
The COVID-19 Pandemic: 2 years on

*Yorkshire and the Humber
School of Public Health*

February 2022

“This report represents a fraction of the work undertaken by the Whole School of Public Health during the pandemic. We asked people to tell stories, as opposed to write a report. This narrative gives a snapshot of the breadth of work undertaken, the dedication and commitment of our SpRs and Educational Supervisors across the sectors and the impact that COVID 19 has had on us all. We are very proud to work with them all.”

Val Barker (Head of School), Shirley Brierley (Training Programme Director) and Susan Hird (Training Programme Director).

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Introduction

This report describes the experiences of the School of Public Health in the two years since the first case of COVID-19 was detected in Yorkshire and Humber on 30th January 2020¹. A [report in May 2020](#) focused on the vital work carried out by the School of Public Health and Registrars in Public Health in the early pandemic². Here, we share some of the experiences of those working in public health, including the breadth of work they have been involved in and the impact this has had on their personal and professional lives.

The COVID-19 pandemic has had a profound and prolonged impact internationally. It has catapulted public health to the forefront of attention. The demands and challenges of this have been vast across healthcare and public health. This report describes some of the unique work carried out by, and impacts faced within the School of Public Health. It demonstrates the difference of experience for Registrars in Public Health, who come from a range of backgrounds (including local authority, voluntary sector, and healthcare) and work across a range of sectors. It goes some way to demonstrate the experience of the wider public health workforce, who form an important part of the School of Public Health.

Jaimee Wylam

Sulia Celebi – ST1 – In at the Deep End...

I recently started training as a Public Health Registrar in August 2021, from a background other than medicine, having been previously working as an analytical civil servant at Public Health England and the Department of Health and Social Care.

What a time to start training! In the midst of the pandemic, I found myself starting my first rotation at Calderdale Council alongside studying for my Masters in Public Health at Sheffield University. Coming into the Council and seeing the gritty hard work and resilience that has been ongoing over the past months – now years – to deal with the pandemic, I was immediately motivated to get stuck in.

I was able to pick up the topic of Long Covid, as an emerging condition which has lots of gaps in our understanding including on the support required for individuals grappling with this broad, fluctuating and often debilitating condition. As a growing priority area, I have rapidly cycled through a broad range of work involving: an evidence review to highlight the emerging evidence on Long Covid, data analysis to estimate the local burden and identify unmet need (tapping into my statistical background!), mapping of existing support pathways and challenges, alongside rapid engagement with neighbouring areas to identify gaps in our support offer.

I've since presented results to multiple stakeholder groups, created and run training sessions on Long Covid to improve health literacy, developed health promotional material, facilitated the commissioning of holistic and peer support with the CCG, and am currently chairing a group to further develop the local Long Covid strategy in collaboration with stakeholders and patients.

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Reflecting back now, I am incredibly proud by the breadth and rapidity of work that I have covered in the last six months (in addition to full-time studying!). It has been a whirlwind, but I'm grateful to have had the opportunity to immediately step up to support the pandemic response, support my public health colleagues, improve existing inequities, and crucially start looking forwards and thinking about recovery.

Impact of the pandemic and reflections on personal resilience

The challenge of balancing full-time study with work during the pandemic has been real. As the Long Covid lead, I am acutely aware that I am driving the work and there is a sense of guilt when having to prioritise my studies, which is exacerbated by the pandemic and wanting to support colleagues and improve key inequities as much as I can. However, this is helpfully mitigated by great mentorship from colleagues (my Educational Supervisor, Director of Public Health, and Training Program Directors), who are all understanding, pragmatic and empathetic, which are admirable and appreciated traits to have whilst they are all under pressure themselves. Similarly, support from other registrars has been fundamental as I acclimatise to my new role, grapple with my identity transition from civil servant to registrar and find the boundaries that work for me.

Maintaining these networks and being flexible and honest with myself about my needs, capacity, and pressures, amongst the hectic months has helped me to stay resilient. Finally, a reignited passion for the piano has served to calm my busy mind during the previous months and I will continue to serenade myself (and my poor neighbours) into the future months and years of my training.

Michelle Horridge – ST2 – Entering a virtual world...

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The breadth of work I have been able to cover during the pandemic alongside completing the MPH has been vast. This has ranged from the more “traditional” work expected as part of public health training – undertaking a health needs assessment in gambling and gambling related harms, development of a self-harm strategy for children and young people and working on the director of public health annual report, which in this case took the form of capturing the experiences of our residents on one day in November 2020 - “A Day in the Life Of” which was highlighted by the National ADsPH for its excellence.

My work has also included work I have been involved in because of the pandemic. This has included leading a team to support local licensed premises to open safely and compliantly after the initial lockdown period, working with our highways winter planning team to mitigate for Covid absences whilst maintaining statutory services and ongoing work to design and implement support for staff who have experienced trauma in the course of their work, which has been brought to the fore during the pandemic.

Impact of the pandemic

The biggest impact of Covid on my work and self has been the shift to remote working. For me, this has been completing an entire Masters’ degree remotely, starting a training programme remotely and building relationships and working practices from my home. It has been challenging to build relationships and reputation virtually. At times, it has been difficult to maintain momentum on longer term projects without the informal support and regular contact with the wider team, as well as gaining that broader understanding of how the wider council operates. As someone who enjoys organisation and planning, having long periods of ongoing uncertainty with regard to working practices, home-schooling, social restrictions and changes the virus variants have brought, is something I have found particularly challenging.

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Things that have helped me keep resilient; setting clear boundaries to separate work and home - having a separate place to work within the house away from “relaxing” areas, changing where in the house I work, keeping to the timings of a “normal” working day. Being able to discuss things with my husband and peers and being able to utilise technology to “see” and talk to family who we were unable to visit.

As supported by the organisation I work for, making time to get out in the fresh air during the working day, taking time for regular screen breaks, trying to keep a day each week meeting free and trying to make time in the working day to make social connection without a work agenda. In a conscious effort to maintain bringing my authentic self to a virtual workplace, I have shared things that were happening in my personal life with work colleagues that I was finding difficult. This has helped build relationships, developing resilience, support and openness to sharing experiences within the team.

Ben Holden – ST3 – Two years on...

Yorkshire and the Humber in the spotlight:

On Wednesday 29th January 2020, I was working in the Acute Response Centre (ARC) within the Public Health England (PHE) Health Protection Team office in Leeds. Together with other health protection colleagues I covered the “duty desk”. That day, we received notification of two possible cases of the recently discovered novel coronavirus infection in York. At that stage very little was known about this new infection. My role on the 29th and 30th January was to liaise with settings that the possible cases had visited and advise a precautionary approach until results of diagnostic testing were known.

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In the early hours of Friday 31st January, the diagnosis was confirmed. These were the first two cases of COVID-19 identified in the UK. The Yorkshire and the Humber PHE Health Protection Team led the initial public health response. Providing advice, guidance and support to all stakeholders was our priority, as were our tried and tested communicable disease control measures.

This was an event of national significance, and it is a testament to the public health leaders and educational supervisors in our region that I was enabled to lead aspects of this response as a registrar. I undertook contact tracing long before the *NHS Test and Trace* infrastructure existed and supported responses to media scrutiny in a way that reassured large swathes of the population and protected the cases’ privacy. For a detailed summary of the public health management of these two cases, please read our [published journal article](#)¹.

The World Health Organization (WHO) announced “COVID-19” as the name of this new disease on 11th February 2020. To me, that date signifies the start of a history we all have in common.

Pressure on the Public Health workforce:

I continued working with the PHE Health Protection Team full-time until April 2020, and then part-time alongside other public health placements until November 2020. First-hand experience of the rapidly evolving public health response to the pandemic taught me the importance of remaining responsive and adaptable. National guidance sometimes changed three or four times a day in response to new epidemiology, and our advice and support changed to reflect this. The pressure of providing support to the health and social care system in a time of uncertainty was high. Despite huge challenges, the public health community excelled. I am proud of the regional team’s contribution to the pandemic response.

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I am grateful to support from the Health Education England (HEE) Yorkshire and the Humber of School of Public Health for supporting us to pursue our training and development needs alongside the acute COVID-19 response. In 2020, I spent time at the University of Sheffield in the School of

Health and Related Research (ScHARR) and Barnsley Metropolitan Borough Council. These placements allowed me to achieve my learning outcomes, sign-off training competencies and contribute to the COVID-19 response at a local level.

Throughout the pandemic registrars have volunteered for additional OOH shifts as the team required additional surge capacity to manage the resource-intensive COVID-19 response, in addition to ongoing routine health protection work.

As part of the regional health protection service public health registrars cover out-of-hours (OOH) on-call shifts overnight and at weekends. Throughout the pandemic registrars have volunteered for additional OOH shifts as the team required additional surge capacity to manage the resource-intensive COVID-19 response, in addition to ongoing routine health protection work.

In Autumn 2020 a “second wave” of the COVID-19 pandemic began in Yorkshire and the Humber, and the number of OOH enquiries received by team increased significantly. When working a Saturday on-call shift in October 2020, I received a record-breaking 77 calls in a 24-hour period.

This high volume meant there was no time to respond and take relevant action before the next call was received. A new way of working was therefore required. I devised a new strategy for prioritising calls from high-risk settings that needed our support (e.g. Care Homes, Prisons and Schools) and allocated work to other team members. Following the shift, I documented my experience and escalated the situation to seniors within the PHE Health Protection Team. The team responded swiftly and improved call-handling processes for future on-call shifts immediately.

During my HEE [Future Leaders Programme \(FLP\)](#)³ fellowship I worked with Barnsley Hospital NHS Foundation Trust and South Yorkshire and Bassetlaw ICS to develop strategies to tackle health inequalities exacerbated by the pandemic. Personal development opportunities and time away from the acute COVID-19 response taught me the importance of balancing personal wellbeing with a commitment to work. Creating a supportive environment for ourselves and our colleagues is essential for preventing stress and burnout.

During the first year of the pandemic, the demands on the public health workforce were extremely high, and much like other sectors, there were times when the resources we had to respond were inadequate. It was imperative we recognised this and did what we could to protect the health and wellbeing of our teams, so that we could best protect the public’s health.

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The work is never done:

In my current placement I work for the recently established [Office for Health Improvement and Disparities \(OHID\)](#)⁴ within the Department of Health and Social Care. OHID was created when PHE was dissolved in October 2021, and contains many of the health and wellbeing functions of PHE. The health protection functions were transferred to the new UK Health Security Agency (UKHSA).

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Reform of the nation's public health system in the midst of a pandemic added further demands to a tired workforce. The transition to two new organisations brings inevitable disruption. My colleagues adapt to new organisational structures while simultaneously navigating employment uncertainty and IT challenges. Despite this, every day I am impressed as the regional OHID and UKHSA teams continue to carry out important work to protect and improve the health of the Yorkshire and the Humber population.

System restructure provides opportunities for positive change. We are looking to make the most of having more public health expertise embedded within national government and take advantage of opportunities to collaborate with other government departments on the social determinants of health.

Examples of the OHID work I am involved in include:

- identifying and reducing gambling-related harms;
- the public health role in climate change;
- work to improve life chances for children and young people; and
- understanding how we can make local economies more inclusive and sustainable (increasing health equity by influencing the social, economic and environmental factors that shape our lives).

As I reflect on my experience over the last two years I am reminded by the incredible contributions of colleagues and key workers from across society. Many of us have faced personal hardship, sacrifice and loss in some form. For me, living alone during the first lockdown was a stark reminder of the [effects of loneliness and social isolation](#)⁵ encountered by some people every day. It is important to consider these personal sacrifices as we build back from the pandemic response, and recognise the things that kept us going despite testing circumstances.

I will be eternally grateful for the support I have received from other registrars and public health colleagues. At times I have felt exhausted and demotivated, but the shared understanding and peer support from phenomenal colleagues has kept me going.

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In [a recent letter](#)⁶ marking two years since the first COVID-19 cases were identified in York, our national public health leaders acknowledged:

“As is always the case with public health, the work is never done...”

With that in mind, we need to make time to reflect and recuperate so that we can tackle the current and future public health challenges head on; just as we always have.

Andrew Irvine – ST4 – Working across the system...

I had already worked for a year in another region before I applied for the Yorkshire Programme and took up my first placement in Calderdale Council. My first job, pre-pandemic was a Health Needs Assessment on alcohol. Everything changed on the arrival of COVID and I quickly became involved in the pandemic response.

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I shared national PPE guidance and developed a local and regional guidance/position statement. I represented public health at an important third sector meeting with Disability Partnership Calderdale and worked collaboratively to help disseminate important guidance. I worked with council communications colleagues to highlight key messages in a flyer that went to all households in Calderdale and wrote scripts for local radio adverts. I monitored guidance for care homes to ensure updates were circulated.

Mid-pandemic I moved to Public Health England to undertake my health protection placement with acute response work for COVID and wider communicable diseases and gain experience of outbreak management in various settings. I helped develop guidance for elite sport and educational settings and joined the health protection on-call rota.

Having completed my health protection placement, I moved to Leeds Community Healthcare, a new placement and an opportunity to work within an NHS medical directorate to support the development of a health equity strategy. I worked on equity focussed data analysis projects to guide future work.

My current placement is with Leeds City Council and I have worked on a proposal for Leeds to become a Marmot City, produced a report on ventilation for education settings and worked with the CCG to provide public health advice for recommissioning of planned care services. I have analysed vaccine uptake data for children and young people to feed into various system-wide groups, started a journal club to provide CPD opportunities and am writing a strategy for Leeds to become a trauma-informed city. I am representing the local authority at regional rare genetic diseases group. Alongside all this I sat and passed the second membership exam (MFPH), acted as Chair of the Yorkshire & Humber SRC and latterly acted as Health Protection Rep. And bought a house!

Impact of pandemic on work and self

It can be challenging being immersed in the pandemic both in and out of work

I have found it harder to feel part of a team when I haven't met people face to face, up to now 3 of my placements have started remotely. It can be challenging to work remotely for so long and difficult to gauge progress. I experienced significant increases in out-of-hours workload due to volume of COVID outbreaks that needed management. On the positive side, there have been lots of opportunities within the increased public health workload. Days can feel very long when working from home for long periods and it can be challenging being immersed in the pandemic both in and out of work!

Reflections on what helps to keep resilient

It has helped that I have been able to recognise stress and anxiety and ask for help when I needed it. I have created a routine, including separating work and private time. I try to get out of the house regularly and spend time with family and friends. I have accepted that uncertainty and risk as an innate part of PH, particularly during a pandemic and take time to reflect and learn about myself through coaching, mentoring and academic learning sets. We know that as SpRs we are well supported by the Head of School and Training programme Directors and it has been invaluable connecting with other SpRs both informally and formally at training days etc.

Clare Gilbert – ST4Taking the lead...

Work I have been involved in since the pandemic

Initially I worked for Barnsley Metropolitan Borough Council. I contributed to data interpretation and analysis of case rates, informing discussions and communications of how to respond locally. I then led an evaluation of the community asymptomatic testing programme, where members of the public without symptoms were being asked to attend a testing site. The skills I learnt in the Master's in Public Health such as understanding the implications of sensitivity, health economics and an evidence-based approach were vital to informing the recommendations to move away from the existing testing model.

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I then moved into setting up and leading the COVID-19 vaccination community engagement group, focusing on how we could use our links with communities to promote the vaccine. Historically flu vaccination rates in adults had been low in Barnsley. We used a 'making very contact count' approach where all members of staff, from Councillors to refuse collectors, were encouraged to see themselves as vaccine ambassadors. We also mapped existing vaccine clinics with respect to journey times and distance from populations of the greatest deprivation, and advocated for pop up vaccine clinic sites in communities that needed them most. I'm proud of the collective effort to promote the vaccine in Barnsley, and that vaccination uptake in Barnsley remains higher than other similar borough councils.

My current placement is in the West Yorkshire Health and Care Partnership (integrated care system), where I am leading a new workstream on 'Healthier Homes for Healthier Children'. I contributed to a bid proposal that has led to the partnership investing £1 million into services that tackle fuel poverty, a truly innovative approach for integrated care systems to tackle health inequalities. As part of this I am presenting at a wide range of different events to raise awareness of the impact of fuel poverty and poor housing conditions on child health, from tuberculosis networks to housing colleagues to healthcare staff.

I've also been one of our Speciality Registrar Committee Co-Chairs, working closely with the School of Public Health. In this role I've organised training events with political leaders such as a Council Leader, Chief Executive and former Member of Parliament, contributed to the development of a new training day on communication skills for public health professionals and presented at induction events for new registrars.

The impact the pandemic has had on my work and myself.

It felt like surviving each day was a military operation!

Right at the start of the pandemic, I had to juggle having a baby, feeding difficulties, nappy changes and home schooling my older child with no external support as the country entered lockdown. It felt like surviving each day was a military operation! I certainly noticed the sudden loss of health visiting, feeding support and child centre services, not to mention the informal baby groups. It has re-emphasised to me how important a support network is especially for parents with a child in their first few years of life.

Since returning to work, the biggest challenge has been the many many many viral illnesses that my children bring home from nursery and school, associated COVID tests and periods of isolation whilst awaiting results. Common viral illnesses don't seem to be following normal circulating patterns, and having to trek off to a testing centre with a poorly child each time is very tiresome.

Improved technology has helped maintain some support by staying in contact with friends and relatives, and now that I'm COVID vaccination boosted I'm enjoying cautiously going out a bit more. Whilst the ability to work remotely has had many benefits such as easier access to colleagues geographically spread over wide areas and much shorter commute times, I miss the buzz of being in the workplace with colleagues, those 'water cooler' moments and being out in the communities I am working for.

Reflections on what helps to keep resilient

I have thought a lot about ways to keep resilient, it's felt like I've had to in order to survive! When working out my childcare, I scheduled time three times a week to run home from school drop-off. During the workday, I block out half an hour for lunch, and often schedule meetings 5 minutes past the hour to ensure I get a much needed screen break. Peer support from colleagues has been invaluable, such as 1:1 coaching sessions and large groups of 'action learning sets'. When I can, I have remote walking meetings, and do some mindfulness during my lunch break. I've been really lucky to work in the School of Public Health in Yorkshire and the Humber, where the Head of School and Training Programme Directors have really prioritised wellbeing. They've contacted trainees on a regular basis to 'check-in', they take practical steps to put this into practice like supporting a phased increase to working hours when I first returned after maternity leave, and we've had one of our training days devoted to supporting wellbeing.

Peer support from colleagues has been invaluable

Gill Kelly – ST5 – Working at consultant level...

To describe the breadth and depth of work in public health – quite a challenge. It would probably be easier to describe what types of work haven't been included over the last two challenging, exciting and ultimately rewarding years.

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Whilst enjoying a placement in Safer Leeds dealing with youth violence, mental health and the Reducing Reoffending Board when the pandemic struck, there was no place for these projects in lockdown, so my focus changed to the Street Support Team, at the time dealing with the challenge of "Everyone In." There was considerable debate over how best to deal with those rough sleepers who were especially medically vulnerable; I consulted stakeholders and made recommendations which were accepted within 24 hours, with the service up and running within the following fortnight. Thereafter, I chaired a small Covid Protect group, consisting of various commissioners, housing and healthcare managers to develop the full covid response for those in emergency accommodation and those still on the streets. I translated generic advice into a specific multi-agency guide, organised and delivered webinars and Q&A sessions, and even advised on outbreak responses in hostels on my non-working day, whilst doing the weekly supermarket shop!

I then devised a questionnaire and conducted a full multi-agency evaluation of the Leeds "Everyone In" response which was then used to successfully bid for central government funding for a Housing First programme. As our attention moved to how to move people into more permanent accommodation, our Covid Protect group devised a supportive inclusion health team which would bring appropriate support to those placed in regular housing, rather than waiting for supported housing accommodation to become available. I also advised on the reopening of St George's Crypt and how they could provide a covid-safe environment.

Because of the lack of hostel accommodation, those asylum seekers with no recourse to public funds could not be placed, even through the variety of local voluntary agencies. However, I found a source of funding and, together with the Street Support Team and Housing Options, we set up grants for those agencies specifically for this population; the first individuals had a roof over their heads in time for Christmas 2020.

I decided to volunteer my experience of mental health services (mainly through criminal justice work) to support the Leeds Public Health Mental Health Team ...

In addition to the work with Safer Leeds and housing, in November 2020, I decided to volunteer my experience of mental health services (mainly through criminal justice work) to support the Leeds Public Health Mental Health Team who had not had a lead consultant for several months. I then fed into the Mental Health Strategy, specifically around outcome development and public engagement. I also chaired the Leeds Suicide Prevention Team for a few months, engaging with several criminal justice agencies struggling with service users' mental ill health.

Completely separate from Covid, I wrote the public health response to the Leeds Bradford Airport planning application, attending two very long planning meetings, and witnessing democracy in action. I also organise a twice annual mock exam for junior colleagues – the challenges of providing this online probably generated more stress than any other aspect of work!

Since July 2021, I have been placed in Leeds CCG, adding both clinical and public health points of view to the system demand analysis, examining the pressures on all acute healthcare responses in the city and looking at where alternative pathways could provide relief for clinicians and better care for patients and their families.

Impact of the pandemic

It was demanding, challenging and a lot of fun.

Reflecting on the overall impact of the pandemic, as may be inferred from the work outlined above, the pace changed considerably in March 2020. The previous way in which public health could consider options over several weeks, consulting various stakeholders along the way, disappeared almost overnight. Decisions were needed immediately, or at least within 24 hours. Funding would become available, often with a few hours' notice, prior to application deadlines. Services were needed yesterday. Silo working simply wasn't possible, as we needed all stakeholders around the table for prompt decisions and even quicker action. It was demanding, challenging and a lot of fun. There are so many ways in which it would be so detrimental to public services to revert to the previous, more isolated approaches. In fact, the aims of the new NHS structure, with stakeholders deciding together how best to use budgets in complex systems, reflects the changes created by necessity through the pandemic. I believe a combination of the pace and inclusion achieved, with a few caveats around evidence gathering, is the future.

A more negative aspect has been how the move to online working has afforded a smaller partition between home and work life, and on occasion, no room for consideration and planning, in-between meetings. There is no physical way in which the current pace could be maintained in a non-virtual world. I simply cannot see a full return to face-to-face meetings, as productivity would simply not be possible.

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What has therefore been highlighted is the importance of keeping non-working days as completely sacrosanct. There have been a few occasions when necessity has intruded on my Fridays, but these have been few and far between. Maintaining a stable and structured home life, with all the distractions therein, and ignoring all media reports that include the words "probably," "likely" and various synonyms, has kept a sense of perspective. Similarly, anything that demands over-analysis of my own wellbeing has been ignored; I would rather get on with life than examine it in minute detail and miss the ups and downs in all their richness.

As the Chinese once said, **"May you live in interesting times!"** I think at the time it was meant to be a curse, but as we're certainly doing that, I can't help but think there are a lot of positives too!

Katie Comer – Newly qualified Consultant in Public Health

I don't think anybody envisioned the year 2020 unfolding as it did both professionally and personally. I started the year on maternity leave grieving for my mum whom I had just lost. I was, quite frankly oblivious to the novel coronavirus and ended it acting up as a consultant in health protection with Covid-19 being the centre of my working life.

The Yorkshire and Humber registrars have always been a tight knit cohort and navigating this pandemic with them was not only a privilege but a lifeline.

Now, two years on, the pace has changed offering opportunity for reflection. The Yorkshire and Humber registrars have always been a tight knit cohort and navigating this pandemic with them was not only a privilege but a lifeline. I learnt to manage not only the acute response but also the strategic planning that is needed for a multiagency response. The training programme taught me the value of partnership working and communication, but this was all at speed. All the while managing other non-communicable diseases, TB, Listeria, Avian Influenza- they hadn't gone away.

Like the rest of the country, we as a family were also surviving DIY haircuts, home schooling and missing loved ones. The mum guilt was strong. My then four-year old's teacher asked him what his mama did as a job. He replied, 'she used to clean the kitchen but now she does it A LOT less.'

Aside from being true I think his reply reflected well my feelings in the middle of the pandemic. What do I do as a job right now? What is my role? How do I manage the fact that everyone has an opinion on my job, but no one really knows what we do? And of course, how do I manage becoming a consultant, being a wife and a mother in the middle of such a stressful time?

How do I manage the fact that everyone has an opinion on my job, but no one really knows what we do?

The existential crisis notwithstanding, I found myself doing the job. Plunged into scenarios I would never have expected, and still find a bit surreal, I called upon my friends when I needed help. The networks I had forged years earlier from my MPH and throughout training helped me to survive some tough months. We laughed, we cried, we drank a lot of coffee and worked incredibly hard.

The 'step' up to consultant at times felt more like climbing Everest

The 'step' up to consultant at times felt more like climbing Everest. Did I make it to the top? I guess I realised I have my whole career to traverse it. Interestingly it was the existential crisis that kept me resilient and continues to do so. Knowing that what we do is important but ultimately, I have other important jobs at home. These keep me grounded and ensure I try to switch off the laptop and experience a different type of chaos.

So where are we now. I have been a consultant for just over a year and I am now in a substantive post. The pandemic is changing as we learn to live with Covid-19 not just for the public but for public health professionals too and this brings with it new challenges. My kitchen also still needs a good mop.

'Barney, what do you think my job is?' I ask my now five-year-old
'You tell people to wash their hands ALL day long.'

We're getting there- Rome wasn't built in a day.

Alex Drago – Programme Manager

I've always been interested in how we (individuals, communities, organisations) grow and develop, and my career has always been focused on this idea. Since I started at HEE (02/21), I've continued to build on this experience, even if the Public Health profession is new to me.

We all know that public health has been central to the pandemic response, but it also has a big role to play in our recovery, as both future health policy and the levelling up agenda will have to leverage public health expertise if they are to succeed. While this creates opportunities for the school, it also raises questions about how we go about supporting these emerging policies.

We all know that public health has been central to the pandemic response, but it also has a big role to play in our recovery...

So, part of my role is to explore what we do next. Do we do more of what we do already, or do we need new approaches that are better aligned to these policies? If so, what do they look like? I work with internal and external colleagues and stakeholders to answer these questions (and others), while also drafting a business plan that will help the school better respond to future demand.

I also manage the Population Health Fellowships for the North East region, a flagship HEE initiative that helps clinicians develop core population health skills by completing a 12-month programme with a specialist public health organisation, while also completing an accompanying learning programme. We have four fellows in YH, and the scheme is well supported by our stakeholders.

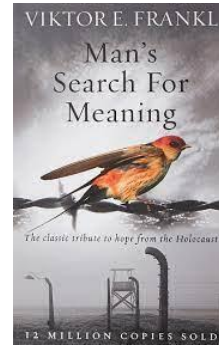
Impact of pandemic on work and self

I spent 2020 caring for family

I think we like the future to be like our next smartphone, basically the same but with incremental improvements. Of course, change isn't always like this, and the pandemic caused radical change overnight. For me, that also meant a radical change in my lifestyle, because I spent 2020 caring for family. It was not a role I'd never expected to fulfil, but it also wasn't feasible to leave family members without any support. I found this role challenging and there were times I wondered what the future would look like or how permanent my role would become, but it was also an insightful experience as I developed much more empathy for those who faced challenges for reasons outside of their control. When the 9-5 came around again, I wanted a change that better represented some of those life lessons.

Reflections on what helps to keep resilient (yourself and others)

Some years ago, a friend gave me a copy of *Man's Search for Meaning*, Viktor Frankl's profoundly moving meditation on how he survived the holocaust. Frankl teaches the importance of having purpose, experiencing love, and remembering that you always have a choice. I've always tried to live up to those lessons in my own way, but I did find myself returning to them during the pandemic.



While I wasn't working, I tried to do purposeful things. I completed online courses on innovation to keep me mentally stimulated. I also learned to use the Unity game engine, learned to code (a little) and created my own app that I now use in art museums to stimulate creative thinking. I also believe that play is important, it's good for distraction and inspiration, so after a few years of neglect I picked up the guitar again. I also started a podcast with a friend, it's called the Innovation Book Club. We don't take it too seriously, but it does force us to read a book, talk about it and keep in touch.

I also started to have more meaningful conversations, reconnecting with family and old friends who had, between life's twists and turns, fallen out of my social circle. As restrictions have eased, we've started to meet up in person, which has been particularly rewarding, but even what can't happen, the conversations have helped to create stronger relationships.

The wider public health workforce and Practitioner Development Programme

Emma Mason –Programme Manager; and Joanne Deighton – Programme Administration

I lead and manage the Wider Public Health Workforce Development Programme including the Practitioner Development Scheme. Presently the Programme comprises of the following activity:

- A Core Public Health workforce Development Training Programme comprised of 13 training sessions each year focused on the development of technical public health skills coupled with system leadership and interpersonal skills. **Commenced in 2019**
- A Public Health Practitioner Registration scheme offering 15 places a year for public health practitioners to undertake a programme of structured support designed to enable registration with the UK Public Health Register (UKPHR). **Commenced in 2019**
- Design, development and marketing of LEPH Link, a public Health signposting App designed for police officers in the region. <https://www.mecclink.co.uk/leph/> **Commenced in 2020**
- A Barnsley Foundation in Public Health Programme comprising of 6 training sessions for 30 staff and targeting people in the health system who are regularly doing public health work but may not have access to public health training; **Commenced in 2021**

- 6 training sessions for 30 Bradford Council staff commissioned by DPH Sarah Muckle to increase training opportunities for staff core PH skills training in response to the Covid-19 pandemic. **Commenced in 2021**
- A Foundation in Public Health Programme for the West Yorkshire and Harrogate Health Equity Fellowship Programme providing training to 30 Health Equity Fellows which they will undertake alongside the delivery of practical PH projects. **Commences in 2022**

Impact of pandemic

Emma Mason comments - The impact of the pandemic on work was immediate and challenging as previously all training and meetings had taken place in person at University of Leeds where the Programme team were physically based so upcoming training had to be reorganised online to maintain business as usual and we had to manage this whilst adapting to home working. The transition to online training worked well for the most part as there is a great convenience in people not being required to travel to training and less to organise physically. Unfortunately someone always struggles with connectivity and it feels like something has been lost in terms of networking opportunities and discussion.

Our commissioners wanted the Programme to be responsive to the increased need for Public Health training brought by the pandemic and the team has strived to support that ambition but it has been challenging as we lost a member of staff who disliked home working and pressure to deliver has meant working longer hours. The programme is thriving but capacity and workload has been a constant concern. We've done a lot more pastoral care since the pandemic as some programme participants have really struggled mentally and emotionally and we want to support them.

The programme is thriving but capacity and workload has been a constant concern.

Overall, I don't enjoy work as much as I used to, I miss people and community but working at home does allow me to spend more time caring for my mum who has dementia.

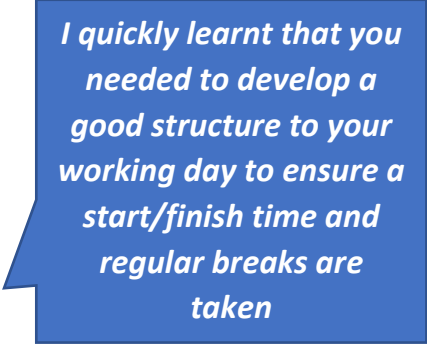
Personally, the pandemic came at a very difficult time as I was supporting my dad in his end of life care at the time the first lockdown occurred and there were issues with care provision. he then passed away in June 2020 and my mum became seriously ill that same week, mum thankfully recovered and I had 3 weeks off work. Around that time I also lost one of my jobs due to pandemic cutbacks, thankfully my managers were able to swiftly offer alternative project work. Overall, I don't enjoy work as much as I used to, I miss people and community but working at home does allow me to spend more time caring for my mum who has dementia.

Joanne Deighton comments - The impact of the pandemic has been a huge learning curve for both my work and self. I had not been in my post for very long before the impact of the pandemic threw my team into working from home. So it was not only learning my new role but having to carry this out remotely. The delivery of the programme/s has moved from face to face to online through MS Teams/Zoom. Which has in turn meant less networking opportunities and face to face interactions

with colleagues which is much missed. As the majority of communication is through emails this can easily be misconstrued or lost through online delivery, this causing miscommunication.

Early in the pandemic a member of staff which left the team with little resource to deliver an growing programme. The workload increased as a new programme was launched. What the pandemic has highlighted to our team in light of the pandemic is the demand for the delivery of our programme/s in Yorkshire and the Humber. Reflecting on the productivity of working from home in comparison to office based is positive.

Initially the pandemic enabled me to slow down take stock re-evaluate of what was/was not important in life and spend valuable time with my family. Being able to work from home has been good especially as my children are school aged and when the UK was in lockdown it assisted me in that I was able to support my children through the challenging time. However, what I quickly learnt was that you needed to develop a good structure to your working day to ensure a start/finish time and regular breaks are taken.



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Reflections on what helps to keep resilient (yourself and others)

Emma Mason comments - A good support network of friends and family has been essential for me to stay mentally resilient during this time. For a while I also had a monthly appointment with a University counsellor. Regular and open communication with colleagues is also important.

Going for a walk every day, eating nutritious food/taking supplements and giving up alcohol helped me stay physically well although I probably ate more during this time.

As a performer being creative, making music, crafting and painting were all activities that helped mentally and emotionally. Practising gratitude is immensely helpful as there is always something to be thankful for and someone worse off.

Joanne Deighton comments - Through the pandemic and reflecting on what assists me to keep resilient is that many people are in the same situation as me and that we will get through these challenging times. It's that we now need to re-evaluate what or how we need to approach the situation/s. I believe that taking some time for yourself whether that be walking, reading or exercise helps to be resilient and in turn creates a cohesion.

For me resilience is also that if something does not go well or how you thought it would go, learn from it and treat it as a positive.

Conclusion

The breadth of work carried out by the public health workforce during the COVID-19 pandemic has been vast. Public health registrars have been involved in the response to COVID-19 from the very first cases identified in Yorkshire in January 2020. They have worked with communities in the greatest need, supported national and international organisations, and contributed to ongoing and vital work which predated the pandemic. For many this has been done alongside academic studies and Faculty of Public Health exams; all of which are vital to provide the foundation of knowledge needed to offer public health expertise and system leadership.

The School of Public Health has supported the wider public health workforce alongside its registrars. It has provided the Public Health Practitioner programme, been instrumental in the development of Law Enforcement Public Health (LEPH) link, developed a strategy for growing need for public health skills within the context of national policy, supported additional training opportunities for public health skill development and offered a leadership fellow post focused on Equality, Diversity and Inclusion.

The impact of the pandemic has been enormous. Remote working means many of the public health registrars have never met their colleagues face to face. Entire placements have taken place virtually with no opportunity for in person working. The potential wellbeing impacts have been mitigated as best as possible via wellbeing phone calls, promoting positive culture, and [sharing ideas for looking after ourselves and each other at work](#)⁷. Personal and collective resilience has been a strength of the public health community.

This report goes some way to detail the experiences within Yorkshire and Humber during the COVID-19 pandemic, and I thank those who have contributed. Their honesty, vulnerability and reflections provide great insight into their experiences of work and life during the COVID-19 pandemic. They also show us the phenomenal efforts and contributions of the School of Public Health and wider public health workforce to the pandemic response and to promoting population health more generally. Such efforts may often go unnoticed despite their importance.

“Don't judge each day by the harvest you reap but by the seeds that you plant.”

Robert Louis Stevenson

Jaimee Wylam, ST2

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