-coronavirus/

Anecdotal evidence suggests that there is some optimism amongst local businesses, and their current priorities are focused on diversifying and adding value to their products and making efficiencies.

4.1.2 Ways of working

Coronavirus has changed the ways in which many of us work, with those able to work from home encouraged to do so for much of the past year. The changes were rapid and widespread and forced many services to deliver in a different, primarily remote, way including health services.

The majority of people would like to continue, and for some businesses it may signal a permanent change in working practices. The obvious benefit is time which gives time for other activity e.g. fitness, and often cost, saved in the daily commute. There is in many cases a greater flexibility in working hours which supports work life balance and caring responsibilities. But for some the blurring of the boundary between work and home has been a difficult adjustment, especially when juggling the demands of work with the needs of children. There can also be a sense of isolation due to reduced contact and social interaction with colleagues.

There are also financial implications, for example the need to have a suitable broadband connection (to work or access services and businesses) and to heat the home for more hours a day. Those on the lowest incomes will have been hardest hit by an extended period of homeworking – and even more so during the latest lockdown. Research by the Institute for Social and Economic Research, for example, has found that ‘females and low earners report lower productivity at home on average. For females, this lower productivity is not only due to the average characteristics of their jobs, but also because they are disproportionately affected by the presence of children.’¹⁸

INFOGRAPHIC

In the UK in April 2020:

- Almost half of workforce worked from home for at least part of any given week in April
- 9/10 as a result of the pandemic
- 5% mainly WFH beforehand
- 9/10 would like to continue WFH in some capacity
 - Half often or all of the time

Source: UK longitudinal study Understanding Society

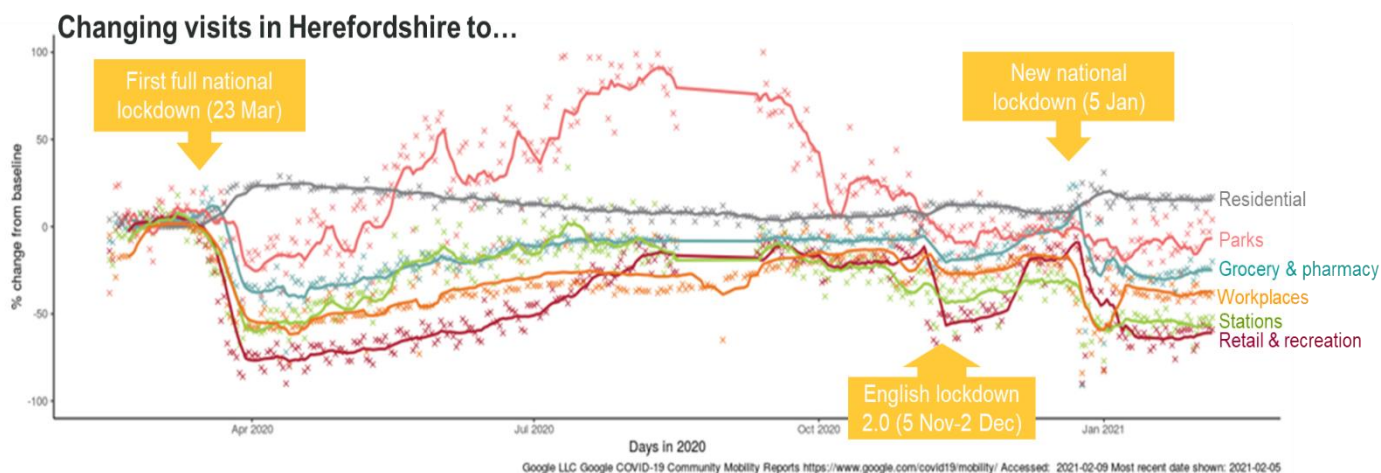
In Herefordshire, visits to workplaces

- Fell by 60% between February and April 2020.
- Even during lesser restrictions (Oct & Dec), they were still at least 10% below the baseline of Jan-Feb 2020

Source: Google mobility data

¹⁸ [Worker Productivity during Lockdown and Working from Home: Evidence from Self Reports.](#) Institute for Social and Economic Research, October 2020, p.21.

Figure: more time at home and fewer visits to workplaces in Herefordshire since March 2020



Google Mobility data for Herefordshire

INFOGRAPHIC: Impact of COVID on Herefordshire’s workforce

FURLOUGH

- In total, during the first wave, 24,800 Herefordshire jobs were furloughed (note: by end July 2020)
- 9,200 were furloughed during the second lockdown (note: Nov 2020)
- 8,000 were still furloughed before the Jan lockdown
- Those in routine, manual occupations are more likely to be furloughed or made redundant

SELF-EMPLOYMENT SUPPORT SCHEME

- % of working age who are self-employed
 - o Hfds: 17%
 - o WMR/GB: 10%
- Hfds: 23,000 people
- No. in Hfds who applied for SEIS grant in 2020
 - o By end July: 9,300
 - o By end Oct: 7,800
 - o By end Dec: 5,900

CLAIMANT COUNT

- Number of Herefordshire residents claiming out-of-work benefits rose to 4,600 by October 2020
- 117% higher than March 2020
- Number of claimants aged 18-24 have increased proportionately, currently 800.
- *To be included: chart showing trends in unemployment*

4.1.3 Loss of job or reduced income

People from lower socio-economic groups and disadvantaged areas are more likely to work in insecure jobs and in sectors hardest hit by COVID-19 restrictions. The government’s Coronavirus Job Retention Scheme has protected some to a certain extent, paying 80% of the wages of ‘furloughed’ employees – but many have been affected by a loss of income due to this, or reduced hours.

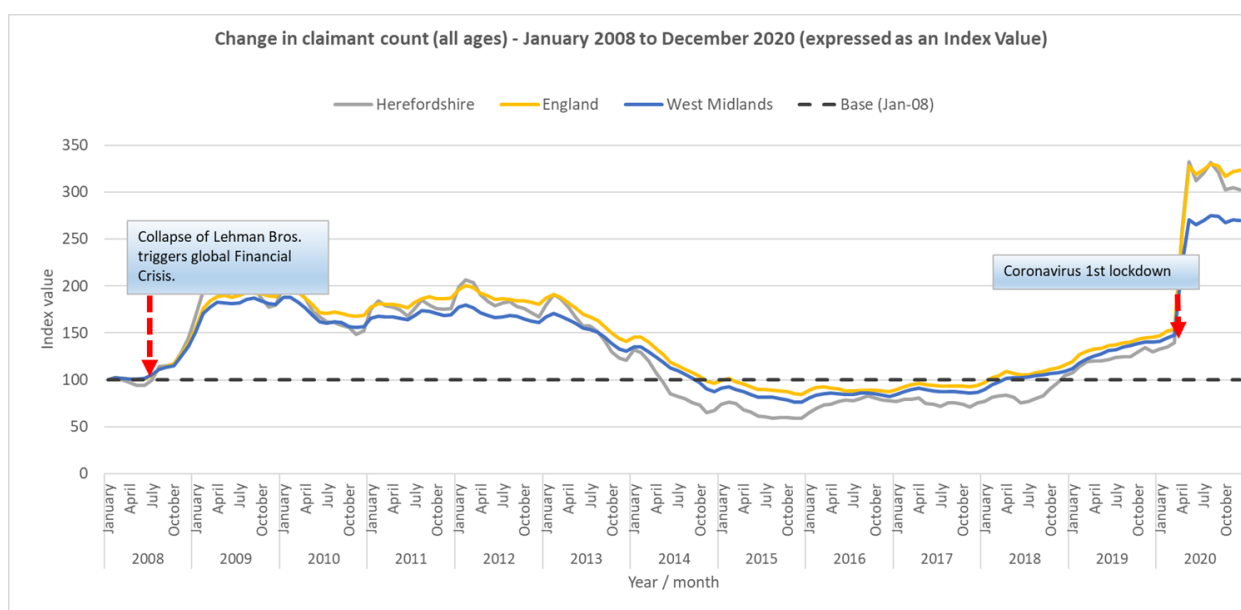
Numbers of people claiming out-of-work benefits have stabilised since October, but are still more than double what they were in March 2020. This increase is broadly in line with the national picture, and as a proportion of the workforce is still lower than both nationally and regionally - but remains much higher than at any point during the last recession.

However, even before the January lockdown, there were still 8,000 jobs furloughed in the county, and almost 6,000 self-employed people applied for December’s COVID-related income support grant. It is highly likely that the government’s support packages have shielded many people from job losses so far, so we won’t know the true impact until the support eventually ends.

Local insight indicates that there has been an increase in people seeking help with living

costs, particularly during January - but that often incomes are currently not low enough to qualify for support.

Another economic consequence may be a rise in fuel poverty, which was already a known issue for Herefordshire, affecting an estimated 11,000 households (13.5%) in 2018 and particularly concentrated in rural areas. Job losses or a reduction in income may make it harder to pay for heating at a time when households are forced to spend more time at home. The impacts of fuel poverty and excess cold on both physical and mental well-being are well-documented, and the End Fuel Poverty Coalition has warned that nationally, “the combination of... COVID-19 and rising numbers in fuel poverty could be disastrous”.¹⁹

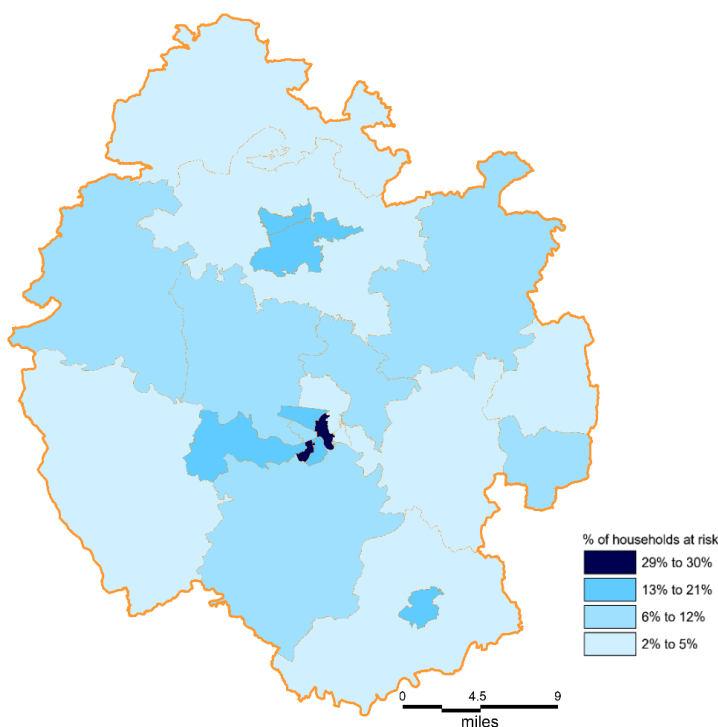


Those on lower incomes have been hardest hit by a fall in their income as a greater proportion of their money is spent on essentials. The youngest and oldest workers are most likely to have lost their jobs or seen their income cut.²⁰ The most disadvantaged are not only at higher risk of loss of income and unemployment, but are least likely to have resources to tide them over, leading to debt, rent or mortgage arrears and homelessness.

The below map shows where the highest concentrations of households most at risk of the negative impacts of job insecurity are i.e. those in jobs most likely to be affected by the pandemic, but also least likely to be able to absorb the loss of income. The households most at economic risk from the impacts of COVID-19 are concentrated in Hereford, Leominster and Ross.

¹⁹ [‘The risks of COVID-19 and fuel poverty.’](#) End Fuel Poverty Coalition,

²⁰ ‘Young workers in the coronavirus crisis: Findings from the Resolution Foundation’s coronavirus survey’. Resolution Foundation. May 2020.



Source: ACORN health and well-being segmentation

4.2 Children and young people

In general, children have been relatively unaffected by the virus itself, but the measures put in place have had a profound impact on their lives. By the time schools return to ‘normal’ in the coming spring, after the second round of closures, our children and young people will have missed out on at least half of a full academic year of face-to-face education. There is concern that very young children are at risk of language and social delays, as a result of school closures. Although the long-term consequences cannot be predicted, it is clear that they will not affect everyone equally.

The Royal Society has warned that ‘the pandemic has exacerbated the pre-existing gulf between the most and least advantaged young people in our society’ and ‘the potential long-term effects of school closures, lockdown, social isolation, media and social media reportage, exposure to family illness and bereavement are likely to have psychological, emotional and economic costs...against a backdrop of low life satisfaction already documented amongst young people in the UK.’²¹

Already disadvantaged young people were hardest hit by school closures in terms of their learning and development as they are least likely to have a home environment conducive to learning. They are also more likely to live in households whose income has been reduced. The proportion of Herefordshire pupils eligible for free school meals has increased, from 12% in January 2020 to 14% by the autumn, and currently stands at 3,250 children.

²¹ [House of Commons Education Select Committee inquiry: The impact of COVID-19 on education and children’s services](#). The Royal Society, July 2020, p.5.

In October, Ofsted reported that of the schools they had surveyed nationally, 'almost half... had pupils whose parents had removed them from the school roll to electively home educate them since the start of the autumn term'²², but rates have been lower in Herefordshire. Locally, the return to school in the autumn went well, with Herefordshire being ranked as the regional best performer in terms of overall rates of attendance.

Those leaving education in 2020 faced uncertainty and confusion about their exams and results, adding to their worries at an already difficult time. The government has announced that there will not be exams this summer either, which raises questions for this year's school leavers as well. We can be under no illusions that young people starting out on the career ladder now face entering a highly challenging labour market.

COVID-19 has also had a negative impact on some children and young people's mental health and, furthermore, those with a probable mental disorder were more likely to say that lockdown had made their life worse.²³ Almost half of the 700 Herefordshire children and young people who responded to a survey in May/June 2020 felt that their overall mental health and wellbeing was worse since the start of the coronavirus outbreak – although 15% said it had got better.²⁴ Their main reasons given for decrease in mental wellbeing were lack of social interaction, followed by worries about schoolwork, being anxious or scared, and missing the routine of school. Three quarters were worried about their friends or family catching COVID-19.

4.3 Environmental impact

The societal changes have also had an impact on our relationship with the environment. Staying at home more has reduced travel, and the relative safety of outdoor socialising and the curtailment of foreign travel has given many people an opportunity to explore the countryside close to home and develop an interest in safeguarding the natural world.

We have yet to see how many of the changes to travel will be sustained once restrictions are fully lifted, but 2020 provided a unique opportunity to see what essential travel looks like. At the height of the strictest restrictions in April, journeys on Herefordshire roads halved - although they returned to pre-COVID levels between July and October whilst nationally they remained at least 10% lower. Local bus patronage fell by 90% in April, and remained at least 40% below pre-COVID levels for the whole year with the government continuing to advise against using public transport where possible. Car journeys fell more than those of goods vehicles across the country, and Herefordshire saw less of a fall in HGV journeys in particular. Vehicle emissions are the major source of air pollutants (specifically nitrogen dioxide) locally, particularly along the A49 in Hereford. As was observed in some of the UK's biggest cities²⁵, there was a clear reduction in air pollution in Hereford during 2020. This is clearly a positive terms of its contribution to respiratory problems and other health impacts, particularly amongst children and older people²⁶.

On the other hand, there may be an emerging environmental cost, with the need for Personal Protective Equipment increasing the use of single-use plastic, single occupancy car use being

²² [COVID-19 series: briefing on schools, October 2020](#). Ofsted, November 2020.

²³ [Mental Health of Children and Young People in England, 2020](#). NHS Digital, 2020, p.11.

²⁴ CYP COVID Mental Health – Herefordshire Summary, p.4.

²⁵ UK Research and Innovation: [Impact on the environment](#) (June 2020)

²⁶ Environmental equity, air quality, socioeconomic status and respiratory health, 2010

preferred over public transport, littering in the summer from outdoor gatherings and a collapse in revenue for environmental groups and charities.

The enforced changes to daily lives have also further raised the profile of the importance of nature in well-being. A survey for the RSPB in July²⁷ found that three-quarters of UK adults agreed that nature had been an important source of comfort/relief for them, or that visiting nature had been important for their general health and happiness during lockdown. It also revealed inequalities in access to nature which will may have exacerbated the impact of lockdown on both physical and mental well-being: across the UK, the poorest households were much more likely to not have any open space of their own, and to live more than a 10 minute walk away from a publicly accessible natural greenspace.

²⁷ www.rspb.org.uk/our-work/rspb-news/news/stories/poll-shows-people-in-england-support-nature-in-COVID-recovery/

5. How has Herefordshire responded to the challenges posed by the pandemic?

The Herefordshire population has shown resilience and a strong community spirit during this mentally and physically difficult period. The community has risen to the challenge of the pandemic, through engaging with local services and finding innovative ways to support each other.

Herefordshire Council and its partners have responded in a wide variety of ways, to prevent and contain the spread of infection and support individuals, settings and organisations through guidance, advice, practical support, engagement, communications and campaigns.

In June we published [The Outbreak Control Plan](#)²⁸, which outlined the seven key themes which have been central to the local management of the virus. The themes are: Care homes and educational and early years settings; high risk workplaces, locations and communities; local testing capacity; contact tracing in complex settings; data integration; support for vulnerable people and local Boards for local governance for swift multi-agency response and decision making.

We have supported a variety of settings to manage outbreaks, including GP surgeries, care homes, educational institutions, restaurants and other commercial settings, and agricultural settings. A Herefordshire farm outbreak was one of the most complex COVID-19 outbreaks during the pandemic, and was the first of its kind in the UK. Multi-agency efforts were required to control the outbreak and to ensure the welfare of the seasonal workers affected, and the farm owners. Lessons learned have been disseminated to other agencies to support in the event of another, similar situation.

Throughout the pandemic, the Environmental Health team has provided up-to-date advice for businesses on keeping COVID-19-secure and to ensure events are as safe and low-risk as possible. Visits are undertaken to workplaces to facilitate targeted recommendations. This has allowed more workplaces to stay open and operate safely during this time. It has become apparent that much of the spread in workplaces is not due to poor practice at work, it is due to behaviour during rest breaks or whilst socialising after work, and so Herefordshire Council's communications have adjusted to focus on addressing these issues.

Care providers have been on the front line of the pandemic, working under difficult circumstances to look after some of the most vulnerable in society and their efforts have been outstanding. Early in the pandemic, PPE was sourced and provided to all care providers, who have been encouraged to access the PPE portal for ongoing PPE supplies. All care homes have had access to free PPE training for their staff to ensure best practice. In addition to individual support when there are cases or outbreaks, care providers are supported through weekly meetings with representatives from adult social care and public health, to ensure concerns can be raised and managed in a timely manner. Lessons learnt are continually shared across all care providers. Care homes have been supported to work safely during the pandemic, through provisions such as the Infection Control Fund, which has been used to assist services to put in place COVID-19

²⁸ <https://www.herefordshire.gov.uk/community-1/emergency-planning-herefordshire/6>

secure infection prevention and control measures to enable them to continue to provide care in a safe manner.

We have also seen early years, schools and colleges support their students throughout the pandemic and respond rapidly to the changing guidance and advice from government. Herefordshire Council (including both Children's and Families Directorate and members of the public health team) has regularly engaged with the sector, attended head teacher, special schools and early years setting meetings (nurseries, preschools, childminders and before and after school clubs), to provide updates on guidance and to offer an opportunity for school leaders to ask questions. Additionally, arrangements to provide food vouchers, or cover the cost of vouchers to schools, have been in place during all school holidays since March 2020 to ensure that children in Herefordshire did not miss out on free school meals when not in school. This is planned to continue over the Easter holidays 2021, with over 3,200 children expected to receive free school meals. As a key stakeholder, the council has also been involved in research into local community food poverty responses during COVID-19 with research teams across the UK. It is hoped that Herefordshire's actions and experience during the pandemic can contribute to national learning, and in turn, we can apply lessons learnt from other areas to improve our practices.

COVID-19 has had a huge impact on children's ability to engage consistently with school both through national lockdowns and also as contacts of cases within the school setting (bubble-management). Additionally, some children have been educationally disadvantaged, either by lack of computer equipment, poor Wi-Fi connection at home, or distracting home settings, such as noise or family financial concerns. Laptops 2 Kids is a local organisation which was set up during the pandemic to provide refurbished laptops to Herefordshire schools which have the greatest need, to ensure children needing to isolate during the pandemic are still able to access educational resources and stay on track with their school work. The council has also distributed hundreds of laptops provided by Department for Education to young people and via schools, and continues to promote the DfE scheme. The council has additionally given grants to schools to further provide laptops for children who continue to struggle to connect. A scheme to provide internet services for families in need has been instigated by the council via Fastershire and working with internet service providers – one of few schemes of its kind in the country.

Additional support to the community has been in the form of business grants, which have been paid out to over 4,500 small businesses in Herefordshire to support them to operate during the pandemic. The 'Keep Connected' small grants scheme has also supported numerous community groups and parish councils to continue to connect virtually with over £12k in small grants for equipment and skill development. Furthermore, local services have adapted to support those with learning disabilities, such as virtual day services being offered as an alternative to in-person support. Training and visits to providers have been offered to ensure awareness of national guidance. The future of those with learning disabilities has been considered, with alternative approaches such as a Virtual Job Centre, to attempt to minimise the inequalities in access to employment post-COVID.



Keep Connected grant helps community radio project

🕒 10th June, 2020

Fastershire's 'Keep Connected' grant has helped Herefordshire based community group, Unite The Beat, to launch a new radio station and continue to support people who benefit from their services.

A further priority has been to ensure those most vulnerable in our community have been supported to isolate safely and have access to essential supplies and medications during the past year, through Talk Community. For the first lockdown starting in March 2020, the council operated an emergency level hub, first for food and then for PPE. Based at Hereford Leisure Centre, food requests came through the council's helpline, which also included help with on-line shopping and enrolling on the Government's food parcel scheme. The council also supported with medicine distribution when pharmacies did not have delivery service or where that service was under pressure.

Despite volunteers and staff working under high level restrictions and food supply shortages, local food banks increased their provision of emergency food to those in need. Examples include the Hereford Rotary Club members who delivered over 3000 food parcels to 650 Herefordshire families between March and August of 2020, and the 'Growing Local' community interest company also delivered 80 food ingredient boxes with fresh, locally grown produce and recipe cards, to Herefordshire families over the summer of 2020.

Talk Community support offered has included volunteers shopping for food and essentials for those who cannot access the shops themselves, medication deliveries, befriending and vaccination programme support. Talk Community has seen their numbers of volunteers rise by more than 1,500 people over the course of the pandemic – a reflection of both the need in the community to support our most vulnerable, and also the prioritisation of community spirit in the county.

The Talk Community COVID-19 response in figures (to mid Feb 2021):

- 5500 calls received by the talk community helpdesk
- 3000 plus households supported with food and medication supplies
- 1,500 people registered to volunteers
- 150 community groups actively engaged
- 200 plus community contacts made
- 200 plus council staff redeployed as link workers to provide advice and support.

INFOGRAPHIC: Examples of community response to the pandemic (*further examples will be included in design stage if possible*)

Community Case study

The Severn Freewheelers:

- Have been helping the Hereford Hospital deliver urgent medications to people in Herefordshire who have had to isolate and are unable to pick up prescriptions
- The service is staffed by NHS volunteers using their own vehicles and expense

(source – social media: Herefordshire Voice facebook)

Community Case study

The Great British Florist, Hereford:

- For every seasonal posy sold, donated £1 to the Rotary Club for donation to local groups and charities in need. As of January 21 2021, had raised £5745.
- Held a Bring and Buy Sale in the summer of 2020 which raised £1731 for the Hereford Food Bank

(Source: social media – Herefordshire Voice facebook)

'Project Brave' has enabled the Housing Solutions team to support homeless individuals and rough sleepers in Herefordshire throughout the pandemic, by providing temporary accommodation. There has been an increased demand this year due to individuals' living situations changing as a result of financial pressures from the pandemic, fleeing from domestic abuse, and other factors associated with the pandemic. There has been success in finding employment for some individuals supported through Project Brave. As with other areas, despite the extreme challenges faced by the Brave team to provide temporary accommodation for these individuals, at short notice, there have been positives that have emerged from COVID-19, as in the case study below.

Project Brave case study

"An individual was housed at the start of the [first] lock-down period. He was released from prison, and placed in Approved Premises, which are run by the probation service in the West Midlands. He had a history of violence and threats of violence towards the family of his ex-partner. At the start of lock-down, all Approved Premises had to shed numbers of occupants, as the premises were not COVID-19 compliant, and this individual was one of five that Herefordshire Council had to place very rapidly. He was housed together with a number of other individuals. Support was provided at the accommodation, by the staff there. An Outreach worker has made daily support visits, and voluntary sector has delivered daily hot meals to all the residents. We have arranged for scripts for methadone etc. to be delivered weekly. This individual has been helpful to the accommodation staff, offering to do little jobs around the premises. He has been polite and co-operative, and generally pleasant. As a result, he has been offered and has accepted a self-contained flat at the site in the form of a settled tenancy. The accommodation were also considering offering him an employment position on the catering side. However before this could materialise, he has found himself a job in Hereford on a building site, so he is now housed and in employment. This is an excellent result for someone who in normal circumstances would have been very hard to accommodate."

It is clear that the pandemic has resulted in stronger communication and collaboration with partners, brought about by a need to provide a cohesive, community-centred response to managing the direct and indirect impacts of the virus. These strengthened relationships will form a foundation for future partnerships, to support a strong economic and community recovery from the pandemic in Herefordshire.

6. What are the priorities to support Herefordshire's recovery from COVID-19?

After more than a year of COVID-19, with vaccinations being rolled out at pace, testing regimens established and the population now well versed in social distancing, face masks and other, so called, non-pharmaceutical interventions, it is important to start to look towards the future, and plan for how we can live with COVID-19 and begin to recover from its impact. It is clear that the virus has exposed and often widened inequalities in health and wellbeing. Our priorities for the future need to address these inequalities and the disproportionate impact of the measures implemented to control its spread. This needs to be done from every angle, and at every level, by partners, organisations and services across the system. The response to the pandemic has shown the benefits of truly working together for a common purpose – the challenge now is to capture this in the next phase.

The County Plan sets the vision “Respecting our past, shaping our future - we will improve the sustainability, connectivity and wellbeing of our county by strengthening our communities, creating a thriving local economy and protecting and enhancing our environment”. Although the virus has posed a very difficult challenge, it has also provided an opportunity to build upon our positive assets such as existing community networks and support, expedited the use of digital technology across services which would likely have taken years to implement in normal circumstances, and has evolved new partnerships and ways of working.

As a system and a county, we will need to continue to act cohesively towards common goals and work to address the impacts of the pandemic. This will include:

- Restoration plans for health and social care to address both the care that has not been able to take place due to COVID, and also the additional needs that have arisen as a direct result of the virus (including long COVID and trauma to health and social care staff). Plans will need to set out the measures to address these issues, for example improved access to psychological services, encouraging healthy behaviours such as reduced alcohol consumption and cigarette smoking, and increasing physical exercise.
- Become a healthier county, with habits and environments that support people to be physically and mentally well. For example, increased physical activity not only improves fitness, it also supports mental wellbeing, living longer in good health, shared contact and interaction with others, and being more resilient to illness. The physical activity strategy is currently in development with partners and will highlight actions to increase the local populations' physical activity. The council's work to become a Sustainable Food Place working with the Food Alliance and other partners, will support healthy eating as well as environmental and community food ambitions. While the Talk Community approach to bring Herefordshire together to improve wellbeing by aiming to enable the population to take care of themselves, look out for one another and take pride in the place they live will be key.
- A whole-system approach to tackling obesity in the county, (for example, ongoing work towards Herefordshire becoming a Sustainable Food Place, and the national obesity strategy) is essential to encourage residents of all ages to maintain a healthy body weight. The physical activity strategy will highlight actions to increase the local populations'

physical activity, thus improving mental wellbeing, reducing obesity rates and improving cardiovascular fitness, which will improve longer term resilience to illness.

- Plans that address and rectify the social needs created by lockdown and inequalities. We need to ensure our young people are equipped with the education, skills and confidence to thrive in a more challenging labour market. In addition, we need to build on successful approaches, such as the housing-first approach, which has led to a positive outcome for some of the most vulnerable in society. Existing goals to build up our already strong voluntary sector are underway, with an increase in numbers volunteering and providing informal support for others in their community during COVID. This positive outcome from the virus needs to be celebrated and supported to continue, alongside formal initiatives such as those provided by Talk Community.
- Economic recovery which ensures employment and business opportunities for Herefordshire residents. This will need to include opportunities for those who have lost jobs and businesses as well as those who have not had the opportunity to start in employment or training due to COVID. When safe to do so, actions to support the recovery of the visitor economy in Herefordshire, such as marketing Herefordshire as a walking and cycling tourist destination, will encourage spending and provide stimulus to local small businesses. Encouraging respectful use of Herefordshire's beautiful green spaces, as we saw increased during the summer of 2020, will contribute both to re-invigorating the local visitor economy, and have wider benefits of improved mental health and physical wellbeing. This is in line with the existing ambitions of the County plan, which pledges to both improve residents' access to green spaces, and place greater value on our local natural spaces.
- The impact of COVID-19 on the environment is yet to be fully appreciated, however ongoing commitment towards the county becoming carbon neutral by 2030²⁹ is vital to support the green recovery from COVID-19. Developing active travel in Herefordshire, improving digital connectivity, encouraging working from home and supporting local schools to become more energy efficient, will all help to reduce the county's environmental impact. Work to make Herefordshire a Sustainable Food Place is developing, with a Food Alliance established in July 2020. Ongoing work should ensure our approach to healthy eating, food poverty and sustainable food growing continues to be community-centric.

This recovery will need to take place in a world where we are living with COVID-19. The virus will not be eliminated and therefore containing and managing it will continue to be part of our activities.

In summary, the impact of COVID-19 will no doubt be visible in Herefordshire for many years to come, and recovery will be a long-term process. We have seen in this report that some members of Herefordshire's population, especially elderly residents and those in the care sector, have been particularly susceptible to the virus and the necessary adjustments we have all had to make to our way of living to stay safe. Future plans will need to address the inequalities exposed by the pandemic, both in terms of demographics of those at higher risk, and groups most susceptible to the wider economic consequences of the virus. As has been demonstrated through the community case studies, building on existing community assets to meet the challenges raised by

²⁹ Herefordshire Council County plan, 2020-2024.

the pandemic is a priority over the next five years, to support Herefordshire's residents to recover from COVID-19, and look towards a healthy and safe future.

