

School of Public Health Activity Report from onset of COVID 19 Pandemic, May 2020

Foreword and Forward... Public Health in a nutshell!

A day in the life of Helen Christmas, Specialty Registrar in Public Health - Currently working with Hull City Council and on the national Public Health Approach to Policing initiative

What's the same? ... Even though it's an emergency, I *still* take a public health approach to whatever work I happen to be doing. That means seeing the bigger picture, recognizing that actions to reduce the devastating impact of COVID will have other consequences for families and communities who are poor and don't have a financial safety-net or who live with dangers like domestic violence or child abuse; and try to mitigate that.

I *still* have to be able to interpret and explain complicated data to a wide range of people and make it meaningful. I *still* have to work on adapting services to recognize changing need. I *still* have to use the evidence that we have on the causes of violence to predict patterns and prevent harm.

It *still* means combining technical knowledge with empathy and communication skills to help head teachers to interpret guidance and work out how best to reassure scared parents and staff.

What's changed? ...I spend my day on Microsoft Teams, Zoom, Skype and Webex instead of in meeting rooms, it's easier to get hold of people, because they are desk-bound too and 'not urgent' now means by the end of the day, rather than in a week or two.

I no longer have to explain what epidemiology is to everyone, but then again I never before had to help source £5,000 of sanitary products and nappies over a weekend on call to fill gaps in care parcels and I never had to listen to a care home manager explain, in tears, why he feels abandoned by broken promises on PPE and testing and is moving into his workplace to support his dying residents and protect his family.

We know there will be no going back to 'normal', because the levels of poverty and inequity in our communities will have changed beyond all recognition.

What's special about being a registrar? ...Every day since the COVID outbreak began, I've used every one of the full range of public health skills across health protection, health improvement, healthcare and academia. My knowledge in them all is current, as are my skills as a 'boundary spanner', working across local authorities, PHE, provider trusts, CCGs, police forces and voluntary agencies. I speak all their languages! As registrars we are used to picking up new roles, hitting the ground running and gaining the trust of new colleagues quickly. Reflective learning is our second nature, invaluable as we begin to learn the lessons of the pandemic and move forward.

Rationale for the Report

This report describes some of the work of the School of Public Health and the vital role that Registrars in Public Health in Yorkshire and the Humber have played during the COVID 19 pandemic, it tells some of their stories of their day-to-day work and some of the feedback from their educational supervisors. It also highlights that, for public health, the crisis is far from over.

From the on-set of the COVID 19 Pandemic, the School of Public Health in Yorkshire and the Humber has been readying its-self to respond to the biggest Public Health challenge that has faced the world in more than a century.

The School has an excellent and long-standing relationship with colleagues at Public Health England (PHE) and made early offers of support in relation to on-call and additional sessions to bolster capacity in the Acute Response Centre (ARC). A number of registrars were on placement with the Health Protection Team at PHE and others were quickly recruited to provide additional back up.

Currently 12/40 registrars are suitably qualified to work on-call and have been doing so and working additional in-hours shifts since February 2020. They are now planning cover until the end of June 2020 at the earliest.

Other registrars are located with Local Authorities, universities and partner agencies. All have, to a greater or lesser degree, been involved in the response to COVID 19. Registrars have undertaken additional work with the PHE Health and Wellbeing Team, they have lead work in local councils responding to the crisis in care homes with PPE and testing, they have been able to act quickly and respond to rapidly changing situations across the board. The feedback they have received has been outstanding.

Several registrars are engaged in Global Health initiatives and at the outset of the pandemic, one was working on the nationally supported Department for International Development (DfID) placement in London and another in Eswatini, a long-established placement supported by Bradford Teaching Hospitals Trust and Doctors of the World. This registrar is now safely repatriated to the UK.

As the acute sector starts to report 'passing the peak' and planning the return to the 'new normal', the challenges continue for public health. Testing continues to be problematic in some sectors and planning is now underway to take a leading role in the contact-tracing programme soon to be launched. This will involve both PHE and local councils.

There are serious public health implications for the impact of COVID 19 on inequalities in health and wellbeing in the short, medium and long term and if and when a vaccine is developed an extensive vaccination programme will commence with a further call on public health expertise.

The hard work, enthusiasm and skill of the registrars and their educational supervisors is inspirational. It is hoped that this report gives some insight into breadth and quality of the work

that has been done by Public Health registrars and the need for the flexible approach adopted by HEE during the acute phase of the pandemic to support acute hospitals, to be extended to those specialties who will be dealing with the repercussions of the pandemic for the foreseeable future.

Work with PHE

The School's initial contribution from February 2020 was in Registrars undertaking additional on-call sessions. Registrars are mandated to undertake a minimum of three months working on health protection with PHE. This is usually after successfully passing the FPH Diplomat examination. At the end of this period, they are assessed and if competent are added to an out of hours on-call rota.

Jack Lewis, presently PH lead registrar for Health Protection has the responsibility for planning of the rota, additional in-hours sessions and much of the co-ordination between the School and PHE. He has done this as well as juggling his work with WHO and the University of York and has done a commendable job!

In the first instance, extra sessions were reimbursed through time off in lieu, but as the workload grew a national agreement was reached that PHE would fund additional out of hours and additional in-hours working.

Currently, all 12 registrars qualified to work out of hours are covering the rota and taking on additional in-hours work. Training has been delivered to all registrars working these sessions with regular weekly up-dates in order to respond to rapidly changing circumstances, Government advice and the demands of the population.

Dr Mike Gent, Deputy Director, Health Protection, PHE: 'I know that the last week or so has been extremely difficult for everyone, particularly with all the confusion about testing in care homes. I know that everyone has taken difficult calls from care homes and felt very frustrated and upset that we can't provide them with the help that they need, as the system to provide that help is beyond our control. I want to recognize the great work that everyone has put in and the professional manner that has been maintained throughout this difficult time. Hopefully, things will improve for the nursing homes over the coming days

The next thing to come will be contact tracing as lockdown is eased. Once again, we will be called upon to play a significant role in the process and management of complex situations This will present a new set of challenges to overcome, but we will, as a team, continue to provide a great service whatever the circumstances.

Thank you for your fabulous work and continued support, You really are an amazing bunch of people and I consider myself very lucky indeed to work with you all'.

(A message to Health Protection Staff, including the registrars, working out of hours and additional in-hours sessions).

Local Authorities/CCGs/ICSs and partners

Registrars working in Local Authorities have been contributing to the response to the pandemic in a variety of ways, but predominantly on supporting beleaguered care homes in relation to PPE and testing.

Other significant contributions have been made in respect of the mental health and wellbeing of staff and communities, health needs assessment, impact assessment and modelling. Registrars have been involved in developing prevention initiatives to reduce burden in recovery, in dealing with outbreaks in prisons and in re-homing rough sleepers, street drug and alcohol users and sex workers. They have supported commissioning and worked on post-crisis initiatives. Further details are shown in the table below.

Registrars working on global health have been supporting the response to COVID in Eswatini and other African countries and working with the WHO estimating capacity in health systems to cope with COVID and feeding data into ministries across the globe.

Faced with a mammoth task, the contribution of the registrars has been reported as invaluable.

The School

PH registrars are predominantly based in local authorities or with PHE and other partner agencies, as opposed to hospitals and clinics, which means that in 'normal' times there are usually only one or two registrars in one place at a time. With few peers and no DMEs for public health it is vitally important that the Head of School and TPDs have close and frequent contact with them and their educational supervisors.

This has been particularly important during the pandemic as they have been working from home and relying on Zoom, Teams and Skype to do their work and for supervision and support. Several have started training at new locations and with new supervisors during lock down and they should be commended for the way that they have adapted to this way of working and got on with the job!

The School has established a weekly Skype meeting between the Chairs of the SRC, currently Andrew Irvine, Matt Greensmith, the Head of School and TPDs with updates from Jack Lewis (HP lead registrar). This allows for information exchange between registrars, PHE and HEE and ensures all involved are up to date with the latest Government, PHE, NHS, HEE, FPH advice and guidance.

The Head of Schools in regular contact with the Deputy Director and Lead Consultant at PHE.

A number of work-force changes have been agreed, including:

- Extending attachments at PHE;
- Splitting placements to do extra shifts at PHE;

- Return from OOPR to assist in a large Health Impact Assessment being coordinated by PHE; and
- The repatriation of the registrar from Eswatini, via South Africa to the UK;
- An extension to a Career break has been granted to a registrar presently acting as Head of the South Yorkshire Violence Reduction Unit,

The Head of School and TPDs have maintained regular contact with registrars on a one-to-one basis to ensure they are supported, physically and mentally well and engaged in suitable work that will contribute to their training. This is particularly important as the majority of them are working remotely and in differing personal circumstances.

Contact has now also being made with Educational Supervisors and Training leads in all training locations to maintain networks and ensure that training is continuing and training opportunities opened by this rare public health emergency taken.

One ARCP Panel has been held, successfully, by SKYPE with another planned for June, 2020. KA 10 Panels will also be held remotely.

The Summer School, planned for June 2020 has been cancelled with the aim that it will be held later in the year.

Wider PH workforce and Practitioners

The Workforce Development Master-classes and workshops held in 2019/20 evaluated extremely well and were seriously over-subscribed with waiting lists for all sessions. The 20/21 planned sessions have been equally popular with the ones already held being over-subscribed and plans to deliver the remainder either virtually or later in the year.

The first Cohort of Practitioners are nearing the end of their programme and on course for registration later in the year. The Second cohort were inducted in April (by Zoom!) 20 and their programme has now commenced.

Work is being undertaken to deliver material virtually and planning work is commencing for the proposed Barnsley pre-practitioner programme.

A day in the life of registrars working across Yorkshire and the Humber during the pandemic...

Ben Holden, SPR whilst working on attachment at PHE...

The key objective of the Health Protection Team (HPT) placement is to gain experience of acute response work in order to start working on the out-of-hours (OOH) health protection on-call rota. In addition, PHE provides opportunities for registrars to undertake projects to manager in longer-term health protection issues.

I started my placement with PHE in December 2019 and early on in the Pandemic took the first notification of a possible COVID 19 infection in the UK. This meant that I looked after the case

before it was confirmed as COVID 19 and then when it was, took a leading role in contact tracing the people who had been in touch with the patient. Since then my work has involved:

Acute Response Centre (ARC) duties:

- I contribute to the day to day running of the acute response function and delivery of the regional PHE health protection service (daytime and OOH on-call shifts). All work is now undertaken from home.
- I provide first point of contact for specialist knowledge, support and advice to health professionals on health protection matters (e.g. GP requesting guidance on decontamination of clinical environment after treating a suspected COVID-19 patient, Care Home manager requesting guidance on self-isolation of staff).
- I undertake initial assessment and management of disease notifications and health protection incidents (e.g. new outbreak of COVID-19 in a high-risk setting – such as a care home or prison).
- Support the management of complex incidents and outbreaks of infectious diseases and non-infectious environmental hazards (e.g. advising on health protection response to chemical spills, fires or flooding).

Development of national guidance:

- I lead the development of internal national PHE guidance to aid the risk assessment and identification of contacts of confirmed COVID-19 cases. This was used by HPTs across the UK to support large-scale contact tracing efforts at the start of the epidemic.

Additional OOH shifts:

- Along with all other public health registrars currently on the on-call rota, I am picking up additional OOH shifts as the HPT moves to surge capacity. This is to supporting PHE with additional capacity to manage the resource-intensive COVID-19 response, in addition to on-going routine health protection work.

Peter Roderick – presently acting up with Vale of York CCG and supporting work at York City Council...

I suspect pandemics are never timed to align well with specialty placement rotations. In my case, it left me working with four e-mail addresses, in three teams, doing two jobs, with different job titles! The plan was to work 4 days a week, based with the primary care and population health team at Vale of York CCG and one day a week in the Public Health Team at

York City Council to lead work on tobacco control. Actually, spent on the varying responses to COVID 19.

I have also picked up a lot more out of hours work with the Health Protection team at Public Health England (PHE) and I support in-house hours, as and when I have the capacity. Some days are very busy, others slightly less so, so here is an 'average' day, working remotely from my home.

8am Monday morning, I log in and write my 'to do' list for the day and sort through the numerous e-mails that have arrived since Friday. There is a lot of situation reporting with data from local hospitals, hospitalization and deaths in the area.

9am Prepare for today's meetings and finalise the slide set presentation I am making at a teleconference later today.

9.30am I attend out primary care and population team morning 'huddle'. The team commissions and supports the Vale of York's 26 GP practices and takes the strategic lead on population health. This morning our focus is on care homes in relation to clinical support and infection control.

10.30am I meet with Fiona Phillips, Assistant Director of Public Health for York City Council and discuss a number of pressing issues, including the Council's contribution to contact tracing of COVID 19 cases.

11.30 Over coffee I look at the latest data the Intensive Care National Audit and Research Centre on post-discharge COVID needs and fire off an e-mail to the lead AHP at York Trust who is auditing the first 200 discharges from hospital to community and social care with suggestions on data points to collect.

12noon Log into teleconference DsPH and DASS in Humber Coast and Vale NHS ICS region to discuss COVID recovery planning in social and community care with a view to ICS using work developed in York CC across the region.

1pm A quick lunch and log into yet another teleconference with the York Health and Care Coordinating Group. I present data on mortality in York from all causes and from COVID, to date.

2pm I work on the rapid Health Need Assessment I am writing for the North Yorkshire & York areas on the impact of COVID wider than deaths and illness attributable to the virus – this includes assessing the impact of healthcare restrictions such as 50% drop in A & E attendances and 70% drop in referrals for 2 weeks wait cancer appointments.

5pm Log on to PHE on-call system. I usually do one shift a month, but in April I have done 5 and whereas they are usually variable in busyness, I now sit at my desk responding to call after call relating to outbreaks and enquiries for the whole shift.

At the moment, the calls are mainly from care homes requiring risk assessment and testing arranging, but there are also a lot of people wanting general guidance and advice on COVID and a sprinkling of 'normal' notifications of other serious infections such as STEC, measles and Hepatitis.

10pm My shift finishes....at least there is no commute!

Rachel Staniforth - SpR currently taking a career break to act as Head of South Yorkshire Police Violence Reduction Unit

I am presently taking a career break to head up the South Yorkshire VRU, although I am in regular contact with the School and take a public health approach to all my work in South Yorkshire.

Much of my work focuses on prevention, including domestic violence, knife crime and drug and alcohol misuse. I have been able to use my public health skills to advocate for new and innovative ways of tackling offending by addressing the underlying causes and analyzing data on the impact of COVID on crime and violence locally and nationally.

I have been instrumental in developing a secure way of victims of domestic violence reporting offences on-line to minimize risk from violent partners and commissioned a range of training for officer around DV, exploitation and mental health.

We are now preparing for the impact of the relaxation of lock-down on the night-time economy and other impacts on the community.

Matt Greensmith – SpR Currently working at Hull City Council

I had just started working on a scoping exercise reporting to the Health and Wellbeing Board for a needs assessment for people with learning disabilities. This has to be put on hold to respond to COVID. Each day is different, but involves a raft of meetings in response to the emerging challenges. I work from home and use the 'phone, Zoom, webex and Teams. After initial teething problems I can now work effectively although I miss seeing my colleagues in person.

Each day I check the latest LRF situation reports and national guidance updates, I check in with key colleagues, plan my jobs for the day and try to fit in a new roster of COVID-related meetings. PPE has taken up a large part of my time and I represent Hull City Council in the Resilience Forum, held twice weekly.

The PPE Steering Group also meets twice weekly and oversees the new, centralized PPE planning, procurement and distribution work-stream. I Chair the Safer Working Sub Group with representatives from across the Council, that publishes and updates national guidance and policy and responds to queries about safe working.

I have been involved in the planning to agree a system-wide response for infection prevention and control training for care homes and in the forecasting of future PPE usage and the implications for councils when a 500% increase in PPE costs has been suggested.

I have been working alongside geriatricians and adult social care colleagues in weekly Q and A sessions with care home managers around PPE procurement, use and safe working.

My involvement in the response to COVID has, in many ways accelerated my learning and given me exposure to new topics and partners. Working with the Local Resilience Forum has provided valuable learning, for example, last week I spent a lot of time involved with a product recall of a large batch of donated face masks – definitely a new experience!

I have been able to use experience from previous job in terms of leadership, data analysis, communication, briefings, developing and interpreting guidelines. Building relationships with new colleagues has been a high point as has responding to rapidly changing roles and functions.

Kristin Bash and Caroline Tait – currently returned to programme from academic Fellowships and working at PHE.

We were both out of programme, studying for PhDs when the COVID 19 crisis hit, but it was hard to watch from the sidelines as this public health emergency unfolded. Our universities were supportive of our desire to return to programme to help our colleagues in the response to the pandemic. We discussed options and possibilities and eventually agreed to work with colleagues at in the Health and Wellbeing Team at PHE in undertaking a Health Impact Assessment (HNI).

COVID and the response to COVID are likely to affect and possibly worsen, health inequalities in our population and we felt it important that we build upon a ‘quick and dirty’ (her words!) impact assessment on the acute phase of COVID done by a consultant colleague and consider the medium and long-term impacts.

We were able to hit the ground running and use our knowledge, skills and experience with limited supervision. We quickly learnt that various different organisations were doing similar work and so agreed to focus on 2 areas, the first we called Communication and Connection where we aimed to provide a central point for the collation of all the work being done on inequalities and COVID across Yorkshire & the Humber. This includes: sharing good practice; identifying gaps and acting as a conduit between local partners and PHE nationally.

The second focus was on the HIA. We have agreed definitions of need and vulnerability, interrogated data, metrics and evidence and collected case studies to underpin the work.

Caroline: ‘I have a particular interest in data, analytics and sustainable transport, so I will be assisting the regional and national PHE teams on COVID data’.

Kristin: 'I have a particular interest in food systems and food insecurity and I will be linking the PHE work with my lead role as Chair of the Special Interest Group in Food sustainability for the Faculty of Public Health with the response to food issues associated with COVID 19'.

We are also trying to identify and potentially good things to come out of the pandemic, such as improved air quality and will include those in our findings.

Day to Day work feels hectic, we are involved with the COVID 19 Modelling and Intelligence Group, collecting data and liaising with partner agencies in producing guidance and policy via the Health Inequalities website.

Emma Mason – Wider Public Health and PH Practitioner Coordinator

I am usually based at the Institute of Health Sciences at the University of Leeds working on the Public Health Practitioner Programme and various master-classes and workshops for the wider public health workforce.

Since the 'lock down' I have been working from home and managing to maintain the momentum of our work with our first cohort of practitioners, recruit and induct the second cohort and keep in contact with the 200 or more people wanting to attend out other programmes.

I keep in regular touch with my admin assistant, Jo and Programme Support officer, Linda regularly and together we have developed a way of working using a range of remote access tools.

Many of the first cohort of practitioners are nearing completion of their work and are waiting for their portfolios of work to be assessed and verified. This work is on-going thanks to Zoom and Skype and we hope to celebrate their registration with UKPHR as in the not too distant future.

The second cohort was inducted by Zoom on the 27th April and their programme started in May. We have already had a session on writing for the portfolio and training for mentors. We are continuing to support our Assessors and Verifiers and have recruited a number of new people to the posts. Arrangements have been put in place for their training, regular contact with practitioners is on-going.

The programme for the wider PH workforce commenced in February and as last year, was over subscribed. All participants have been advised of any disruption to the programme, some sessions can be delivered remotely and others have been deferred.

Work is also being done on an exciting pilot programme for the 'pre-practitioner' programme to be run with Barnsley Hospitals Trust and Barnsley Council.

We are delighted that some organisations have started to ask for UKPHR Registration as a desirable qualification for job applications.

It was recently reported that Directors of Public Health in East of England and East Midlands, where the Practitioner Programme has been established for some time, found that they were able to re-deploy their staff with Practitioner Registration much easier and with more confidence during the pandemic. And so it was good to hear similar stories from Doncaster Council where two Practitioners from the first cohort are due to register shortly.

Public Health skills have never been more in demand and so it is doubly important that we press forward with our programmes to up-skill Practitioners and the wider public health workforce to be prepared for the 'new normal'.

What the Educational Supervisors Say: (thinly anonymised)....

'He has been brilliant during the COVID 19 outbreak. Working at a level far beyond his stage of training, in effect, as a consultant, he should be very proud!' (Consultant in a LA).

'Yorkshire Registrars are the cream of the crop'. (Consultant PHE with a national and international remit).

'She hit the ground running and has taken the lead role for children and young people and become an influential and valued member of the SMT, highly regarded by very senior people across the organization'. (Consultant in a LA).

'He really stepped up to the mark, has taken the central role in dealing with PPE in terms of supply, guidance and working with universities in production. Now working on broader care home issues that are very challenging and frustrating'. (Consultant LA)

'He is acting as a consultant and is working on next stage planning and a rapid needs assessment. He's looked at needs, risks, mortality, modelling across health and social care. Been indispensable and impressed influential people in the CCG'. (Clinical Director).

'She has made invaluable contributions, adapted quickly to changing priorities. She's a self-starter just give her an idea and she gets on with it and she's been incredibly flexible in splitting her time between here, a council and PHE'. (Consultant ICS).

'She is covering a consultant post with a health protection portfolio, so taking over whilst working remotely, isolated and in a new training location has been a challenge, but she's been brilliant. Made contacts and done a wonderful job, impressed MPs and business leaders'. (DPH – LA)

'She's done great work handling the day-to-day response to COVID. As you can imagine we've been inundated with enquiries from elected members, MPs, the public and she has dealt with some really sensitive and tricky issues. Brilliant!' (DPH – LA)

'He's been a wonder. He's been great support to me and his contribution has been invaluable. He's created a vulnerability matrix for the shielded population, looking at the things that make

you vulnerable from or of COVID. That's fed into commissioning and been taken up by the ICS'. (Consultant LA).

'She's been ahead of the game and massively important in the council. She's helped us with our approach to contact tracing and dealing with enquiries from elected members and the public. She's kept us up to date with guidance and priorities and worked on our local on-call rota'. (Consultant LA).

'She has been working as a consultant with the lead for Health Protection and has been pivotal in our response – front and centre from the start! She's acted as my deputy – my chief executive will move heaven and earth to keep her! She's quietly competent and a great leader, she gets on with all sectors and has made links at all levels. She has worked very, very, very hard and I need to make sure she gets some time to reflect on her success'. (DPH – LA)

'She has made an incredibly valuable contribution to the work we are doing. She is bright, sensible, connected and has really delivered work and connected us to other opportunities, she has been brilliant'! (Consultant LA)

'We had two people do the Practitioner Programme last year and they have also played an important part in our response. They have been redeployed to do COVID work and they have felt confident to do it and I to support them with the benefit of registration'. (Consultant LA).

'We really appreciate the session she did on wellbeing for the team earlier this week. She handled it so well and dealt with the hard issues in a positive way that we can take away and work with. We all found it super helpful'. (Health Protection Manager – LA)

Summary of call current registrars and school work:

Registrar/CCT	Training Location	Activity – PHE	Activity Training Location
Caroline Tomes Extended Grace to Feb 21	Mat Leave to My 20	Returning from mat leave to work at PHE – started May 20.	Health and Wellbeing Team PHE.
Ruth Speare Extended Grace to Jan 21	Leeds City Council	On call* Extra Sessions	Health Protection Lead for Leeds CC.
Victoria Turner 4.8.20	North Yorks CC	On Call* Extra Sessions	Deputise for DPH as required Lead for NYCC COVID response – operating at both Sliver and Gild Command levels. PPE Allocation Panel and Ethics Committee PPE and modeling; NY & York Multi-agency Command Centre (police, military and emergency response); NYCC on-call 8 – 8 1 or 2 days a week.
David Bagueley Jan 21	PHE (0.5)	Acting Consultant – COVID response, ARC etc.	PHE
Michelle Evertett 6.8.20	Bradford CC – Better Start Bradford	0.4 ARC COVID response On call*	0.6 Better Start Bradford – supporting programme on COVID response
Ceryl Harwood 1.9.20	Barnsley Hospitals Trust	On Call*	Barnsley Trust COVID Intelligence Cell; Modeling; Daily surveillance reporting; Developing vulnerability index for those at risk of adverse outcomes and difficult to reach.
Nina Putnis 27.1.21	DfID Mat leave from July 20)		DfID response to COVID in country offices in Africa.
Peter Roderick 11.2.21	York CC & Vale of York CCG	0.2 ARC response On call*	Vale of York CCG COVID response - leaning York and North Yorkshire data-epi cell doing the modeling, writing impact models for community,

			social and primary care; Rapid HNA for post-crisis recovery period.
Helen Christmas 10.2.21	Hull CC (0.8) National PH Approach to Policing (0.2)	On Call* Additional ARC shifts	<p>HULL CC Supporting commissioned services (health visiting, school nursing etc) to refocus. Implement guidance to minimise impact on inequalities; Represent PH on Children’s Directorate SMT – providing public health and support on all issues, including COVID; Systems role in facilitating joint working across organisations for both resilience and effectiveness in responding to emerging need.</p> <p>PH Policing Working with a number of VRUs to maximise existing multi-agency partnership skills and expertise to understand and horizon scan changing patterns of violence, abuse and exploitation to enable redirection of services; Acting a ‘boundary spanner’ to ensure focus remains of inequality and vulnerability; Providing ad hoc support to the National Police Chief’s Council in relation to health protection, PPE etc.</p>
Kate Questa 8.4.21	Bradford CC		Rapid Mental Health HNA on Bradford population during COVID Commissioning Sexual Health services to ensure services available for high-risk groups during pandemic.
Alexis Gilbert 26.6.21	PHE	(returned early from Paternity leave) ARC COVID response On call*	PHE

Michelle Black 8.11.24	OOPR from April 20	Multiple on call* and additional ARC shifts Continuing on call during Fellowship	Commence 3 year NIHR Fellowship at SchARR 4.4.20 Offering Ad hoc support to ARC and Specialist Commissioning
Katie Comer 20.12.21	PHE (0.4) West Yorkshire VRU (0.4)	Returned from mat leave April 20. 2 days ARC On Call*	2 days supporting the COVID response at West Yorkshire VRU, focus on domestic violence.
Yannish Naik 18.4.21	West Yorkshire & Harrogate Care Partnership - 0.4 Health Foundation 0.4 SchARR (0.1)		Supporting ICS in COVID response (0.2) long term population impacts and exploring prevention interventions to reduce burden in recovery.
Kristen Bash 14.6.22	Returned from OOPR to Sept 20	Health Impact Assessment COVID Chairing Faculty of Public Health response to COVID 19 in relation to food issues (including President of FPH) Writing position paper on COVID and food for FPH SIG Chairing Seminar on COVID impact on food systems, hosted by FPH and UCL Centre for Food Policy	PHE
Anna Ray 14.4.22	OOPT – Global Health		OOPT – continuing COVID work commenced in Eswatini: Training clinicians, paramedics and health care managers on COVID 19 (PPE/IPC, administrative and environmental controls, testing protocols etc); Establish and lead. COVID 19 tactical response for Good Shepherd Mission Hospital; Provide PH advice to senior decision makers, locally, regionally and nationally (Eswatini) on COVID 19; Adaptation, localisation and simplification of

			<p>international guidance on COVID 19 in context of Eswatini;</p> <p>Writing of SOPs and protocols for Good Shepherd Hospital, including screening and triage protocols, isolation procedures, storage and transport samples, shared staff accommodation;</p> <p>Sourcing, adaptation and production of materials (posters, patient information, leaflets) re COVID for Eswatini.</p>
Jack Lewis 1.8.22	Univeristy of York/WHO	<p>Multiple on-all shifts as first on call</p> <p>Additional shifts in ARC</p> <p>NB. Jack is currently Health Protection Rep for SRC and this has entailed:</p> <p>Co-ordinating registrars response between PHE/HEE and registrars – extensive communication with PHE and HoS/TPDs.</p> <p>Produce and manage COVID rota to include additional in and out of hours shifts, initially this included overnight cover.</p> <p>Co-ordinate and facilitate additional COVID training for on-call registrars.</p>	<p>Working at University of York and with WHO:</p> <p>Contribute to COVID health systems capacity guidance feeding into ministries of health globally;</p> <p>Leading COVID section of a project with USAID focused on health systems resilience (combination of health security and health systems strengthening).</p> <p>Planned direct support to LMICs;</p> <p>Presentations to University Global Health Team and WHO Quality of care team on UK COVID response.</p>
Claire Gilbert 13.11.23	Mat Leave to Jan 21		
Gill Kelly 15.12.22	Leeds CC – Community Safety	Full day training with PHE – available for further sessions	<p>Involvement in the ICT for prison COVUD outbreak;</p> <p>Involvement in scheme for early release of prisoners;</p> <p>Work with street drugs/alcohol users – involved in securing accommodation, treatment, housing for rough sleepers and sex workers.</p>
Rachel Staniforth 9.1.24	Career Break – South Yorkshire Police VRU		<p>Head of South Yorkshire Police VRU.</p> <p>Domestic Violence and Mental Health key priority areas.</p>
Pippa Bird	West Yorkshire	0.2 ARC response	West Yorks and Harrogate CP

31.1.23	ICU (0.8) PHE (0.2)	On call* Additional shifts	HIA with PHE for West Yorkshire; Developing bereavement services; Planning autism friendly primary and community care health services; Tertiary prevention to reduce mortality gap in people with SMI and learning disability. Bradford Council Defining vulnerable groups, collating intelligence on numbers, mapping groups, identifying need and making proposals for future need (link to ICS work); Contribute to Bradford COVID-Scientific Advisory Group.
Becky Briscoe 10.5.24	Leeds University Maternity Leave		
Caroline Tait 22.2.23	Returned from OOPR for 6 months – to Sept 20.	Health Impacts Assessment on COVID Working on Communication and Connection – linking work across the region and HIA	
Matt Greensmith 1.8.23	Hull CC		Supporting strategic lead for PPE; Establish task and finish group (Environmental Health, Health and Safety and Learning and Development) to liaise with services re PPE. Group will identify and meet training needs, interpret national PHE guidance into local guidelines; Written comms for council on IP & C in delivering frontline services and communication with social care providers re PPE supply. Mapping and forecasting PPE use across services and partner agencies and recommending priority allocation in the event of rationing. Work with University of Hull on creation of a centralised supply of 3d printed face vizors to be allocated from newly created centralised PPE distribution hub.

<p>Ben Holden 1.8.23</p>	<p>ScHARR (0.8) PHE (0.2)</p>	<p>Working at PHE as part of PH training from onset of pandemic: Acute response work in the containment and delay phases, contact tracing, risk assessing and supporting front-line staff. Writing internal COVID documents for PHE; Briefing and liaising with LA colleagues; Leading the production of a publication on key learning from the PH management of the first UK confirmed cases; Managing outbreaks in high risk settings, care homes, prisons, special needs schools etc). Multiple on-call and addition shifts*</p> <p>Move to new placement in April 20, but staying 0.2 at PHE for duration of pandemic</p>	<p>Commenced academic placement at ScHARR April 20, will focus on COVID issues.</p>
<p>Andy Irvine 10.8.23</p>	<p>Calderdale CC</p>		<p>Providing PPE guidance. to multi-agency working group, updating LFR PPE position FAQs; Producing FAQs for social care re PPE testing, IPC Vulnerable populations –leading work with ASC hub, volunteer hub and disability partnership to develop focused comms for vulnerable populations; Alcohol messaging – leading the development of COVID specific public and staff alcohol messaging in conjunction with drugs and alcohol services; Providing PH advice to volunteer hub (mainly PPE and safe volunteer guidance); Comms – working with comms and local radio stations to develop short messages around social distancing and self isolation.</p>

Clare Foster 7.5.24	Mat Leave to July 20		
Richard James 6..8.24	Kirklees CC		Prioritisation of support for vulnerable populations in respect of shielding and social distancing.
Helen Watson 6.8.24	Barnsley CC		Staff and population mental health re COVID. Contributing to MH HIA for Barnsley. Doing MPH so approx 1 day week at Barnsley.
Anna Brooke 20.10.24	Doncaster CC	Commenced Health Protection Placement 4.5.20	Doncaster Council Responding to health protection queries in council on 7-day rota; Work on IPC and PPE guidelines; Comms on social distancing; Preparation for contract tracing.
Amy Stevens 23.3.25	PHE Doctors of the World	PHE Attachment – COVID response ARC etc.	Supporting COVID work with Doctors of the World
Alex McNamara 24.10.25	Hull CC		Testing of healthcare professionals/contacts in local area. (Currently doing MPH – 1 day approx at Hull)
Jaimee Wylam 24.10.25	Sheffield CC		Sheffield e-mail rota on COVID response MH Impact of COVID and links to Local Authority Wellbeing sessions for LA etc (Currently doing MPH – 1 day approx at Sheffield)
Nina Amedzro 26.3.26	Leeds CC		Advising elected members on COVID issues; Contributing to the Leeds CC PPE policy; Contributing to the development og PCN ressources for professionals to signpost patients to services and enable patients to secure help re ;ong term conditions during the pandemic.
*		Indicates on regular on call rota	

Practitioner Programme	Regional Programme		
Emma Mason			Supporting Cohort 1 of Practitioner Programme in preparedness for submission of portfolios; Recruiting new mentors, assessors and verifiers; Planning, development and delivery of on-line induction for Cohort 2; Development of on-line materials for duration of pandemic; Planning and development of Barnsley Pre-practitioner programme