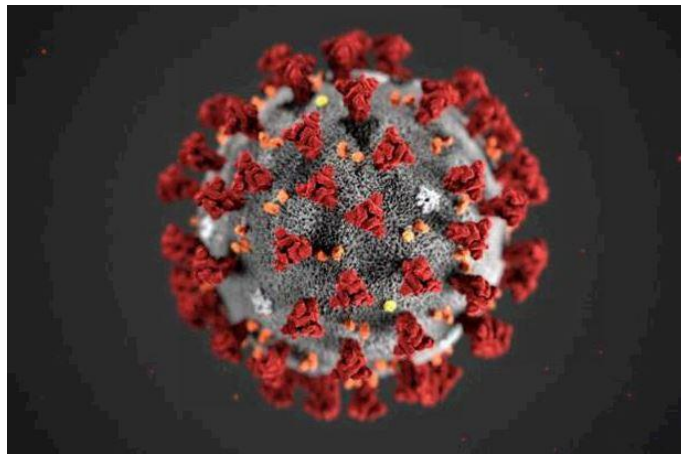


**SOUTH WEST POPULATION AND PUBLIC
HEALTH ACADEMY**

Public Health Registrar Projects: Supporting COVID-19



September 2020

Introduction

The COVID-19 Pandemic has had a major impact on populations around the world.

Professionals in Population and Public Health have been at the heart of the response.

In the South West, many Specialty Registrars have contributed to this response.



The case studies and reflections below provide an insight into some of the important work that South West Public Health Registrars have led on during the last few months.

COVID-19 has provided an important opportunity to develop skills and competencies in Health Protection, managing major incidents and effects on specific populations and health inequalities.

Professor Maggie Rae PrFPH, FRSPH, FRCP Hon., FRSM

Registrar Case Studies and Reflections



Beth Smout, ST2, South Gloucestershire County Council

South Gloucestershire Council established a Duty Specialist Registrar (StR) function in March 2020, to provide additional capacity and support to the Duty Consultant in responding to health protection queries sent to the Council's Public Health & Wellbeing Division. These queries primarily related to COVID-19 and were sent by other Council teams, local elected representatives and MPs, PHE, external organisations such as the CCG and voluntary sector, and members of the public. The Duty StR worked to support the Duty Consultant by: monitoring the dedicated inbox; working with the Duty Consultant to respond to urgent queries, provide public health advice and signpost to existing guidance; attend relevant meetings such as Outbreak Control Team meetings and cascade information about outbreaks to relevant individuals. The Duty StR was also involved in producing rapid pieces of work when required, examples of which include producing guidance and FAQ documents for Council staff on self-isolation, sickness and staff wellbeing; producing guidance summary documents related to the use of PPE in non-healthcare settings; and working with HR on staff risk assessments for at-risk groups. This work enabled StRs to develop communication skills for a range of audiences and understand how to both prioritise and respond rapidly in an ever-changing situation.



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Claire Ferraro, ST2, Field Epidemiology Service

Surveillance is the “systematic collection, analysis and interpretation of health-related data essential to planning, implementation and evaluation of public health practice.” Working with the Surveillance Cell at PHE, I produce a weekly surveillance report on COVID-19 clusters and outbreaks in workplace-settings in England. This involves a manual process of checking details for all (~40/week in August) reported outbreaks in workplace settings, generating summary statistics on number of confirmed cases/outbreak and understanding the impact of infection prevention and control measures in place. I present the report internally at the Regional Operating Cell (ROC) meeting and it is shared with the Secretary of State, NERVTAG and SAGE on a weekly basis. I have also had the privilege to attend and present the report a few times at NERVTAG meetings. I have joined the PHE Workplace Outbreak Working Group, alongside the ROC Chair, ROC Public Health Advisor and others, to develop public health advice to external agencies (e.g. DEFRA, HSC, FSA) in order to support workplaces to operate safely. We have developed a categorisation of workplaces that is now being used for surveillance purposes. The lessons learnt from this surveillance, and other workplace-based analyses, help build the evidence-base for our COVID-19 guidance to workplaces.



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Kate Yorke, ST3, Swindon Borough Council

I am the Public Health lead for Economic Recovery at Swindon Borough Council as well as the strategic lead for engagement with businesses on Covid-19. Swindon has recently experienced a number of outbreaks among businesses, which has heightened the importance of good engagement with this sector.

I developed a plan for proactive engagement with businesses, collaborating with colleagues from Communications, Environmental Health and the Economy & Business team. We agreed key messages for businesses as well as identifying priority organisations and any businesses identified as high risk of transmission of the virus that we wanted to target.

We had identified through feedback from local organisations that there was confusion relating to what to do if there was a positive case or an outbreak in the workplace, as well as other key public health actions. To address this, I wrote answers to frequently asked questions which were made available on the SBC website and these were shared through local business networks. Letters were sent to priority businesses highlighting both the PHE action cards and the FAQs.

In addition, I organised a webinar for businesses and facilitated a question and answer session with attendees, following a presentation from our Director of Public Health.



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Kamal Patel, ST3, Plymouth City Council

I have developed a framework to assess the broad health and wellbeing impacts on Plymouth as a result of COVID-19. I have brought together available evidence to consider where particular inequalities lie and to assess health needs going forward. Following this, I am organising a workshop between members of Plymouth Health and Wellbeing board and mental health partners in the city (including commissioners, providers, the voluntary and community sector and user/carer voice) to discuss adult mental health and wellbeing, which was identified as a key and overriding impact of COVID-19. At this workshop key lines of inquiry will be: what responses have worked well and how can we build on these, do we have services in place to support people in light of current impacts and future potential impacts, and what additional offers are needed? The aim is for partners to identify key themes and action points for the system to reduce inequalities. To aid the discussion, I am making a video where Plymouth residents talk about what has affected their mental health and wellbeing positively and negatively during these times. Future Health and Wellbeing Board events will potentially consider other parts of the framework in a similar way.



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Sarah Bird, ST4, Devon County Council/PHE

During the pandemic I worked with the Regional PHE Health and Wellbeing Team to develop a COVID-19 homelessness response workplan, covering strategic partnership working, outbreak prevention and wider healthcare issues. We established a regional strategic homelessness group with NHSE, MHCLG and other partners, and a learning network for the SW PH Homelessness Leads. I presented to and wrote a report for the South West directors of public health highlighting the opportunities and challenges of the homelessness response, including the government push to get everyone 'In For Good'. This role has involved providing public health expertise at a senior level to influence policy and practice. The work aligned well with my role in Devon County Council, where I am the public health lead for the COVID-19 homelessness response, on the Devon COVID-19 Strategic Homelessness Response Cell (eight district councils) and the Exeter COVID-19 Homelessness Response Group. This has included providing public health advice to prevent and prepare for outbreaks, including development of a Homeless Setting Outbreak Standard Operating Procedure (SOP) and local testing pathway. It has been invaluable to be able to apply my experience and knowledge of both local authority and PHE systems.



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Emma Kain, ST5, Devon County Council/PHE

I have been involved in the following ways supporting the COVID response: a Pilot supplying vapes to people in emergency accommodation due to COVID19.

Rough sleepers in emergency accommodation due to COVID19 were identified as a high risk group for COVID infection. The majority of this group were heavy smokers and concerns were raised about the infection risk posed by smoking behaviours of sharing tobacco products and smoking used cigarette butts. Colleagues working closely with this group were keen to supply vaping products to this group to reduce this risk, encourage social distancing and isolation, and reduce fire risk due to smoking inside the accommodation.

I developed a business case to supply vapes to 65 homeless people in Exeter with supplies to support them to quit or abstain from smoking for up to 12 weeks. I led a team to implement this project, including procuring the correct products, arranging e-cigarette training for housing support staff and our stop smoking, tackling barriers to referral and developing an evaluation plan.

This project has been successful in supporting a high risk population group who would not usually engage with stop smoking services. We have had over 50 referrals to the project and have had feedback from individuals that it has changed their lives. We are now reviewing our stop smoking offer and exploring options for rolling the project out to other groups.

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Rob Hayward, ST4, University of the West of England/South Gloucestershire council

In my local authority role I have been supporting the Duty Consultant at South Gloucestershire Council in responding to COVID-19 issues raised by members of parliament and councillors, and working on call for Public Health England health protection team dealing with urgent COVID-19 issues with care homes and primary care. In my academic role at UWE Bristol I have been involved with the design and analysis of a survey commissioned by West of England Combined Authority (WECA) exploring how people's patterns of use and attitudes to local green spaces changed during the main lockdown period due to COVID-19. I crafted questions to accurately capture this information, promoted the survey across the WECA area, and performed data management and descriptive statistics on over 1000 responses. I am working with UWE colleagues to develop a vlog to promote and disseminate the findings, and I am looking to actively include the findings from this research in my placement role improving the built environment.

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Alexa Gainsbury, ST4, Torbay Council

I have led the PPE and IPC cell for Torbay Council. This has involved providing expert advice and guidance regarding the use of PPE outside health care settings, establishing PPE distribution hubs for the social care and VCS workforce, developing pathways for PPE, advising on standards and procurement, rationalisation and prioritisation and co-leading the development of live PPE guidance for local authority, education, social care and the community sector. I also established SitReps as a way of working during the Covid Pandemic and have chaired these throughout the response. I lead on technical advice and guidance to the local authority and voluntary and community sector and lead on various elements on Torbay Council's Local Outbreak Management Plan including the development of Action Cards and education events for a range of sectors.



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Alasdair Wood, ST3, Public Health England

During the pandemic I transferred to the health protection team in Public Health England to assist in setting up their tier-1 contact tracing capabilities. This has provided me with a number of new opportunities, specifically to have oversight of the creation of a new service in the health protection team, and also supervision of teams of junior colleagues supporting this service. As the national lockdown eased, the demands of contact tracing have increased. Keeping pace with the fluctuant demand and ever-changing policy environment has been tough but rewarding. As clusters of cases have arisen in certain areas in the Southwest, my role has expanded to include oversight of epidemiological reviews of clusters of cases to ensure health protection efforts are focussed in the areas where we might see maximum benefit in reducing transmission with minimum disruption to local people and businesses. Through this, I had the opportunity to present to NERVTAG on lessons learnt from dealing with large and complex interconnected workplace outbreaks in Swindon.



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