Covid-19 Lessons Learned Workshops Summary Report

1. Introduction

During 2022 Swindon Borough Council's Public Health team facilitated a number of 'lessons learned' workshops on different themes relating to the Covid-19 pandemic. The workshops aimed to review how Public Health worked with key partners in response to the Covid-19 pandemic and identify any lessons learnt to inform current and future responses and practice.

Through reflective practice, this exercise intended to highlight examples of activity and processes that the Public Health team took which worked well and which should be built on in responding to future health protection incidents and/or pandemics. It also aimed to identify issues that need to be addressed going forward in order to strengthen our response to Covid-19 and any other potential health protection incidents and/or pandemics.

This report provides an overview of the discussions that took place during these workshops as well as the associated recommendations that were drawn from them.

2. Aims of Workshops

- To capture activity/processes that worked well that we should remember and build on going forward
- To look at activity/processes that didn't work so well that could be improved upon
- To identify any key areas of concern and consider strategies and processes to address these concerns going forward
- To identify any areas of duplication and how activities could be better co-ordinated and streamlined more effectively going forward

3. Workshop Themes

The following 10 thematic workshops were delivered with partners. Dependant on the topic area being discussed, Public Health colleagues, internal SBC colleagues, UK Health Security Agency (UKSHA), NHS England, Integrated Care Board and care home leads were invited to these workshops.

- Covid Response & Outbreak Management
- Supported Living/Sheltered Accommodation/Homeless
- Early Years & Educational Settings
- Testing
- Vaccination
- Businesses
- Events
- Communications
- Test & Trace and Community Engagement
- Care Homes

4. Format of Workshops

A brief presentation was delivered at the start of each session to provide the context, background and challenges encountered of the subject matter being discussed. Attendees were then directed to a Google Jam board to answer the following questions:

1) What went well?
2) What could have been improved?

In order to inform discussions and help with the thematic analysis following the workshop, attendees were asked to categorise their comments under the following themes:

- Data
- Communication
- System Working
- Guidance
- Inequalities

Following the workshop a report was written up from each session with associated recommendations developed for Public Health and partners to consider (see section 6).

5. Workshop Findings

The following section provides a general overview of the main findings from the 10 workshops according to the 5 themes and questions listed above. More details of the findings from each of the workshops can be found in the corresponding reports from these sessions.

5.1 Data

What went well?

- The production of Covid-19 epidemiological reports (local case rates, testing uptake, vaccination rates and deaths rates etc) provided by the Public Health team was regularly praised by all partners across the workshops.
- Having easily accessible and timely reports supported partners across the Council to build trust with their partners, have open conversations and inform local decisions (e.g. Communications with local residents, Education Leads with schools and Health & Social Care partners with care homes).
- A number of these reports segmented the local population according to demographics/geographical areas (e.g. ethnicity, age, PCN areas etc). This level of data helped Public Health to identify trends which was used to inform local Communications with local residents and to target outreach provision to tackle health inequalities.

What could have been improved?

- Public Health would have benefitted from having more qualitative information (e.g. from those with lived experience/different demographic groups) to inform our response locally rather than primarily utilising quantitative data.
- Logging all cases from health and social care/education settings in Covid Response created a significant administrative burden on the Public Health team and the value of following this process was questioned as it wasn't always clear how this data was being used to inform our response.
- Demographic data was rarely collected and completed at local testing sites. Having more complete demographic data could have informed where and/or which population groups were testing/not testing

5.2 Communication

What went well?

- Daily Pubic Health Covid Response briefing calls during the pandemic were well valued by Public Health colleagues. These calls were led by led by Public Health Consultants to communicate the latest case rates, updated guidance and any other Covid related issues to Public Health staff.
- Responsive communication between Public Health and SBC Communications team helped to effectively sign off key messaging to share with the local population and provide prompt answers to questions the Coms teams received.
- Targeted communication messages were developed at postcode levels to increase vaccination uptake in areas of high cases. This targeted work was completed by Communications and the Live Well hub to help tackle inequalities.
- Improved communication between Public Health and SBC departments (Education, Housing and Health & Social Care) was regularly noted as a strength during the pandemic. This meant that communicating new operational guidance was well understood and relatively

straightforward. This provided confidence to professionals that the information they were cascading was accurate and well understood by all stakeholders.

What could have been improved?

- Whilst colleagues valued the daily Public Health Covid Response calls, there was no system in place for relaying the information shared for colleagues who were unable to make these meetings.
- Ensuring that local SBC Communication messages were up to date and accurate was challenging given that national communication/guidance was often released with little to no notice at times. This proved challenging for representatives working on Covid Response to ensure that the correct messages/guidance were being disseminated to stakeholders/local residents.
- When managing care home outbreaks, the role of SBC Public Health and other partners (UKSHA, H&SC) could have been clarified to Public Health colleagues to avoid duplication and improve the support offered to care homes.
- Some participants felt like we could have improved and adapted our communication methods for targeting specific groups who we knew to be under-vaccinated.

5.3 System Working

What went well?

- System working within SBC operated well when developing new projects (e.g. standing up local testing provision). There was a recognition across the organisation to prioritise the sign off of key aspects of the project (e.g. budgetary asks and procurement stages) to avoid delays where possible.
- A range of regional and system-level partnership working meetings established by both NHS England and the Clinical Commissioning Group/Integrated Care Board (ICB) supported the delivery of vaccination programmes locally. Attendance at these meetings enabled Public Health to discuss how the programme should be rolled out, where to direct resources and take learning from other Public Health teams across Bath & North East Somerset, Swindon & Wiltshire (BSW).
- Volunteers were recognised as being a valuable asset to Public Health in supporting the system in the rollout of Covid-19 vaccines (e.g. helping with the running of static or outreach clinics).

What could have been improved?

- More frequent meetings with other local Public Health teams to share learning and where appropriate pool resources across the system would have been beneficial. Whilst this aspect was delivered for planning vaccination delivery it could have been replicated for other areas too (e.g. testing provision).
- In relation to vaccinations, improved partnership working with STEAM at the initial set up stage could have improved access to clinicians/admin/vaccines for outreach clinics as this was initially challenging (although this did improve).
- Having an automated system for partners (schools/H&SC etc) to upload information on new cases would have been more efficient rather than relying on emailed documents.

5.4 Guidance

What went well?

- It was consistently noted that SBC Public Health worked well to disseminate the latest national guidance to a range of partners.
- The SBC Covid Response team were helpful in interpreting how national guidance should be adopted with partners when there was uncertainty of how this should be applied in certain settings (e.g. how to enforce self-isolation in SBC temporary shared accommodation).
- Identifying nominated leads for different settings who were well versed on setting specific guidance and the practicalities of how this could be adopted was identified by partners as good practice (e.g. schools guidance was disseminated by Public Health's Healthy Schools Lead).
- The use of the government (.gov) website was helpful for the SBC Coms team to inform press releases as they were reassured that this source held the latest versions of all Covid related guidance.
- Having local Community and Outreach teams that disseminated key messages to local residents and communities from the up to date guidance was beneficial to our local response.

What could have been improved?

- The frequent changes to national guidance being published with little notice was regularly highlighted as a challenge to providing an effective public health response across different settings.
- Having an SBC Communicable Disease Outbreak Communications strategy would be valuable. This could outline how messages would be disseminated to local residents and partners and avoid the risk of out of date guidance and/or messages not landing in a timely way with residents.
- In relation to testing, partners believed that having a national testing strategy which provided the principles for testing and allowed Local Authorities to implement these measures locally with more autonomy based on our local populations would have been beneficial.
- Where possible Public Health should aim to engage with stakeholders in how best to cascade new guidance published to manage the messages more effectively across different communities.

5.5 Inequalities

What went well?

- Consideration to providing guidance in accessible formats, in particular leaflets in different languages and the use of different media such as videos and infographics to help address literacy barriers, was well considered by Public Health and other settings during the pandemic.
- Utilising and sharing demographic public health data helped to identify trends and inform where outreach vaccination provision should be located to tackle health inequalities and improve vaccination rates (e.g. where to locate the vaccination bus/outreach clinics).
- A range of tailored interventions for disadvantaged groups were provided as examples of good practice (e.g. working closely with special education needs and disabilities (SEND)

teams to adapt Covid guidance for children with SEND and providing taxis to vaccination centres for residents who were financially challenged).

What could have been improved?

- Delays in translating localised public health messaging in to different languages potentially exacerbated health inequalities locally. Utilising community champions to support this promptly could have helped this aspect.
- More consideration should be given to how we can target vulnerable groups less likely to be vaccinated by offering more opportunistic and flexible approaches to vaccination (e.g. providing a roving vaccine model in areas of higher deprivation).
- Public Health should consider how we can support other care settings outside of the elderly population that were the prime focus during the pandemic (e.g. people in learning disability settings and those providing domiciliary care).

6 Recommendations

The following recommendations are drawn from the 10 thematic Workshop reports for Public Health and its partners to consider.

6.1 Business

- Ensure a point of contact is set up between Licensing, Environmental Health and Public Health for any future Covid-19 outbreaks and/or health protection outbreaks in business settings. This point of contact should be the Health Protection team in Public Health and should be notified via healthprotection@swindon.gov.uk
- In the event of further Covid-19 outbreaks/other pandemics emerging refer to the national guidance on workplace, now the living with Covid plan has been published.
- In the event that national restrictions are re-imposed, liaise with licensing and Environmental Health at an earlier stage to review the split of responsibilities and staff resourcing, having two dedicated EHO involved at an early stage of the pandemic was resource intensive and disrupted business as usual work.

6.2 Care Homes

- Agree on respective roles that different organisations play in managing any outbreaks in care home outbreaks and cascade this to all relevant stakeholders to provide clarity.
- The Council's Public Health Protection team to facilitate monthly Infection and Prevention Control (IPC) Champions network to disseminate best practice on IPC measures across care home settings.
- Public Health Protection team to continue to offer IPC/Personal Protective Equipment (PPE) training to care homes as required.
- In the event of another communicable disease outbreak ensure that all Public Health staff working on the Health Protection response have clear localised guidance on how to interpret and implement any national guidance relating to communicable diseases in Care Homes.
- Consider reviewing how future risk assessments can be adapted with questions tailored depending on the setting of a care home (e.g. elderly, learning difficulties, dementia etc).
- For any future vaccination programmes, where possible work with NHSE/ICB colleagues to encourage whole care home vaccinations where both residents and staff can be vaccinated at the same time to improve vaccination rates.

6.3 Communications

- Review whether those who are digitally excluded can still receive a good standard of tailored public health messaging
- In the event of a long term, large scale Public Health incident, establish whether a dedicated Public Health Communications representative would be beneficial.
- Consider how those groups which face inequalities can best access information, with a variety of strategies considered and tailored.
- Nurture longer term contacts and relationships developed over the course of the pandemic, particularly faith and community groups, to support future health protection responses.
- Consider longer term messaging to address safety and efficacy of vaccination and other infection, prevention and control measures.

6.4 Covid Response and Outbreak Management

- In the event of non-Health Protection Public Health staff being drafted in to support further Covid-19 outbreaks or other pandemics that emerge, ensure that an online resource is

available for professionals to access which details updates on national guidance, FAQs etc to improve the confidence of staff being able to respond to queries.

- Public Health Protection team to review what information is logged for the reporting of Covid-19/other communicable diseases and the processes for following these up to ensure that our reporting is commensurate to the levels of risk identified within the resources available to us.
- Public Health Protection team to consider delivering Health Protection Outbreak training sessions to other Public Health staff to ensure that staff have appropriate workforce development and are confident of the processes for responding to any future outbreaks/pandemics.
- Public Health team to consider how we can consult with different demographic groups to ensure we capture the views of those with 'lived experience' alongside quantitative data when developing health protection messages for the public for Covid-19 or other health outbreaks.

6.5 Education & Early Years

- Ensure that if regular reporting is required, that digital first channels are explored fully, as well as utilising data reported to other channels. While pre-existing data may not be ideal, this should be utilised in full before additional data is requested.
- While the Risk Assessment process was streamlined in the course of the Pandemic, a single Covid policy review exercise would have been preferable rather than separate risk assessment for each outbreak. Although, this would have required senior leaders to independently appraise the changing risk profile and agreement from national departments (e.g. UKHSA and DfE) to follow this approach.
- Appreciation of the varied pressures in education settings (Early Years, SEND, Primary, Secondary and Colleges) and the wider organisation support available to some schools. For example, some settings had internal availability of Health and Safety expertise and well-resourced administrative support which could have had been used to address outbreaks internally, while Council resource would be targeted to settings who were struggling.
- Model of having relationship managers/named individuals appeared to work well, although these would ideally be focussed on response work rather than juggling business as usual.
- Response to Covid Pandemic by the education sector was exceptional, but its impact has meant staff morale and resource is diminished with an appreciation that those pupils facing greatest disadvantage have been hardest hit.

6.6 Events

- Consider how key workers could have been readily identified within the Local Authority when social restrictions were in place to enable them to travel in to the office and utilise the workspace more easily.
- Ensure that regulatory delegations are sufficiently resourced, with wider and more permissive delegations considered first.
- Review whether the processes using technologies remaining in place are putting up barriers to access information and services, particularly for those facing inequality.
- Consider whether an enhanced communications team would be beneficial, particularly for communicating rapidly changing guidance.
- Ensure that Pubic Health officer's roles and responsibilities are made clear to them when attending Event Safety Advisory Group meetings.

6.7 Housing

- Ensure a point of contact is set up between Housing services and Public Health for any future Covid-19 outbreaks and/or health protection outbreaks in local accommodation settings. This point of contact should be the Health Protection team in Public Health and should be notified via healthprotection@swindon.gov.uk
- In the event of further Covid-19 outbreaks/other pandemics emerging replicate previous steps taken, which included prioritising housing workers for PPE, testing & vaccinations where possible and ensuring that this is in line with any national guidance issued.
- Housing services should review their Business Continuity plans to ensure that they are robust enough to continue to support vulnerable clients if any national pandemic restrictions were re-imposed.
- As part of business continuity planning, housing services should liaise with wrap around services they regularly work with to ensure there are clear expectations regarding which services will continue/reduce/stop in the event of any pandemic restrictions re-emerging to safeguard vulnerable adults.

6.8 Test & Trace and Community Engagement

In the event of a Local Authority contact tracing team being stood up again the following measures should be considered:

- Integrate a Making Every Contact Count (MECC) approach when contacting residents to improve health and wellbeing of the local population.
- If national guidance does not require a set template, reduce the number of questions that are asked of residents to improve compliance with the contact tracing process.
- Consider providing a range of communication methods (email/SMS texts) when contact tracing other than voicemails to improve engagement.
- Work with SBC partners to ensure that both Translation services and appropriate ICT equipment for new members of staff can be promptly stood up.
- Work with SBC Coms team to promote the importance of engaging with contact tracing.

In relation to Community Engagement:

- When designing messages ensure that stakeholders from different communities are involved from an early stage so that these can be tailored according to the target population.
- Work with SBC translation service to ensure that any coms designed can be translated in to a number of different languages used by local populations.
- Where vaccination clinics are required to be stood up ensure that local communities are engaged to maximise attendance at the clinics.

6.9 Testing

In the event of further Covid 19/other Health Protection outbreaks emerging that require local testing provision to be stood up:

- Ensure that learning from both SBC Procurement & Project Management teams is well understood from the previous process by all partners to enable local provision to be stood up in a timely fashion again.
- Consider how to improve response rates regarding demographic questions being asked of residents to inform where local outbreaks may be occurring

- Work closely with the Department for Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) to develop a more coordinated communication strategy so that national messages for testing requirements are well understood and that Local Authorities are empowered to tailor these messages according to their local population/communities.
- Discuss with DHSC/UKHSA the possibility of any future funding for (non-clinical) testing provision to be used more flexibly to enable SBC to acquire testing equipment from local suppliers to potentially improve quality control and value for money.
- Consider how more mobile testing (rather than static sites) can be implemented to improve testing rates among underserved populations.
- Set up partnership meetings with BSW colleagues to share learning about implementing testing provision and consider where to pool funds as appropriate.

6.10 Vaccinations

- Public Health Intelligence team to continue to provide epidemiological data to Health Protection team to help inform where vaccination rates can be improved with a focus on health inequalities.
- Continue to hold vaccination partnership meetings at both a local and BSW level to keep partners engaged and adapt lessons learned to other vaccination programmes as appropriate.
- Covid Outreach team to continue to work closely with the ICB and local vaccination providers to adapt to local needs and ensure capacity for clinical staff is available in a range of different settings/times (e.g. evening & weekend provision).
- Continue to offer outreach vaccination provision from a range of locations and settings to improve vaccination rates in groups who experience health inequalities.
- Review the evidence base and consider best practice for MECC from other areas to improve how MECC is offered locally when delivering vaccination programmes to help improve the health and wellbeing of local population.
- Improve engagement work with vulnerable groups by producing targeted and culturally competent communication material that is disseminated at an earlier stage to improve vaccination rates.
- Have an effective communication strategy to ensure that general IPC measures are well understood by the local population regardless of an individual's vaccination status (e.g. vaccinations protect us from serious illness but do not prevent us getting Covid and potentially spreading to others).