# The Association of Directors of Public Health

Weekly Member Briefing – COVID-19

**Introduction**

Each week the Association of Directors of Public Health (ADPH) will be providing a Member Briefing to update Directors of Public Health (DsPH) on our policy positions and key messages in relation to the COVID-19 response. This will also be published on our website for stakeholders and the media to reference.

**Role of Directors of Public Health**

DsPH are performing a crucial systems leadership role. There have been five main tasks, although these will vary depending on local arrangements.

1. Preparation. DsPH are trained for outbreaks and teams have tried and tested processes in place. In the early stages of the pandemic, DsPH produced local guidance and information for other council departments, elected members and the wider community e.g. the NHS, social care sector, education settings, businesses and faith groups.
2. Prevention. DsPH continue to work with the local media and community groups to promote clear public health messages and advice. This includes developing resources and campaigns on issues like public mental health. Many councils have also taken a proactive approach to sourcing PPE and hand sanitiser, working in partnership with universities and manufacturers.
3. Prioritisation. Some services have had to be adapted to ensure resources are focused on the task in front of us e.g. sexual health and drug treatment services have enhanced their online offer. Focus on other services has increased e.g. as evidence grows that smokers are more at high risk of severe COVID-19 symptoms, stop smoking support has expanded in many areas.
4. Collaboration. Public health teams have been working closely with other council departments e.g. social care colleagues on PPE and external partners e.g. supporting PHE in the initial contact tracing efforts.
5. Advice. DsPH have been the ‘go-to’ source of knowledge and information for numerous agencies when it comes to planning and providing local analysis on: when the peak is, what beds numbers will be needed, how many spaces for storage of the deceased will required, the social and economic impacts.

**Funding**

ADPH welcomed the announcement by the Government of £1.6bn of additional funding for local government including to help manage public health pressures. However, the LGA estimate that the total cost pressures of responding to COVID-19 will be three or four times more than the £3.2bn allocated to local government so far.

* The reality is that a decade of cuts to local government and public health budgets have left us in a less resilient place than would have otherwise been the case. Analysis by the Health Foundation shows that the public health grant is now £850m lower in real-terms than initial allocations in 2015/16.
* Public health functions are experiencing a range of pressures in relation to early years support, drug and alcohol treatment, sexual and reproductive health services and staffing costs.
* The Government has pledged to provide whatever funding the NHS needs – it is crucial that this approach is also applied to local government.
* The DHSC needs to work closely with councils on future allocations so that they reflect the true cost pressures for councils. DsPH are already reporting that most of this funding to be spent on social care for understandable reasons.
* The LGA has called for other grants, such as the public health grant, to be considered for early payment in line with the approach taken to MHCLG social care grants.
* The DHSC should work with ADPH to ensure public health teams have enough money to cope with the immediate response to COVID-19 and service pressures and work proactively on a long-term settlement to support recovery through an Autumn Spending Review.

**Contact tracing**

Contact tracing is a tried and tested public health intervention. Alongside testing, it will be an increasingly crucial part of containing the spread of COVID-19 until we have better treatments and ultimately develop a vaccine. A comprehensive testing and tracing programme is fundamental to easing the current restrictions whilst also containing the spread of COVID-19.The DHSC is leading the ‘Test and Trace’ programme. DsPH have been working closely with PHE on the contact tracing element of programme.

DsPH are already developing Local Outbreak Plans - working with valued colleagues in local government, the NHS, PHE and other partners - to deliver a coordinated place-based approach. The additional funding of £300 million is welcome and we would urge the Government to allocate this directly into public health budgets.

ADPH recently published our [principles](https://www.adph.org.uk/2020/05/statement-of-principles-covid-19-contact-tracing/) for an effective contact tracing system, including taking a whole system approach, data sharing, integration and sustainability, which we will continue to strongly advocate for at a national level,

**Testing**

The National Testing Strategy includes five pillars and an initial target of 100,000 tests per day.

Many DsPH (e.g. in the North East) are working with their local CCG and NHS colleagues to establish coherent approaches to testing and collaboration.

The Government needs to ensure that, alongside its targets for the number of tests that it aims to carry out, there is a clear rationale for why testing matters so that capacity is used effectively. There are four main objectives:

* Confirmation of diagnosis in clinical management, thereby excluding alternative causes of illness that require different therapies.
* Identification of cases of COVID-19 for purposes of specific action to prevent viral spread.
* Exclusion of COVID-19 in considering whether workers may be permitted to end self-isolation and return to work.
* Surveillance to determine circulating disease levels and inform policy decisions for population health measures.

We welcome the extension of testing to council staff, including public health teams, but these tests must be appropriately used, accessible and adequately followed up.

The ADPH is producing a separate Member Briefing on testing, which will be available in the near future.

**Social care**

DsPH are working closely with Directors of Adult Social Services, to help secure and distribute PPE stocks and translate national guidance for local settings.

* Arrangements for accessing PPE continue to be an enormous problem. DsPH regularly report to us that when stocks arrive via Local Resilience Forums they often fall short of the quantity required and/or of the required type. This remains an urgent priority given the high levels of infection and deaths occurring not just in care homes but in people’s homes.

* The Government needs to launch the Clipper system to support the supply of PPE to social care settings at the earliest opportunity.
* The updated PPE guidance from Public Health England around social care settings has been broadly welcomed but the delay to the updated guidance on domiciliary care is of deep concern.

**Schools**

* The Government’s plan for a phased easing of restrictions, including schools, and what happens when, is contingent on establishing an effective testing and contact tracing system.
* It is important to remember schools have remained open for vulnerable children and for those whose parents are key workers and have continued to provide support for their pupils at home.
* What we are now talking about is how more children can return to school safely, this needs to be done in a cautious, flexible and planned way with the right support and guidance for schools. While the final decision to open remains with Schools, Directors of Public Health have - and will continue to have - a key role to play in advising schools at a local level.

**Public mental Health**

While many people have acted in solidarity in response to COVID-19, and there will be some positive benefits from this community spirit and response, the epidemic will likely have many psychological impacts on the population which may have a detrimental effect on the short, medium and long-term mental health of some residents and communities.

* Effective responses to the public mental health and wellbeing impact of Covid-19 will be essential to sustain the measures necessary to contain the virus and aid recovery.
* DsPH are leading the local public mental health and wellbeing response. In a [joint briefing](https://local.gov.uk/public-mental-health-and-wellbeing-and-covid-19) with the LGA for DsPH we have set out four key principles for to support local action. These are: taking a whole system approach, thinking population wide and over the life course, building on existing arrangements and good communication.

**Parks**

Parks and green spaces are essential in supporting the physical and mental wellbeing of communities. People must follow social distancing advice so that these can remain open.

**Deaths and funerals**

DsPH, working with council colleagues and Local Resilience Forums, are working hard to model and deliver the necessary mortuary capacity. There is a strong commitment to ensure that people can be laid to rest with dignity and that, as far as is possible within social distancing guidelines, family and friends are able to pay their respects.

**Waste**

DsPH continue to provide advice to colleagues in waste collection services so that they can continue to carry out their vital work safely during this pandemic.

**Asks of the Government**

DsPH are focused on the day job. We have a clear role to play and we are working relentlessly to ensure that the local response is as effective as possible in our communities.

From the ADPH perspective, the Government should concentrate on three areas moving forward:

* Bridging the local/national divide. Making sure that the experience and knowledge of councils and DsPH is fully utilised when the Government is compiling guidance and developing policy so that it works on the ground.
* Delivering a joined-up national response. Challenges with testing and PPE have demonstrated how essential it is for all government departments to be taking a coherent approach to designing, implementing and overseeing plans. This includes consideration of economic and social recovery. Through its response to the Prevention Green Paper the Government should set out a bold approach to addressing health inequalities which have been once again starkly exposed and amplified.
* Providing the right level of resource. It is critical that the government allocates further funding to local councils, and specifically public health teams, to ensure that capacity exists to manage not just the immediate response to COVID-19 but the long-term implications.

**Lessons learned**

The ADPH is incredibly proud of the work of DsPH, councils, the four UK Chief Medical Officers, the UK Government and devolved nations, the NHS, Public Health England, the Local Government Association and many other agencies and organisations.

* There are immense challenges and strong collaboration is essential. In time we will need to consider what has worked well and what has not – and strengthen the system for the future. But we need to recognise that we are still in the early stages of this pandemic.
* One thing is clear, the case for public health being the responsibility of local councils is stronger than ever. Several reports (The King’s Fund, DHSC Select Committee etc.) have concluded that local government is the right home for public health. Regular surveys by the ADPH show that over 90% of DsPH think public health should be a local government responsibility.
* Now we need to put all our collective energies into doing everything we can to save lives, protect the NHS and social care and support our communities through this difficult time.

**Data**

Directors of Public Health are working at pace to develop Local Outbreak Plans. Timely data flows from the all parts of the NHS Test and Trace Service will be a critical tool in managing and containing COVID-19 at a local level. ADPH is working constructively with national agencies to ensure Directors of Public Health and their teams have consistent access to the high quality data they need, including test results, to carry out their responsibilities.

**Review of 2 Metre distance rule**

The ADPH continues to support social distancing at 2 metres, which is recommended by the CMOs and public health agencies across the UK. The current estimated R value provides limited room for manoeuvre and the NHS Test and Trace Services is not yet robust enough to manage a spike in cases, which could result from reducing the 2 metre guidance. We would urge the Government to consult widely on its review of the 2 metre rule, including Directors of Public Health, and publish its findings in full.