



Shirebrook Health Inequalities and Vaccine Hesitancy Report

Community Trusted Voices

Approach to Resident Feedback on the Wider Determinants of Health

December 2022

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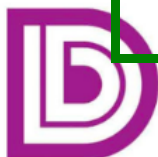
Case Studies





Summary of Themes and Recommendations

Themes	Recommendations
Low uptake of the Covid-19 vaccination amongst certain groups	<ul style="list-style-type: none"> ◆ Work directly with trusted voices in Migrant Communities. Continue to build trust and partnership ways of working to pass on positive health messaging. Encourage more feedback on health access experience in the UK. This would not just be for Covid- but for all health messaging. Derbyshire Unemployed Workers Union for example are a great conduit to this community.
Trust	<ul style="list-style-type: none"> ◆ Clearer resources supporting vaccine information regarding ingredients and testing co produced with the community to ensure appropriate resources created for different groups from the outset. ◆ Engaging with different communities through their trusted leaders and peers, utilising organisations that already support these groups to share information.
Good Access to Vaccinations	<ul style="list-style-type: none"> ◆ Use lessons learned from the review of the roving vaccination clinic model for future interventions.
Feeling Mislead and 3rd Dose/booster uptake	<ul style="list-style-type: none"> ◆ Including information on purpose of vaccination in guidance to trusted leaders including clearer information on protecting yourself, protecting others and vaccinations don't stop individuals for contracting the virus, but can reduce the possible harmful illness. This could also include the wider impact of time off work and the impact this has on the economy.
Lack of Pride in the area from the community	<ul style="list-style-type: none"> ◆ Engage young people – from toddler up – get them to own their community, murals, walks, conversations. Make the first steps of the generation change, so we can alleviate health inequalities.
Low rates of Physical Activity	<ul style="list-style-type: none"> ◆ More resource put into Shirebrook for community led physical provision. E.g. Walk and Talk. This must be led by community champions who are advocates. ◆ As an already established group Shirebrook Rangers could look to diversify their model to incorporate other physical activity initiatives. ◆ Review transport and connectivity – community transport model to allow people, with an emphasis on young people to access the swimming pool in nearby Clowne. ◆ Work with Holiday Activities and Food Programme to develop an offer that is appropriate for the community . ◆ More youth led community leaders! ◆ Use good access to green space as a way of engaging with Eastern European community.
Access to other services and support	<ul style="list-style-type: none"> ◆ Work with Cost of Living support (warm hubs, food banks) to relay health messages. ◆ More low-level community-based intervention to support people to improve emotional wellbeing. This could be linked with physical health provision. ◆ Review of Improving Access to Psychological Theories (IAPT) and how to access Mental Health support within the town.





Acknowledgements

Thank you to the organisations that took part in this project by hosting events and engaging with their service users on sensitive topics. A massive thank you to those who are supported by the organisations for sharing your views and taking part in conversations about your local area.



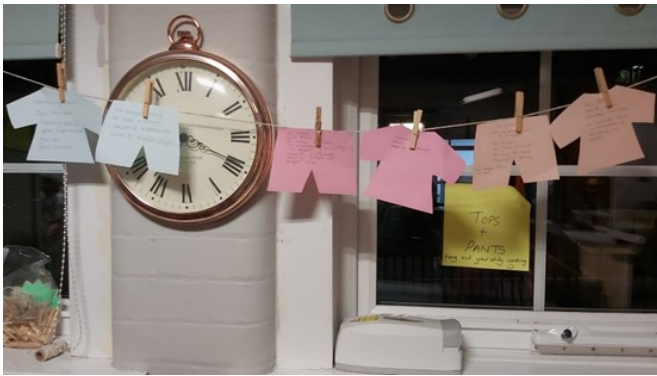


Project Background

The purpose of this project is to underpin the reasons behind low vaccine uptake, and general hesitancy to vaccination in Shirebrook. Our engagement plan utilised trusted VCSE organisations as anchors in the town to be the conduit to residents. This enabled those community conversations to take place in a relaxed and safe environment. Additionally, we understand that traditional ways of engagement have been exhausted and residents are mainly put off by standardised methods e.g. surveys and group conversations. In light of this we have informed more innovative ways of engagement which are interactive and inclusive.

Our Approach

Pants and Tops



Group interactive discussions at each venue what's Pants (bad) and what is Tops (good) about health, community and social provision in Shirebrook. This empowered people to be positive and negative about their town, in a discreet way, 90% people that undertook this exercise filled out both Pants and Tops. *276 responses via this method*

Spin the Wheel

Spin the Wheel containing 14 segments each with a question about health with small prizes for those who took part. The questions however were only ever intended as conversation starters and staff then opened up the conversation and elicited as much information as possible about that and some of the other questions on the wheel. *109 individuals took part*





Questionnaires – online & face to face

Two of our groups undertook a questionnaire based approach. This is to do with capacity, language barriers, and having a wider reach. All of our activity was inclusive and accessible to all. *115 responses (75/40) were ascertained via this method.*

Themed Events

Three events were attended using Autumn and Winter themes to interact with wider demographics,. For example those who would not often utilise community provision.

- ◆ Thanks-giving event - The Brook
- ◆ Halloween Event – BLAST
- ◆ Christmas Extravaganza Event – Willow Tree Farm



The Method

As vaccination can often be an emotive subject, it was agreed that engagement conversations would cover all aspects of health and community. Leading questions such as “So how have you got here today?” or “When’s the last time you had take away food?” – are excellent conversation starters. These are all conducted in a friendly and inclusive manner, gaining trust early on, enabling individuals to speak at length about aspects of their health, environment and community.

During our initial early engagement, it was fed back that the Shirebrook Community often feedback negatively to authoritative rhetoric. The community seem tired of discussing vaccinations and apathy has set in over the past 12 months. Understanding the underpinning (the bio-psycho-social issues) the reasons behind this would be key to unpicking wider determinants of health in the area.

Community Anchors

We identified and engaged 5 community-based groups from different thematic backgrounds, these range from education provision, welfare support, Migrant Communities, Faith groups, neuro diverse groups and young person’s social groups. We utilised our funding for this work to purchase capacity at each organisation to ascertain information on the wider determinants of health. Our role (BCVS) was to coordinate and facilitate events and activities that gathered information. Total Responses: 229 individual responses in detail on the next pages.





The five organisations we worked with include



BLAST - Building. Lives. Around. Shirebrook. Town

BLAST is a non-for-profit organisation that cares about Shirebrook - using our voice to secure new and exciting opportunities for all. We have a vision for BLAST to be at the heart of the community and have these core aims:

- ◆ To build strong relationships with each other and services
- ◆ To deliver fun activities for children, families and older adults
- ◆ To create the conditions for people to come together
- ◆ To provide friendly and welcoming spaces for people to connect
- ◆ To offer opportunities to develop valuable skills, meet new people and learn together

BLAST provided an open invitation to any of their events or groups so 2 were chosen – a Halloween Party and attendance by Debbie at their regular craft group.

At the Halloween Party both Tops and Pants and Spin the Wheel were used as the main engagement tools. People engaged at the party approx.14

Craft Group—Debbie Fennell (BCVS Engagement Lead) previously attended this group and attendee numbers hovered around 6-8, this seemed manageable. However, on the chosen day there were 14 people taking part in the group. Initially a different engagement tool was used by putting the questions used on Spin the Wheel on a pack of playing cards for people to draw a card and answer the question, again as a conversation starter. The conversation/discussion was very lively and the people were very keen to engage. Some of the narrative of those conversations were later noted by Debbie and indeed 2 case studies recorded which covered some but not all of the topics we were hoping to engage about – Page: 31 &32

Outcomes:

28 responses collated

Tops and Pants data , two spin the wheel narratives , case studies.





Derbyshire Unemployed Workers

The Derbyshire Unemployed Workers' Centres has gained a fine reputation for the services they provide. Their work is recognised locally, regionally, nationally and internationally. They provide advice, support, and representation for all who come to them for help. And they don't just wait for people to come to them, they proactively make their services known to the hardest to reach and most vulnerable within our communities.

In Shirebrook they work with the Eastern European Community – and for this piece of work they were tasked with engaging that particular community to give us wide spread demographics.

Derbyshire Unemployed Workers Union – this group engages more in one to one support work with people and did not have the capacity or the resources to organize a specific engagement event in the time we had to complete the project so agreed and elected to engage and capture the relevant information via a written survey containing the same or similar but modified questions to those on Spin the Wheel plus people were asked about the worst and the best thing about living in Shirebrook. As for many of their 'customers' English is a second language staff and volunteers agreed to provide all necessary translation services for the project.

BCVS created a hand written survey for completion by the service users of DUWC

Outcomes

They completed 40 surveys as well as 40 'tops' and 'pants' responses.





The Brook

The Brook (Shirebrook Christian Centre) are a local community church networked with Assemblies of God.

They have been in the area as a church since the 1920s but in their current building since 1987. They operate a community Café on the outskirts of Shirebrook town.

The Brook organised 2 events – the reopening of The Community Café and a Thanksgiving Meal. Incentives of free drinks and free or cut priced food were offered at each event to encourage people to come. Staff and volunteers worked very hard to advertise the events to encourage people to come. BCVS staff also attended both events and took the lead role in the community engagement in respect of the project mainly through 2 methods:

To make community face to face engagement, BCVS designed Tops and Pants and Spin the Wheel, this encouraged lots of open conversations.

Both of these events were deemed to be a success with an estimated total of 100+ attending the events and most of which took part in the engagement.

Outcomes

80 community conversations have taken place with qualitative information gathered around wider determinants of health.
100+ Tops and Pants completed.





Shirebrook Rangers Football Club

Community football club, supporting teams from age 5 to adult – both male and female teams.

Shirebrook Rangers – joined the project late, our initial engagement method was to attend games on a Saturday morning to speak with adult players, parents of youth teams and managers who are residents of Shirebrook. However due to the inclement weather conditions and all matches and training sessions being cancelled in the last month the teams have not yet been together. So, we agreed to undertake an online survey to go out to all managers, who would then disseminate to their teams' parents or players (over 18 only).

BCVS created an online version of the survey for managers of all ages to spread amongst their teams. Tasked with gaining 100 responses, 75 were obtained by end of December.

Outcomes

75 completed surveys



Willow Tree Farm

Willow Tree Family Farm is a small charitable incorporated organisation, registered in England registered charity 1122101. It is run by volunteers; The Farm is a community-managed project that aims to improve the quality of life for local people and its service-users. Additionally, the Farm supports disabled people (disproportionally affected by Vaccination) into supported volunteering opportunities.

Willow Tree Farm is a community farm throughout the week but at particular times of the year offers additional themed events at a cost. It is also possible to hire the venue out for private parties and weddings etc. At the time of being approached the staff were busily preparing for their annual Christmas Extravaganza. This is an event which runs throughout the weekends of late November and December. The whole site is decorated with a festive theme and a Christmas Experience aimed at small children runs in the large marquee onsite.

On the opening weekend of the first Christmas Extravaganza BCVS staff attended and set up Spin the Wheel and Tops and Pants. Sadly, it being the first weekend attendance to the events was much lower than those that were to come in December. Whilst attempts were made to engage with the parents of the children attending it quickly became apparent that most of those present were not living in Shirebrook but had travelled from neighboring towns like Sheffield, Nottingham, Mansfield and as far away as Burton. Some albeit limited data was obtained from the few people that were local and this can also be seen as Approximately 10 people engaged.

A further attempt and different approach were adopted for a second event whereby Debbie attended the Farm during the week hoping to capture more local information from people visiting the farm as opposed to the special Christmas event. However disappointingly this was not successful either. The weather was poor and no one attended just for the farm on that occasion.

Lessons can certainly be learned from this in terms of which groups and facilities support this type of project/ community engagement best and also the timeliness of such projects. I feel that in the summer this venue would probably be a more successful venue for such an event in terms of capturing information from local people and an increased footfall.

In a last-ditch attempt to capture some data I will forward a written survey to the venue in the hope that at least staff might be able to complete it as indeed some did engage with Tops and Pants on the day of the main event.

Outcomes

10 responses





Vaccine Hesitancy

Covid-19 UK/Shirebrook comparisons

Shirebrook has been cited as an area of low vaccine uptake, to initially understand this we must look at the UK as a whole, and the engagement levels from citizens.

The mass covid-19 vaccination programme began in the United Kingdom on 8th December 2020, however there is a need to understand and redress the disparities in uptake in the population. A recent study has found that distrust or hesitancy in covid-19 vaccinations was highest in individuals from/with (1):

- ◆ Ethnic backgrounds
- ◆ Lower levels of education
- ◆ Lower annual income
- ◆ Poor knowledge of covid-19
- ◆ Poor compliance with covid-19 Government guidelines

“vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence.” (2)

As time goes on, studies have shown that covid-19 vaccine hesitancy is increasing, with less individuals likely to receive a covid-19 vaccination now than they would have earlier on in the pandemic (3).

The Data in Figure 1. Shows the relationship between the uptake of 2 doses of the covid-19 vaccination and the deprivation quintile, with a 13% difference in uptake between the most deprived and least deprived by October 2022 in England. The Data in Figure 2. Shows the relationship between the uptake of 3 doses of the covid-19 vaccination and the deprivation quintile, with a 24% difference in uptake between the most deprived and least deprived by October 2022 in England.

The Data in Figure 3. illustrates the difference in vaccination uptake amongst different ethnic groups. In England, 26.7% of those that identified as White Other have not received a single dose of the covid-19 vaccination whereas only 8.2% of those that identify as White British have not received their first dose.

Looking at areas of low vaccination uptake in Derbyshire, the data shows Shirebrook South, Langwith and Pleasley is the Middle Layer Super Output Area (MSOA) with the **lowest** uptake of both 1st and 2nd doses (12+ age group) in the **whole** of Derbyshire (There are 100 MSOAs in total in Derbyshire)(4)

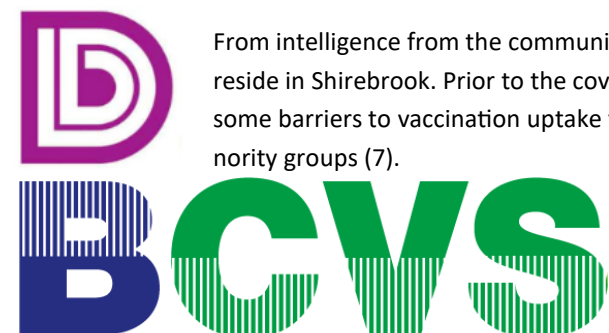
The table below illustrates the vaccination uptake in Shirebrook compared to the LTLA, UTLA and England rates.

Covid-19 Vaccination	Shirebrook South and Pleasley (MSOA)	Bolsover (Lower Tier Local Authority)	Derbyshire (Upper Tier Local Authority)	England (Country)
1 st Dose	77.3%	85.8%	88.6%	78.8%
2 nd Dose	73.7%	82.8%	86.0%	75.2%
3 rd Dose	58.0%	68.5%	72.5%	59.8%

Source: UK Coronavirus Dashboard <https://coronavirus.data.gov.uk/details/interactive-map/vaccinations>

Bolsover District contains some of the most deprived areas in Derbyshire, Some of these being Langwith, Shirebrook South and Pleasley MSOA (5) . This MSOA also contains the Low vaccination uptake LSOAs. Bolsover has been disproportionately affected by covid-19 as it contains the highest rates of Deaths with COVID-19 on the death certificate in Derbyshire (6).

From intelligence from the community, we know that many individuals originally from Eastern European countries reside in Shirebrook. Prior to the covid-19 Vaccination rollout of the first dose it was identified that there would be some barriers to vaccination uptake from certain groups such as those living in areas of Deprivation and Ethnic Minority groups (7).



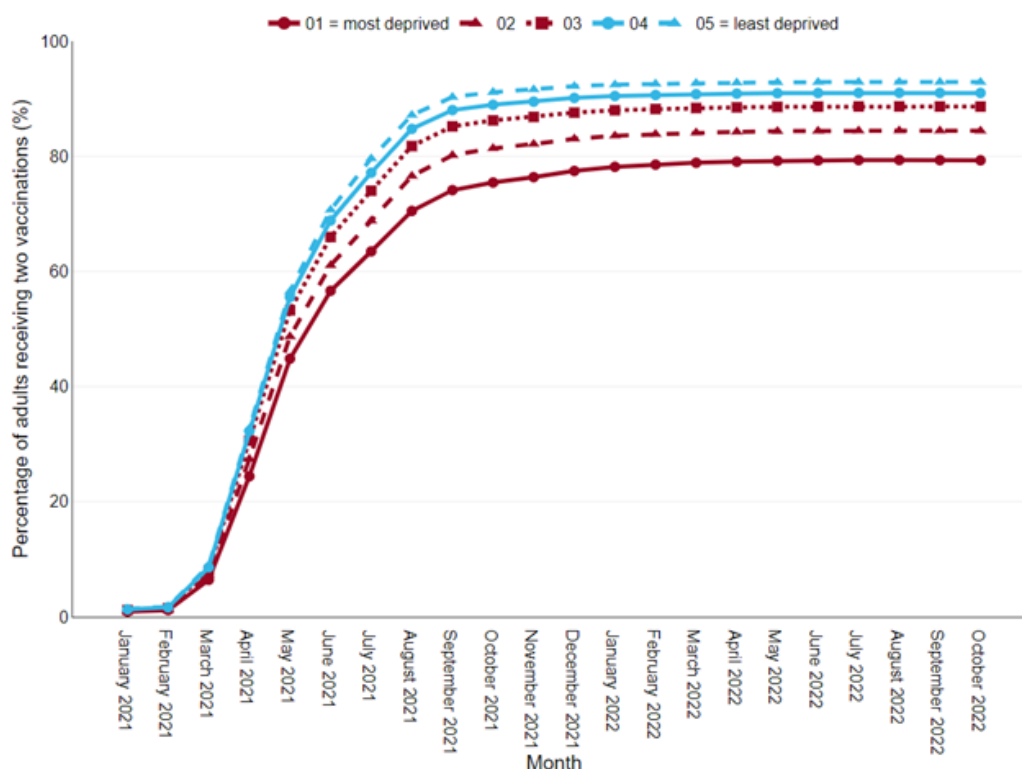


This report will focus on the findings from engagement working with trusted voices in the community to share positive information regarding covid-19 vaccinations and gathering intelligence on barriers to accessing covid-19 vaccinations as well as gathering information on the local area and wider determinants of health. This is so this information can be used for further public health work to reduce inequalities. Work in this area has shown that trust can be established by funding and supporting community led vaccination efforts and engaging community groups, trusted individuals and trusted voices, and faith leaders and funding targeted, culturally appropriate solutions (8) . The engagement approach will include information on the wider determinants of health as well as information specifically related to vaccines in order to gather more holistic information about the local community and reduce any barriers that the topic of vaccinations may cause.

“Targeting the at-risk groups with interventions that are tailored to address the psychological constructs contributing to vaccine mistrust will be essential. Safety concerns and mistrust in the benefits of vaccines, for instance, can be addressed at the individual level by using evidence-based approaches such as motivational interviewing. A strong vaccine recommendation from a healthcare provider combined with techniques to address vaccine hesitancy is one of the most effective ways to increase vaccine uptake” - COVID-19 vaccination in the UK: Addressing vaccine hesitancy: The Lancet 2021

Engaging with individuals on wider health topics will not only support successful engagement, but also gain information on addressing other health inequalities. As shown in Figure 4. Bolsover has the highest levels of fuel poverty of all the Derbyshire districts and higher levels than the England average. Figure 5. and 6. show the average life expectancy for male and female by area, with Bolsover having the lowest life expectancy out of all the Derbyshire districts and statistically worse life expectancy than the England Average. Figure 7. Shows the levels of physical inactivity across different areas of Derbyshire, with Bolsover being the highest and statistically worse than the Derbyshire and England average.

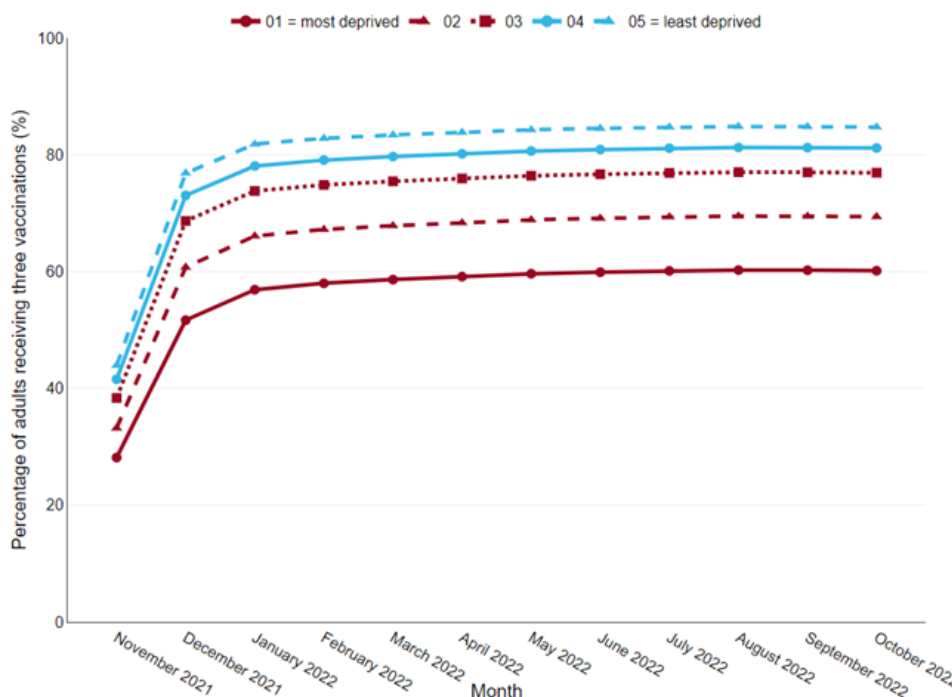
Figure 1. Cumulative percentage of adults aged 18+ who have received two COVID-19 vaccinations in England, by national deprivation quintile, January 2021 to October 2022



Source: COVID-19 Health Inequalities Monitoring for England (CHIME) tool <https://analytics.phe.gov.uk/apps/chime/>

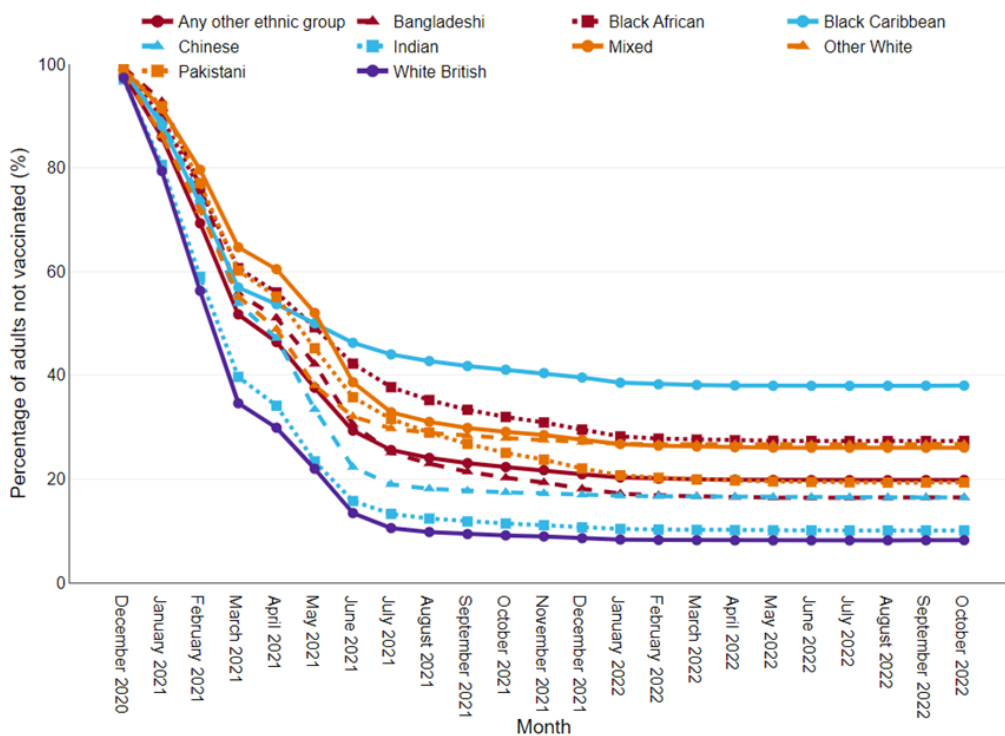


Figure 2. Cumulative percentage of adults aged 18+ who have received three COVID-19 vaccinations in England, by national deprivation quintile, November 2021 to October 2022



Source: COVID-19 Health Inequalities Monitoring for England (CHIME) tool <https://analytics.phe.gov.uk/apps/chime/>

Figure 2. Cumulative percentage of adults aged 18+ who have not received a vaccination in England, by ethnic group, December 2020 to October 2022



Source: COVID-19 Health Inequalities Monitoring for England (CHIME) tool <https://analytics.phe.gov.uk/apps/>

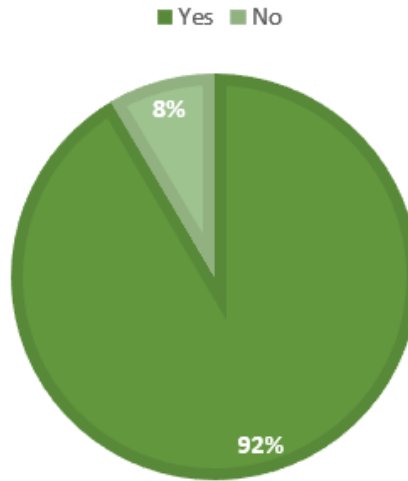




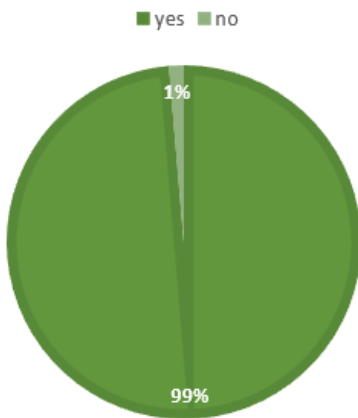
Resident and Community Feedback 276 residents engaged

Have you had a Covid-19 Vaccination?

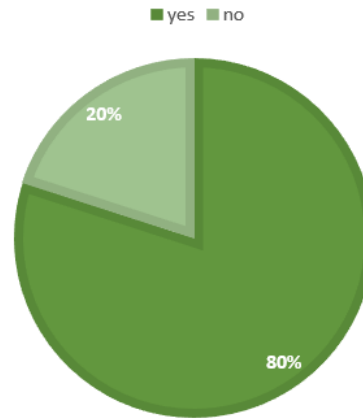
92% of people engaged across all venues had received at least one Covid-19 vaccination



Shirebrook Rangers



Shirebrook migrant community



The highest community group that had taken up the vaccine was Shirebrook rangers with 74/75 people indicating they had received the minimum of 1 vaccination

The group with the lowest uptake of the Covid-19 vaccine was Derbyshire Unemployed Workers Union. This group completed engagement with the migrant community of Shirebrook.

DUWU undertook written questionnaires with people. Although individuals shared their covid vaccination status, unfortunately they chose not to disclose the reasons why. Even more interestingly there are 2 responses on the questionnaire that noted that people had had the vaccine but had returned to their native countries to obtain it (Poland & Romania).

Engagement Officer feedback

In order to not appear overbearing we decided that as a conversation starter we would ask:

Do you know where the vaccination centre is?

It's fair to say that most people knew how to obtain the COVID vaccination and of the people engaged with, the majority said that they had had all that was offered. They said it had been easy to get, appointments were readily available and easy to book locally. In the early days of the vaccination programme some people had to travel a little further afield to neighbouring towns but no one spoken to seemed to object to doing that at that time as they felt it was necessary for 'the greater good' and to protect themselves and people around them.

However there does seem to be an obvious shift in some people who readily accepted the first 2 vaccinations but are now less willing to take up further boosters.





Here is a selection of quotes obtained through spin the wheel interactions

"I've never had any problems with regular periods before I had the COVID jab. After it I've had nothing but problems. I honestly believe it was the jab that caused it. It couldn't have been anything else."

"I think I'm up to date but haven't checked recently because I haven't had time. I work and have my own baby. I probably should check but it's just not a priority."

"Not happy at having had to have the jab for work. Don't know what's in it."

"I am not having it. Not putting something that was rushed into my body."

"I'm not having any more. We were told it would stop COVID but it hasn't stopped at all. We've still got it. It doesn't do anything."

"We were told it would help stop it if we all had it so I did but it hasn't stopped at all. It's still really bad."

"I've had the first 2 but I've since had COVID 5 times so it doesn't do anything. I'm not having any more. We were told it would stop COVID but it hasn't. We've still got it. It doesn't do anything. There is no point in having any more."

The general consensus was it was easy to access vaccinations: - the majority of people accessing them through the online booking method. They attended mass vaccination centres in Mansfield (Wickes), Kings Mill, plus local Shirebrook Surgery and Pharmacy.

Only one member engaged required support booking.

Some positive feedback in regards to needle phobia and how the vaccination centre staff managed this:

"I've had my COVID jabs but only because I am a full-time carer and I didn't want them to be at risk. I don't want the flu jabs or any others. I have a needle phobia. They were good with me though when I went for my COVID jabs. I told them about my phobia and they were very nice about it."





Vaccinations conclusions:

Whilst there are some general cross cutting themes, which we touch on later in regards to the town being left behind, lack of investment, disenfranchised people and poor access to health, it hasn't seemed to have detracted the majority of UK based residents accessing vaccinations. I hypothesise through the data we have obtained that the low uptake is partially down to the non-UK born residents deciding that the vaccination was not for them. This could be down to several factors, faith, choice, social and peer group pressures or just general lack of trust in vaccination.

Anecdotally we have also heard a number of people say that Covid is still here, the vaccine was supposed to be the magic wand and it's not been. Additionally, to this the crisis culture of the 2020's has now moved on, where people are no longer worried about Covid, but their heating, wages and livelihoods taking precedence over anything else.





Physical Health in Shirebrook:

Figure 5. The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life

A01b - Life expectancy at birth (Male, 3 year range) 2018 - 20

Life expectancy - Years

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	79.4	79.4	79.4
Derbyshire	-	-	79.2	78.9	79.4
Derbyshire Dales	-	-	80.9	80.1	81.7
Amber Valley	-	-	79.7	79.1	80.3
North East Derbyshire	-	-	79.7	79.0	80.3
South Derbyshire	-	-	79.3	78.6	80.0
High Peak	-	-	79.0	78.3	79.8
Erewash	-	-	78.9	78.3	79.6
Chesterfield	-	-	77.9	77.2	78.5
Bolsover	-	-	77.7	77.0	78.5

A01b - Life expectancy at birth (Female, 3 year range) 2018 - 20

Life expectancy - Years

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	83.1	83.1	83.2
Derbyshire	-	-	82.8	82.6	83.0
Derbyshire Dales	-	-	85.0	84.2	85.7
South Derbyshire	-	-	83.2	82.5	83.8
Amber Valley	-	-	83.0	82.4	83.5
Erewash	-	-	82.8	82.2	83.5
High Peak	-	-	82.6	82.0	83.3
North East Derbyshire	-	-	82.5	81.9	83.0
Chesterfield	-	-	81.8	81.2	82.4
Bolsover	-	-	81.7	81.0	82.4

Source: Public Health Outcomes Framework- Fingertips <https://fingertips.phe.org.uk/>

Figure 6. The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over

C17b - Percentage of physically inactive adults 2020/21

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	23.4	23.2	23.6
Derbyshire	-	-	21.5	20.2	22.8
Bolsover	-	-	28.9	25.0	33.0
Chesterfield	-	-	23.2	19.6	27.1
North East Derbyshire	-	-	22.8	19.0	26.5
Amber Valley	-	-	22.4	18.7	26.0
Erewash	-	-	20.9	17.5	24.5
South Derbyshire	-	-	19.2	15.8	22.8
High Peak	-	-	17.7	14.4	21.1
Derbyshire Dales	-	-	15.9	12.8	19.3

Source: Public Health Outcomes Framework- Fingertips <https://fingertips.phe.org.uk/>





We are Undefeatable – Bolsover Data overview 2021

National reflections from the **Sport England Active Lives** study show that physical activity levels were hit hardest during the initial phase of the pandemic, with the proportion of the population classed as active dropping by 7.1%. This represents just over 3m fewer active adults nationally. During the second phase, as restrictions were eased, activity levels were still down compared to November 2019 but the reductions were smaller:

- 4.4%/2.0m fewer active adults across mid-May to mid-July 2020
- 3.1%/1.4m fewer active adults across mid-July to mid-September 2020

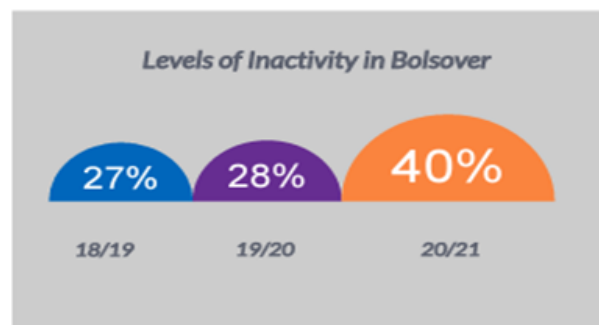
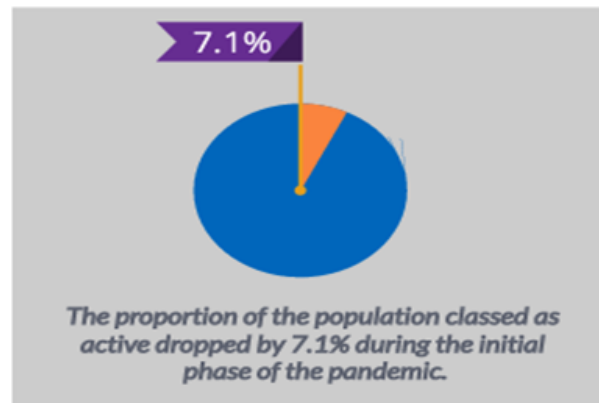
During the third phase of the pandemic, as new restrictions were imposed but before the full impact of the national lockdown was felt, activity levels decreased by 1.8% (0.8m fewer active adults), indicating a small recovery.

Latest Insight Data for England (May 2020-21) however indicates that **the level of inactivity (less than 30 mins exercise per week in adults 16+) has increased to 27.5% overall, a 2% increase in inactivity nationally since the May 19-20 release.**

For those with a disability and/or long term health conditions, physical inactivity decreases were the strongest during the initial lockdown phase. The scale of drops was slightly greater for disabled people or those with a long-term health condition, which may be attributed to the requirement for those with health conditions to shield.

Sport England Active Lives data for May 20/21 shows that 39.6% of Bolsover residents were inactive, compared with 27.5% of the population at a national level. This represents an increase in physical inactivity levels by 13% since the 18/19 data return.

Source: -We Are Undefeatable insight – Shirebrook Physical Health report//efaidnbmnnnibpcajpcglcfindmkaj/
<https://www.bcvs.org.uk/sites/default/files/2022-03/Bolsover-We-Are-Undefeatable-Final-Evaluation-Report.pdf>



Sport England Active Lives Data Insight for Bolsover LA, using May annual returns.

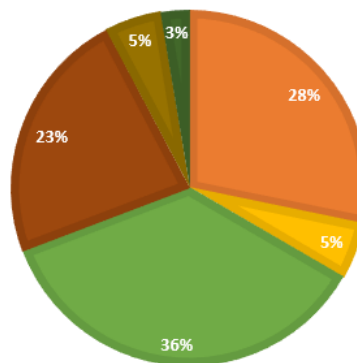


Feedback from group activity on Physical Health

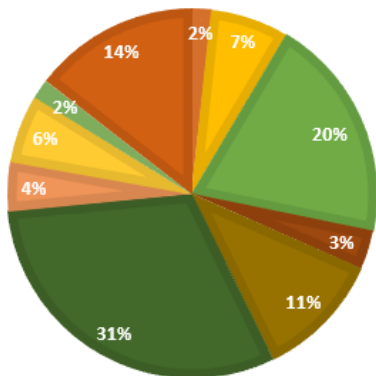
We asked three main questions relating to Physical Wellbeing

How did you attend this event day?

Walked Taxi Car Public Transport Cycle Other

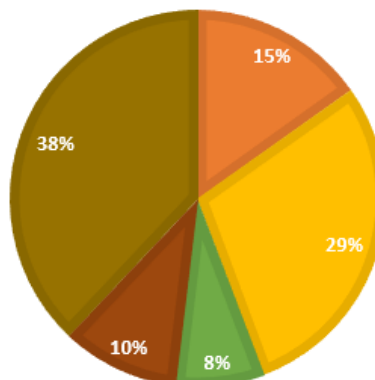


Cycle Dog Walking Football Gardening Gym None Other Running Swim Walk



How often do you undertake physical activity?

More than once a week Once a week Two times a month Once a Month Never



How often do you eat takeaway food?

Engagement Officer Feedback

Much of this has been covered earlier on in this report with many people regularly walking through choice and necessity. Dog walking, football, jogging and swimming were other activities mentioned but several people did say that the lack of a local swimming pool was a problem and something they would use if there was one.

In relation to take away food the results were a mixed bag. Most people admitted to this infrequently or said never. Some said they used to but can no longer afford to. This often started a conversation around the cost of living and concerns around that. Almost everyone spoken to were affected.

'The Brook Community Centre and Foodbank is great'

'Storehouse Shop and the café are excellent'

The BLAST also has food provision which is very popular and often accessed through their Tuesday Drop-In sessions. They also provide much needed furniture and white goods as I witnessed on 2 occasions when people came in saying they needed certain items.

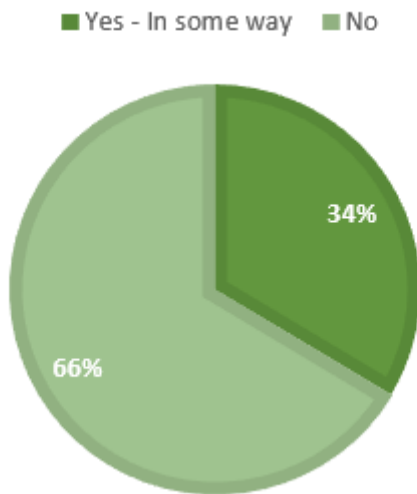
It's worth noting that the Brook host a food pantry called the Storehouse – they have 800 subscribers (10% of the adult population of Shirebrook) who attend weekly. There is small cost to pay but it is a beacon in the town for food insecurity.





Mental Health

Feedback from the questionnaire and spin the wheel engagement



Have you ever accessed mental health support?

- ◆ 22% Stated that when accessing mental health services, they have had to travel out of area.
- ◆ 22% Stated their experience of accessing mental health services was bad.
- ◆ 10% Stated that the wait was too long to access services.
- ◆ 7.5% Stated they accessed paid for services, as waiting lists were too long.
- ◆ 5% Stated language was barrier whilst receiving support/lack of interpretation.

Quotes from Engagement feedback

“My daughter suffered severely with her mental health a couple of years ago. We contacted CAMHS and the experience was useless as the waiting times were horrendous”

“I suffer from anxiety and depression and am frightened of getting things wrong. Help to overcome this is difficult but I would appreciate some support just don't know how to get it “

“Mental health services are very difficult to access “

“Government funded mental health help was extremely difficult to access even when my daughter was expressing suicidal thoughts. I sought help privately which was extremely costly and had little to no benefit “

“Coming here today and answering your questions is a big deal for me because of my mental health and also I have poor physical health. I suffer severe anxiety and don't normally go out much or speak to people I don't know. I do get lots of help and support “

“Accessed but language barrier was an issue “





General Health & Social & Community Factors

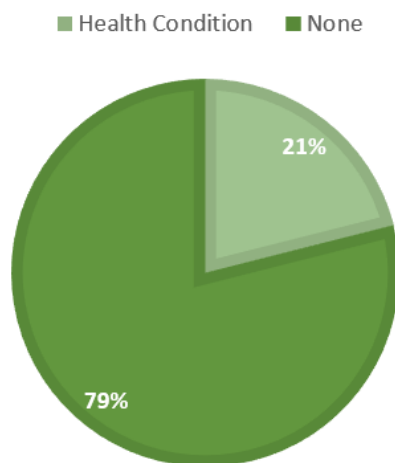
Figure 4. Fuel Poverty (Low income, low energy, efficiency methodology) 2020 - The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology

B17 - Fuel poverty (low income, low energy efficiency methodology) 2020 Proportion - %

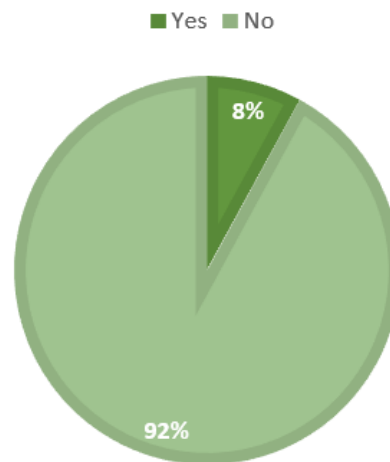
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	3,158,206	13.2	-	-
Derbyshire	-	49,987	14.0	-	-
Bolsover	-	5,710	16.2	-	-
Chesterfield	-	7,939	15.8	-	-
Amber Valley	-	7,860	13.9	-	-
North East Derbyshire	-	6,429	13.9	-	-
High Peak	-	5,657	13.5	-	-
Erewash	-	7,064	13.5	-	-
Derbyshire Dales	-	4,454	13.4	-	-
South Derbyshire	-	4,874	11.7	-	-

Source: Public Health Outcomes Framework- Fingertips <https://fingertips.phe.org.uk/>

Those with recognised health conditions



Those with caring responsibilities



Pants and Tops

We received 276 responses to pants and tops and the common cross cutting themes were as follows:

What is "Pants" - The worst things about living in Shirebrook?

Antisocial behaviour and fear of crime came out strongly with many people fearing going out after dark particularly older people and also some of the minority groups featured who feared racist abuse and attack. The market place figures highly as a hot spot for such behaviour as a meeting place for groups of youths although it is acknowledged by many of our participants that there isn't much else for youths to do in the area.

There were lots of negative comments about the environment in Shirebrook and general poor appearance of the physical surroundings – dirty streets, rubbish strewn everywhere, lack of bins, lack of toilets, rundown buildings, lack of investment in the infrastructure of the area.

"The heart's been ripped out of Shirebrook. Buildings which had character have been ripped down or left in disrepair and replaced by box-like housing. They all look the same and aren't even affordable."





Following on from the physical environment and infrastructure many people were disappointed at the lack of shops and how many had closed down, some being replaced with 'too many nail bars and takeaways'. At least one person commented that the market used to be thriving and that people used to travel into Shirebrook for the market but that it had now 'died a death'. Someone suggested an indoor market would be good for the area. One person commented 'It's just not fair even our supermarkets are unpleasant. There are big new Aldi's in most places. Ours is horrible it's dirty and dark. It's like we just don't matter here'.

Public transport was high on the agenda with many people saying it was unreliable. Many people were prepared to travel to neighbouring towns such as Mansfield and Chesterfield for better shopping and other services but said that getting back was often an issue. Someone said 'If they cut services because of lack of drivers or whatever it's always the buses coming back to Shirebrook which get cut first'. If the bus doesn't turn up it appears that the only other route available to most people is a taxi which to many people in the current climate is unaffordable.

Jobs – not many and mainly only agency work available. More variety of employment was requested.



What is "Tops" - what are the best things about living in Shirebrook?

Many people were positive about the community spirit but this also did appear occasionally on the 'pants' as lack of community spirit. The feeling I picked up was that some of these people felt that there are people out in the community who will help you but not enough and it's the same people all the time. This certainly came out of conversations I had with volunteers and key people involved in running the projects. Someone said that there doesn't appear to be the same 'buy in' from local schools and other organisations as there used to be. And that although all of the projects we engaged with figured very highly in people's positives that there weren't enough community projects or events which brought the whole community together.

'Strong sense of community, lots of opportunities to be involved in'

The amount of green spaces was a notable positive which particularly came out of the written surveys carried out by DUWU and (from staff) from the Eastern European Community who on the whole were impressed with the surrounding countryside and parks and places available to walk and cycle, walk the dog and jog but would welcome new or other green opportunities to exercise.





Brexit Impact on Shirebrook

Shirebrook residents voted 71% to Leave the EU in 2016. Citing migration as a key theme for voting leave. Since the establishment of the Frasers group in the Town, economic migration has grown greatly with now 15% of the Shirebrook population being non UK born residents. During our conversations with residents it is apparent there is a disconnect between these communities. With UK born residents indicating that opportunity has been taken away due to economic migration, which has seen them become more disenfranchised with the town. Whilst the people who have settled here for work, also feel that they are not wanted, and too feel disillusioned with their surroundings. Repairing the social fabrics of these communities will be key to a more prosperous and inclusive town. It is not all doom and gloom, there are great examples of communities working together with Derbyshire Unemployed Workers Union being a conduit for both, and as generations become established more non UK born residents are getting involved in community provision.

GP access

As a conversation starter this drew out more information and detail and sadly it was mostly on the negative side. The general feeling is that GP appointments are really difficult to obtain, that most people could do nothing but ring up first thing in the morning and often couldn't get through and even when they did there were no appointments available. They would be on the phone for long periods of time waiting for an answer – 40 minutes was quoted in one response.

'Long wait to get a telephone consultation and then only get a short conversation'

Many objected to having to tell the receptionist what they were ringing for feeling that that information is personal and private and not something which they wanted to share with the receptionist. Someone felt that they had felt a way to navigate this was by just saying 'mental health' whether that was the problem or not!

During one conversation with a small group their perception was that the 'Eastern Europeans' can just walk in and get an appointment straight away. However, having spoken to representatives of the DUWU myself, their findings were that this was definitely not the case and that the Eastern European Community also had a negative view of accessing the GP with the same problems as the wider community plus the language barrier being a major problem as no interpretation services are available within the surgeries.

The DUWU seems to provide the main source of 'unofficial' interpretation services in the area with most staff and volunteers being bilingual but as far as I am aware these services are only available within the DUWU office interpreting letters, making calls, navigating forms etc and not within the surgeries in most cases.

On the positive side though, people were usually happy with the service they received once they were able to access the GP with many favourable comments being made about the local GP (Dr Loveland)

'I have lived here all my life. I am in my fifties. The doctor used to know who I was, my whole family by name even. Now they claim not to know anything about you. You have to repeat everything every time. There's no continuity. It's put me off. I just can't be bothered. I really need more medication. I suffer from poor mental health. I really should go and see them'

Community Groups and Volunteering – Altruism in Shirebrook:

We asked:

Do you do any volunteering?

What community groups are you aware of?

Not surprisingly most of those spoken to or surveyed were aware of some as they were already engaging by being at the events/locations. As regards volunteering though quite a few people had not recognized until prompted that supporting neighbours, older people etc albeit in an unofficial capacity was volunteering. Some people expressed that they might like to do more volunteering but for some this wasn't possible in current times because of other commitments such as work, caring duties, lack of motivation etc.

However, having said that at least 2 people spoken to, although they had caring duties also volunteered as they felt that volunteering gave them an opportunity to do something different away from caring and for themselves.





Community Support in Action

Shaun, a Support Worker at The Brook felt he had navigated a way round the system for the most vulnerable of his clients. He has negotiated a system with the GP that if he had spoken to them and felt that they needed a face to face appointment then he would obtain written authority by them to make them an appointment with the GP and in most cases, he would accompany them to their appointment. He feels that that way people who would otherwise put off seeking medical advice even when desperately needed would be more likely to obtain it with him acting as advocate and that the patient would be able to communicate the issue more effectively in the appointment with his support and that fewer appointments would be missed. He feels this arrangement is working well for both his clients and the GP, especially as a lot of the issues which people needed to see a GP for are concerning mental health.

Engagement Officer – Final view

So hopefully this report provides a sufficient overview of the project, different methods of engagement and the differing levels of success experienced – learning for the future.

On a personal note from the short time that I have worked in Shirebrook I have found all of the groups involved most engaging and most of the individual members of the community who willingly shared some very personal information on occasions. I felt very privileged that they did so with me and my colleagues. It is abundantly clear that the community projects all have huge positive impact on their communities. It is concerning what effect not having these people and places to support them in the many different ways they do would have and how they do so much more than ‘plug the gaps’ for the existing and obvious health inequalities and wider determinants of health in this area.

Conclusion

Shirebrook has a multitude of health and social issues. Some of these are linked to generational trends, it’s a town that is craving to be worked with after years of feeling ‘done to’.

There is a general lack of social mobility when it comes to accessing provision. Residents want local doorstep access. Changing perceptions of moving around the ward to access health and wellbeing support is a big ask, however I believe it should be persevered.

Shirebrook residents want to be heard, but have become disillusioned with support. Much of the data gathered indicates that the residents are no longer proud of their town, and it has changed for the worst, with antisocial behaviour and drugs being factors of disillusionment.

Community provision plays a massive part in enabling people to access emotional, physical and mental health support. It keeps people socially connected and allows them to make positive informed choices about their lives. In an area with high deprivation, low skills attainment and health inequalities it is imperative to have a vibrant VCSE. As without this support the determinants would be much wider.

It has been highlighted that transport and connectivity are areas that need addressing. Improving and empowering Digital access to GP/health appointments could be a real winner in the area. It was highlighted in the vaccine uptake that most residents were able to book their job online.





Themes and Recommendations

Theme: Low uptake of the covid-19 vaccination amongst certain groups

As seen in the national data and in the survey responses, individuals identifying themselves as White British have one of the lowest percentage of their population vaccinated compared to other ethnicities. Shirebrook has a high percentage of residents who were not born in the UK and local intelligence suggests that of these that most belong to the Eastern European community. Those from this community who took part in the survey only 80% said they had received a covid-19 vaccination.

Recommendation:

- ◆ Work directly with trusted voices in the migrant communities. Continue to build trust and partnership ways of working to pass on positive health messaging. Encourage more feedback on health access experience in the UK. This would not just be for Covid - but for all health messaging. Derbyshire Unemployed Workers Union for example are a great conduit to this community.

Theme: Trust

From the engagements there were many individuals that did not wish to disclose reasons for choosing not to receive the Covid-19 vaccination. This suggests individuals mistrust those engaging with them. Many individuals stated that they did not trust the ingredients and testing of the covid vaccination and were unwilling to engage in a discussion regarding evidence and their minds were made up.

Recommendation:

- ◆ Clearer resources supporting vaccine information regarding ingredients and testing co produced with the community to ensure appropriate resources created for different groups from the outset
- ◆ Engaging with different communities through their trusted leaders and peers, utilising organisations that already support these groups to share information

Theme : Good access to vaccinations

The findings suggest that Vaccination centres were well known and accessible to the residents of Shirebrook. A roving model of vaccination clinics did target Shirebrook (and other areas of Derbyshire) due to the static vaccinations centres being far away, low vehicle ownership, Shirebrook being an area of high deprivation and the low vaccination uptake rate in the area.

Recommendations:

- ◆ Use lessons learned from the review of the roving vaccination clinic model for future interventions.



Theme : Feeling misled and 3rd dose/booster uptake

A common theme from individual responses is that they believed that getting vaccinated for covid-19 would stop them from getting covid-19 and stop the virus spreading in the community. Many individuals reported their annoyance that they still caught the virus, many said they had tested positive for covid-19 multiple times. Individuals reported to be disengaged with the covid-19 vaccination programme and of those vaccinated, many were not willing to have more than 2 doses due to it being perceived that the vaccination did not work as expected.

Recommendations:

- ◆ Including information on the purpose of the vaccination in guidance to trusted leaders including clearer information on protecting yourself, protecting others and vaccinations don't stop individuals for contracting the virus, but can reduce the possible harmful illness. This could also include the wider impact of time off work and the impact this has on the economy.

Theme: Lack of pride in the area from the community

The engagements uncovered negative feelings towards the appearance and behaviours of individuals in Shirebrook. They felt there was no ownership of the town from the community and that the residents were not involved in decisions.

Recommendations:

- ◆ Engage young people – from toddler up – get them to own their community, murals, walks, conversations. Make the first steps of the generation change, so we can alleviate health inequalities.

Theme: Low rates of physical activity

The responses of the residents taking part in the engagements in terms of physical activity levels matches up with the data gathered by Sports England for Public health Profiles with 31 %of respondents stating that they were inactive. This figure may not be representative of the whole community as a proportion of the responses were members of a football club (not necessarily players) and reported high levels of physical activity. Those belonging to the Eastern European community also reported higher rates of physical activity than other groups, and mentioned many times the good access to green spaces around Shirebrook.

Recommendations:

- ◆ More resource put into Shirebrook for community led physical provision. E.g. Walk and Talk. This must be led by community champions who are advocates.
- ◆ As an already established group Shirebrook Rangers could look to diversify their model to incorporate other physical activity initiatives.
- ◆ Review transport and connectivity – community transport model to allow people, with an emphasis on young people to access the swimming pool in nearby Clowne.

- ◆ Work with Holiday Activities and Food Programme to develop an offer that is appropriate for the community
- ◆ More youth led community leaders!
- ◆ Use good access to green space as a way of engaging with Eastern European community





Theme: Access to other services and support

Generally, most individuals spoke about poor access to services in the Shirebrook area. With the one GP surgery in the town being hard to get an appointments at and many individuals mentioning it is hard to access to mental health services due to wait times and coverage, meaning that in some cases individuals are required to go out of area for support in some cases. Some did speak positively regarding the local GP surgery with comments on the individual staff members and ease of access for certain groups.

Most individuals were not aware of the local groups/services in the Shirebrook area, of which Shirebrook has a high proportion than other areas of the district, highlighting the need to promote and utilise these services locally.

The service that was often mentioned and is used by 800 individuals/families in Shirebrook was the Storehouse foodbank.

Recommendations:

- ◆ Work with Cost of Living support (warm hubs, food banks) to relay health messages.
- ◆ More low-level community-based intervention to support people to improve emotional wellbeing. This could be linked with Physical health provision.
- ◆ Review of IAPT services and how to access Mental Health support within the town.

BCVS Summary

It has been an absolute pleasure to work with Community based organisations in regards to health inequalities in Shirebrook. As well as Sophie from The Public Health team in Derbyshire County Council, who has been fantastic. Community cohesion is alive and well in the town, and without places like the Brook, BLAST, Shirebrook Rangers and DUWU the residents would be in a much worse state.

Shirebrook has some brilliant residents that just want to be listened to. It is a shame that they feel their voices fall on deaf ears. System partners must now work together to build a robust action plan on how to tackle health inequalities in the town. I must stress though any plans going forward with any organisation has to work with and more importantly for the residents.

Working with the partners, organisations and individuals that shaped this report has strengthened the links between the Voluntary sector and the community in Shirebrook. Sharing this report within the respective departments in Public health can support further relationships with the community thus meeting one of the project aims.

Finally, Shirebrook, like the whole of Bolsover, is a town that has deep rooted aspirations and the residents want the best for all generations. This report highlights the issues, and now we know them we must come together and act to ensure we improve lives.

Steve Morris

Head of Bolsover CVS





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Case Study 1—BLAST Craft Group

Heather

Heather is a lady in her 50's who was keen to engage with me in the kitchen preparing refreshments for the Craft Club.

Heather told me that she had only been to Craft Club a couple of times and also the Drop In at the same location on a Tuesday. 'I didn't know it existed' she said ' Until one day I was walking past when a lady approached me and asked if I'd like to come and join in. I think I might have looked sad.' The invitation came just at the right time for me and has been life changing. I was sad in fact I suffer from depression and sometimes feel very isolated.'

Heather explained that she is the main carer for her daughter and her granddaughter. Her daughter is neuro diverse and in order to enable her to go to work for her own wellbeing, Heather takes care of her granddaughter.

Heather had been feeling very low for some time and felt her mental health had plummeted through the pandemic. She has a partner but doesn't want to spoil the time they have together by burdening him with her troubles so keeps them to herself. She has tried to access mental health services but was only offered telephone counselling which didn't suit her. She explained that she found talking about her issues with someone she had never met and couldn't see wasn't for her.

She said 'This place has done more for me in the few weeks I have been coming. I feel so much better now. I have made friends here and now feel much more confident. They literally are lifesavers. I'm so pleased because this experience has given me the confidence to go back to work and I start a new job next week. I'm going to work in a betting shop which is what I used to do before I became ill.'





Case Study 2 – BLAST Craft Group – Nov 2022

Pat

Pat is an octogenarian. She is a regular member of the Craft Group although she says she isn't very good at crafts and doesn't feel that she is always able to take part. 'I don't mind' she says 'I just like to watch. It's not the taking part that matters but the fact that I am here'.

Pat is accompanied to the group by another member. Although she only lives a short distance away Pat is unsteady on her feet and wouldn't feel confident in coming without support.

'If it wasn't for....I wouldn't be able to come. It's difficult as the buses aren't very reliable. I wouldn't be able to come on my own'.

'I used to do allsorts. I worked all my life and have raised 4 children. Even in my retirement I did some further education classes. I was very active however, now I am quite unsteady and lack the confidence to go out on my own.'

'They have other things happening here at The Hole in The Wall in the evening but I wouldn't come to those as I daren't be out at night or in the dark even. It's very frightening around here at night. I'm really sad about that as I am Shirebrook born and bred. My family had a shop in the market place and it was thriving. I knew everyone and everyone knew me. Now people barely smile or look you in the eye. It's very frightening.'

'The market place is horrible now. It's very sad but there is nothing there now except lots of antisocial behaviour and crime. Lots of youths hang around there because there is nowhere else for them to go or anything for them to do around here'.

Pat was rather amused to have picked the question from the pack of cards I offered her:

The question was 'How much exercise do you do?'

'None' said Pat. 'I struggle to get out of the chair most days which is why I like to come here. It gives me a purpose'.

I asked Pat if she had ever heard of arm-chair exercise. She said she had and that she used to do it – at the Leisure Centre she thought, but she was only entitled to go for a few sessions. She had enjoyed it and felt she benefitted but because her physio said there wasn't much else they could do for her wasn't sure there was much point and wasn't aware if there was any more available locally.

I said I'd look into it for her.