Health Protection Training session

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Disclaimer!

- Many of us know more about health protection, the wider consequences of infectious disease and inequality as a result of infectious disease than we ever wanted to know
- We're in a time of change and this is my Local Authority perspective
- I'd welcome your thoughts

Learning objectives

- Insight/perspectives into health protection issues in a local authority setting
- Reflection on 'covid times' and 'normal" times this might make all of our heads hurt!
- To consider what relationships and resources are available for staff in local authorities to support health protection work
- To learn about roles and responsibilities
- To consider the links between 'reaction' and 'prevention' in the context of communicable disease
- To reflect on covid as well as other health protection issues

Lets talk about covid...

• Really, do we have to?

Covid Local Authorities teams

- 'supported and augmented' UKHSA with outbreak management work – we've been through the fire together
- Did more active outbreak management than ever before, added our local relationships and perspectives
- Had funds to provide services like contact tracing and community support and more staff
- Staff all got lots of health protection experience to put on CV
- Will (at different speeds) have to exit from this work as don't have staff/funding to carry on
- Would really be interested to hear about your experiences and difficulties with exit

Lets talk about pre-covid - questions from Elected Members

- Why can't my daughter get Men ACWY?'
- 'Can my constituent have her tree cut down because of pigeons?'
- 'I read in the Guardian that victorian diseases are on the increase'
- 'one of my family members works in a call centre where they have a case of active TB should I be worried?'

What's the (statutory) role of the DPH

To be **assured** about the safe and efficient running of systems to protect the health of the population including

- Communicable (infectious) disease
- Immunisation and screening programmes
- Emergency planning for both
 - Emergencies that might affect health (flooding)
 - Public Health emergencies (pandemics?!?)
- Infection prevention and control

What's your role?

To support the DPH in determining whether they are **assured** or not that the health of the population is being protected. What does this mean?

Are organisations

- Contributing, turning up, playing ball, trying?
- Focusing on the right things inequalities?
- Who needs a 'quiet word' 'firm email' 'report to health protection committee' 'thanking'

How?

- Ask good questions why are you doing that? why aren't you doing this?
- What cross system issues need tackling? How could the DPH or their team negotiate or influence that – tell the DPH!
- Facilitate, bring people together, support relationships and partnerships

Relationships, roles and responsibilities

- Environmental Health teams in Local Authorities statutory powers, experienced, under pressure
- Public Health England Health Protection Team expert advice but might not know your local area
- Your colleagues in the PHE Screening and Immunisation team
- Your emergency planning colleagues
- Your Public Health Local Authority colleagues commissioner for sexual health, DACT, childrens services etc
- Your local authority colleagues schools teams, care homes teams, communications

Who's who – partnership work

- Public Health England (expertise)
- Environmental Health (legal powers)
- Health and Safety Executive
- Director of Public Health (governance/oversight)
- Immunisation and Screening Services (commissioning)
- Primary and secondary care (delivery)
- Infection Prevention and Control (prevention, reaction to outbreaks)
- Commissioners (care homes, sexual health commissioner)
- Workplaces, schools, voluntary sector (where it happens!)

Role of Health Protection in Local Authority – reactive

Incidents and outbreaks

- You're gathering info to 'provide assurance'
- You're assessing how you or your local authority colleagues could be helpful

Reactive -

- Provide local insight
 - 'that's a local authority building'
 - 'that area has a large number of new migrants'
 - 'our Local Authority colleagues are doing a project in that area'
- Be helpful can you link to a school? Can your comms team help? What other local insight can you offer?
- Communication <u>IS</u> the incident

Role of Health Protection in Local Authority - preventative

- 'Hmm is this a pattern...'
- Could we (as a system) do anything about this
- The science and the art! What needs to be highlighted and how could you build the case for that?
- Be clear that health inequalities are (almost always) at play in health protection incidents

Some traps to avoid

Be clear on your role

- Often you're not the commissioner
- · You're not the 'expert advice'

Confidentiality

- only people who need to know need to know and unlikely you need to know name of index case
- Remember reputational risk for you and other organisations 'I wouldn't eat at that sandwich shop they've just had salmonella'

Anxiety....

You can't 'control' all of it! Its an infectious disease! Competent management by 'the system' is what you're aiming for. And learning lessons and improving...





- Balancing risk is a key part of health protection...
- Some of it comes with practice....
- What do you, your colleagues, elected members find 'scary'?
- What should you find 'scary'?

What have we leant about risk from covid?

- What we learnt changed in different phases of the pandemic
- At the beginning a lot of heat and anxiety from schools and families of school age children
- Care homes where the risk really was
- We don't always put resources where the highest risk is
- Covid has highlighted pre-existing system issues and exacebated them
- We have a role to highlight those risks and gaps to different parts of the system (and Covid was pretty persuasive so that might help)



What I've learnt – perception of risk

Add text here ...



What I've learnt – perceptions of risk



What I've learnt – perceptions of risk

What I've learnt - inequality

PHE Health Profile for England (2018):

- 'Threats to health are not equally shared.
- the impoverished
- Incarcerated
- Institutionalised
- Homeless

Are at far higher risk of illness and premature mortality than the general population'

Why? – health protection and inequality

- Wider determinants poverty, need to work, poor housing
- Prevention uptake of vaccination and screening, trust in leaders and trust in message givers
- Health seeking behaviours turning up at A&E with infectious +++ TB
- Resilience how do you recover from an incident e.g. flooding

Turning reaction into prevention

- Make friends and influence people
- A crisis is an opportunity
- Use every opportunity to highlight the inequality dimension
- Promote vaccination!
- Help perceptions of risk by being calm and using good evidence

Prevention? Like what?

- Is vaccination in your 0-19 specification?
- Do the CCG take TB seriously? Do you need to take a paper to their Board about it?
- What about your homeless population? delivering services, providing support
- Briefing your elected members to try and raise awareness, follow comms protocols etc
- Investigating potential concerns in partnership with others- e.g.whether you have undiagnosed HIV in your drug using population

What have you learnt about health protection during Covid?



What I have learnt about health protection during Covid

- Risk risk risk
- Inequalities in impact are enormous and affect every aspect of risk from harm
- Poorest communities who already had low life expectancy and those with protected characteristics have been hit hardest
- You can't control an infectious disease, its a living thing
- Washing your hands is a good idea who knew?
- Teamwork makes the dreamwork (or at least makes the nightmare more bearable)
- Thank you everyone for all your work we've been through the fire together.

film recommendations

- The Painted Veil cholera epidemic in China
- Contagion pandemic -Gwyneth Paltrow has a cough – it doesn't end well...



New film recommendations

