

## FINAL DRAFT: pre-design, final copy

Brighton & Hove City Council Director of Public Health Annual Report 2022

# Looking beyond the pandemic: what we learned and where we go next

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## Acknowledgements

Thank you to everyone who has contributed to the report.

We are very grateful to everyone who has provided us with information and their personal views for our cases studies. Your contribution helps to bring the report to life and tell the larger local story of the work and contributions during the pandemic.

## **1. Introduction: Reflecting on the impact of COVID-19 in Brighton & Hove**

There are many perspectives, stories, and lessons to learn from the COVID-19 pandemic and it will take years for us to tell and hear them all. In my independent Annual Public Health Report for 2022 I want to look back and tell the story of how the public health team and our partners across the city worked together to protect the health of the population. The report identifies some key learning that will help the city to respond to other health and wellbeing challenges, both now and in the future.

It is important to start by recognising the devastating impact that COVID-19 has had on our residents and communities. Many are grieving for the loved ones that they lost to the virus. We are all also aware of the impact the pandemic has had on wider mental and physical health and wellbeing, our financial security and the way we live our lives.

I want to thank everyone across the city for the contributions and sacrifices that were made throughout this period to help prevent the spread of the virus and keep people as safe as possible. I also want to recognise the vital contributions made by staff, volunteers and carers throughout the city.

The unprecedented challenge of COVID-19 required us to radically change the way we do things. Key themes highlighted within this report include:

- Adopting a city-wide approach and working closely with partners to ensure the response met the needs of all residents
- Using data to inform actions to prevent the spread of infection, target testing and vaccinations and keep the public informed
- Understanding health inequalities and working with communities who were most at risk, so they received the support they needed
- Ensuring our local communications supported the national guidance in the best way to reach our residents
- Working closely with businesses to keep our city open when it was safe to do so.

At the time of writing, COVID-19 infections continue to have a significant impact on people and services, however the introduction of safe and effective vaccines has provided strong protection against the most severe health outcomes.

The pandemic has been described as a once in a lifetime event, but as we go into 2023, we find ourselves facing a range of concurrent and often interlinked challenges that present major risks to our health and wellbeing, including increasing social and health inequalities, the economic downturn and cost of living crisis, the impact of the war in Ukraine and the ongoing climate crisis.

As well as recognising the amazing innovation and vital contributions made in our response to keep people safe during the pandemic, I hope the learning presented in this report will be useful to guide our actions in meeting these and other health and wellbeing challenges.

**Alistair Hill**

Director of Public Health, Brighton & Hove City Council

## 2. Working together to provide an effective response

From the identification of the first local cases in February 2020, we used our well-established emergency and public health plans to provide an effective and co-ordinated multi-agency response. As the scale of the challenge grew, all parts of the council, the NHS and all our partner organisations, including the community and voluntary sector, had roles to play.

### ***How we responded locally to a public health emergency, drawing on skills from across the system.***

Local areas have always played a part in managing infectious disease outbreaks, involving collaboration between local Directors of Public Health and their teams, the UK Health Security Agency (UKHSA, the national specialist health protection agency, formerly Public Health England), and NHS and council partners. Many of the fundamental duties and roles of partners did not change during the pandemic, however the scale of the ongoing response for COVID-19 required implementing an extensive and highly resilient system-wide approach.

Across Sussex, the response was co-ordinated by the Sussex Resilience Forum, which brings together statutory and community and voluntary services to work in partnership to support the local community during incidents and emergencies. Brighton & Hove City Council worked closely with East and West Sussex County Councils (including their public health teams), the NHS, emergency services and UKHSA, collaborating on many aspects of the response, including community testing services, data analysis and the vaccination programme.

On the ground, Brighton & Hove City Council, like all local councils, were at the centre of leading the response to keep people safe. By Summer 2020, Government had placed additional statutory duties and responsibilities on local authorities, including around testing, tracing, supporting self-isolation and enforcement. In July 2020 we published the Brighton & Hove Local Outbreak Plan that described how local partners were working together to:

- protect the health and wellbeing of all our residents, including preventing health inequalities
- prevent and contain the spread of COVID-19 to minimise the impact on the city.

There was strong collaboration and consensus across the council, NHS and other city organisations on what to do to keep people safe. Multiagency groups were established to oversee the response. These included:

- The Local Outbreak Engagement Board and weekly partnership briefings, chaired by the Leader of the Council, provided direction and leadership to agree community engagement, city-wide actions and public-facing communications
- The COVID-19 Health Protection Board maintained the strategic oversight of health protection, including prevention, surveillance, planning and response
- Dedicated working groups focused on ensuring that services would support different communities and people who were clinically vulnerable

- Other meetings included cross-council coordination groups, NHS partnership meetings and a daily public health cell that reviewed the latest data and agreed immediate health protection and communication actions.

New services had to be rapidly established to meet national and local requirements, for example, support payments, personal protective equipment (PPE) distribution, local contact tracing, and vaccinations. Local organisations and communities worked together to roll out support, staff from services that could not operate in lockdown were redeployed and volunteers stepped up to take on new roles. There was a need to roll out support around volunteering, foodbanks, befriending, and to help people who were used to face-to-face services to navigate new digitally provided services.

For many, working from home became the new reality, using digital technology to keep connected. Some frontline workers continued to work in their usual workplace, but services needed to be delivered in different ways. The new environment required everyone to adapt and encouraged innovation.

### **What we learned**

The unprecedented scale of the pandemic and the rapidly shifting environment required organisations to adopt ways of working together as a system that were completely different from ‘business as usual’. The response needed to be highly agile to establish radically different ways of working, set up new services with very little notice and to keep people safe.

Flexibility was key. Being able to adapt organisations and workforce quickly through training and mobilisation, provided much needed capacity and resilience. Teams worked across traditional organisational boundaries sharing data, knowledge, people and other resources to achieve common goals.

The pandemic demonstrated that people are our biggest asset and when galvanised in crisis, were able to do things differently, deliver results, and protect the health of the public, often bringing the benefits of skills that they didn’t use in their usual role, or learning new skills, to meet new challenges.

### **Recommendation**

For the City Management Board and Health and Wellbeing Board to build on the experience of taking a citywide approach, including use of data and innovative ways of working, to improve health & wellbeing

#### **Case study Supporting our residents through the Community Hub and local contact tracing**

A local Community Hub was set up initially to provide a single point of contact for clinically extremely vulnerable residents who were advised to take extra precautions to protect their health. Over time it expanded to provide help and advice for people required to self-isolate and those who needed access to additional financial, practical or wellbeing support.

The team needed to be up to date on current guidance and advice to be able to offer direct help or refer people to suitable local community and voluntary services to meet their needs.

By the end of 2020, local contact tracers were based in the Community Hub to complement the national service provided by NHS Test and Trace. By using local knowledge and intelligence, they could reach people that the national service had not been able to contact, to ensure that people at risk of exposure to COVID-19 could be quickly informed and supported to self-isolate. Their excellent local knowledge meant they were also well placed to provide additional help and advice for people beyond contact tracing.

“One of the most satisfying reflections of our response to Covid-19 was the commitment and dedication of the Community Hub. To establish a collection of like-minded individuals focussed on supporting residents was really impressive. The function of the community hub has now changed but that principle of support is still with them” **Edd Yeo, former Senior Programme Manager**

### **Case study COVID-19 testing**

Initially the council’s key role was to identify and provide suitable and accessible sites to set up NHS Test and Trace test centres for people who had symptoms of COVID-19.

Once COVID-19 lateral flow tests were introduced for people without symptoms, local authorities in Sussex worked together to set up community testing so they could get back to work safely.

In Brighton & Hove, free testing was made available through appointments in pharmacies and at local test sites located in community spaces.

At the same time, home test kits were made available through pharmacy collection and online ordering. The public quickly became comfortable with testing themselves and demand for home test kits soared, far exceeding the demand for the community testing scheme.

The council’s focus switched to reaching out to support disadvantaged and under-represented groups to access testing.

A dedicated ‘Street Collect’ outreach team was quickly established which included people from a wide range of occupational backgrounds including hospitality, industry, travel, education, and transport who were skilled in engaging with and supporting members of the public. They worked closely with the community and voluntary sector, the faith sector, and homeless settings to give out test kits to residents in areas of low uptake as well as providing training to teams and staff already working with our priority communities.

“What stands out in my mind is our success in providing assistance to the most vulnerable groups in our society.” **Cima Eastick, Community Testing Team**

### **Case study Getting Personal Protective Equipment to the right services and people**

A Personal Protective Equipment (PPE) Hub was set up to meet requests to keep our services running safely. The hub met over 4,000 requests and supported over 900 customers, including council services; care homes; homeless services;

schools; childcare settings; and the community and voluntary sector, as well as people receiving direct payments for care and support, and unpaid carers.

The hub also distributed laptops to digitally excluded children so they could keep up with their schoolwork at home and supported the community testing programme by distributing COVID-19 test kits to services.

Before joining the PPE Hub, very few members of the team had any prior experience working in this kind of service. It was a steep learning curve, but their willingness to learn new skills, combined with intensive coaching and mentoring, meant the team could confidently manage large volumes of stock to meet customer needs and changing guidance requirements.

*“The PPE team was made up of redeployed staff from various services across the council including libraries, workstyles, museums, regulatory services, nurseries and Cityclean.*

*“All of them brought with them a unique set of skills and experience and together I believe this made us an incredibly strong team and allowed us to overcome the various challenges we faced along the way.”* **Jenny Garlick, former PPE Hub Customer experience manager**

**Infographic** More than 9.7 million items of PPE, including 2.4 million masks and 5 million gloves were distributed by the council’s PPE hub

### **Keeping residents active and well during lockdown**

Part of the council’s Healthy Lifestyles Team’s role is to help people of all ages and abilities to be active and improve their health.

While lockdown restrictions were in place, the Healthwalks programme, that usually leads group walks in local parks and green spaces, replaced these with individual walking challenges and virtual challenges for people to log their ‘steps around the world’.

School children were engaged in virtual sports challenges they could do at home and young people were challenged to record 60 minutes of physical exercise daily.

Other activities encouraged adults to keep being active outside.

Exercise sessions went online, along with tutorials about making healthy meals on a budget. This, alongside advice on how to stay active from home, was shared on the council’s website through social media accounts

*“New technologies were used to adapt to the pandemic, and these are still used for online training sessions which are particularly popular with many. The biggest challenge was to adapt content quickly online and share it with relevant groups.”*

**Martina Gregori, Healthy Lifestyles Team**

### **Case study Looking after workforce wellbeing**

With so many changes to the way we worked and with so much being demanded of staff, it was crucial that we looked after the health & wellbeing of our own council workforce, as well as supporting others in the city. Wherever possible staff moved to remote working and, supported by rapid scale up and innovative use of digital technology, embraced new ways of working. However, for many, working from home took its toll on physical wellbeing due to limited space, as well as mental health and wellbeing due to isolation and practical challenges outside of work such as home learning and caring responsibilities.

For those continuing to go to their place of work, safety was paramount. Frontline workers had to follow strict guidance around testing, masks and enhanced infection prevention. The new and different ways of working added extra demands to jobs, in addition to the impact presented by the pandemic on emotional wellbeing.

A working group made sure that staff wellbeing was considered consistently across the council alongside COVID-19 related health and safety requirements. Tailored team working arrangements were put in place for all, including regular check ins with managers and other members of the team to discuss support for practical and emotional wellbeing, and to put in place reasonable adjustments and flexible working hours wherever possible.

A dedicated staff wellbeing website was put together to share resources and information with staff. These were also made available through our public facing website so that they could benefit staff and volunteers in other businesses and workplaces as well as council staff without easy access to our internal website.

### **3. Using data to keep people safe**

During the pandemic the systematic collection, analysis, and interpretation of health-related data was vital to prevent, understand, and respond to outbreaks, to assess the impact of measures taken to contain the virus, and to inform current and future measures.

While the nation waited on the “next slide”, in Brighton & Hove the council, local partners, decision makers and the public focussed on the latest local intelligence.

#### ***How we used data during the pandemic response***

With the onset of the pandemic, we had to learn fast to inform our local response. By Summer 2020, national data sharing and confidentiality arrangements were established that enabled the local public health team to identify linked cases and outbreaks. This meant we could respond rapidly to trends in local infections to put in place measures to prevent the further spread of the virus.

The public health team reviewed the latest data daily, enabling timely and specific recommendations to be made. This informed action at all levels including public communications, outbreak prevention and control, and the briefing of Councillors and other city leaders and organisations to inform their decisions.

Understanding the case data grouped by demographic factors and by geographical area enabled us to understand the local picture to:

- provide an early warning about the local situation
- support working with different communities, settings and businesses to reduce the spread of the virus
- focus resources on where they were needed most, for example by indicating where additional support for testing and vaccination was needed.

Sharing local data on our website and providing the true local picture meant that residents had a better understanding of the local situation so they could make informed decisions to reduce their own risks, including taking up vaccinations as required.

#### **What we learned**

Using data in a dynamic way was key to our agile response. It enabled us to take immediate action in response to the changing needs of the city, target communications and allocate resources to make the greatest impact.

With more national and local data being shared regularly, the public became more data-literate. We found that residents were keen to know what the latest figures were to inform their plans and behaviour. Local media outlets frequently based their news stories around these figures and our interpretation.

Developing local modelling provided strong local evidence which helped to support local Councillors, the council, NHS and others to make difficult decisions ranging from how best to support local businesses; the approval for public events; to the updating of council teams’ business continuity plans. Some decisions couldn’t be made nationally and it was up to local the council, NHS, business and community and voluntary sector leaders to respond to local needs as fast as possible.



The pandemic demonstrated the value of public health data in informing effective action and behaviour change. We now need to adopt similar approaches in wider work to reduce health inequalities and improve health and wellbeing.

Looking beyond COVID-19, there is the potential to use data more effectively to support people in making informed decisions about the actions they can take to improve their own health.

## Recommendation

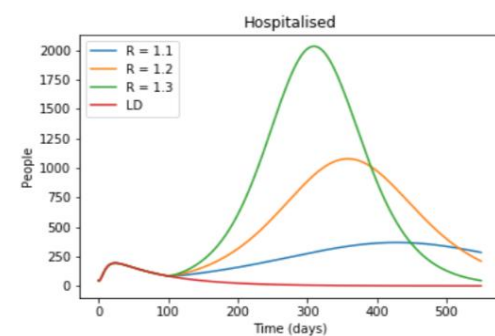
For the council and the local NHS to make public health data easier to find and use, to empower residents, public services, the community and voluntary sector and businesses to take action to improve health and wellbeing

### Case study Modelling hospital admissions to manage the demand

Early in the pandemic, it was vital to plan for hospital capacity. In Sussex, academics from the University of Sussex, worked with public health and the NHS to develop a model using actual data about hospital admissions and deaths. This meant we could predict what might happen in different scenarios.

As our knowledge of the virus increased, the models became more sophisticated.

The model helped us to understand the second wave of infection in July 2020. It showed us how many people might be hospitalised to help us to plan services and understand demand.



(d) Hospital capacity  $H$

*“Our collaboration with the public health authorities and the NHS has demonstrated real value and impact of data-driven modelling. We were able to deliver real-time solutions in a continuously evolving pandemic. As a result, we are better equipped to deal with future pandemics than ever before”.* **Professor Anotida Madzvamuse, Professor of Mathematical & Computational Biology, University of Sussex School of Mathematical and Physical Sciences.**

Sussex mathematicians develop ground-breaking modelling toolkit to predict local COVID-19 impact.<sup>1</sup>

### Case study Making data available to the public

To ensure that as many people as possible were kept up to date with events as they happened, when data become available that could be published, we were

<sup>1</sup> 2021 [Internet]. Cited November 2022. Available at: Sussex mathematicians develop ground-breaking modelling toolkit to predict local COVID-19 impact : Broadcast: News items : University of Sussex

open and transparent about what was happening locally. We regularly shared data about cases, testing, the number of people in hospital, deaths, and vaccinations with the public, reaching a wider and more diverse audience than previously.

Sharing data with the public on the website, in a way that was easy to understand, was fundamental to working in a collaborative way with residents in a time of fast-moving developments.

**Infographic** Over 880,000 views of the data pages on the council's website were made between June 2020 and January 2023.

### **Case study** **Sharing data to protect our most vulnerable residents**

To ensure that local authorities could contact and support the residents most at risk from COVID-19, data on clinically extremely vulnerable (CEV) patients was shared by the Cabinet Office under the terms of the NHS Digital Control of Patient Information (COPI) Notice. This data was regularly updated to make sure we were informing and supporting the right people.

Combining information from internal and external partners joined up the data so that we could get in touch and support people as needed.

This work was managed through a Data Working Group, which enabled:

- Improved data sharing and insight
- Planning of resources based on data and evidence
- Aligning plans with the wider corporate data strategy
- Support for a one council approach to the pandemic to vulnerable residents supported by the vulnerable people's working group

Once the COPI Notice ended access to the CEV data was removed. Having temporary access to this data enable the council to better understand and support vulnerable residents with a range of health and wellbeing needs.

## 4. Putting health inequalities at the centre of our approach

Health inequalities are defined as “avoidable, unfair and systematic differences in health between different groups of people”. (The King’s Fund)<sup>2</sup> This can include differences in rates of illness or death; access to care; health related behaviours; and the wider factors that influence our health and wellbeing, such as education, work and housing.

Early on, national research indicated that the pandemic was deepening many existing health inequalities, with some population groups being disproportionately affected. Those who were already disadvantaged or who had underlying health problems were at greater risk.

In 2022 the Kings Fund reported:

- Mortality rates from COVID-19 have been higher in more disadvantaged areas than in less deprived areas
- The pandemic has also had a disproportionate impact on some ethnic minority groups. The picture is complex and differs between ethnic groups and over time. Overall, ethnic minority groups have experienced higher mortality from COVID -19 than the White British group, and COVID-19 mortality rates have been highest in the Bangladeshi, Pakistani and Black Caribbean groups
- Disabled people experienced a greater risk of dying from COVID-19 than non-disabled people.

### ***How we considered health inequalities in our response***

The immediate response required the most clinically vulnerable residents to take extra precautions to keep themselves safe. The council worked with the NHS to identify those most in need and put processes and services in place to make it easier to provide them with the guidance and support they needed.

A city-wide multi-agency working group (including council, NHS, and community and voluntary sector organisations) ensured the response considered the needs of these residents, as well as other groups and communities already known to be affected by health inequalities.

The detailed knowledge of the city provided by well-established community engagement and involvement networks, complemented national and local data on those most at risk.

This helped us to ensure that the new programmes we set up reached the communities most in need. For example:

- Data and community feedback were used to identify specific groups and areas that were less likely to take up COVID-19 testing. We then collaborated with communities to provide outreach services that improved access to testing. This involved close working with community and voluntary groups, faith communities, homeless services and communities of identity

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<sup>2</sup> [Internet] 2022 (cited November 2022). Available from:[www.kingsfund.org.uk/publications/what-are-health-inequalities](http://www.kingsfund.org.uk/publications/what-are-health-inequalities).

- We used our evidence on health inequalities to obtain additional funding from central government that enabled us to engage with communities and work in collaboration to promote vaccination.

## What we learned

COVID-19 has illustrated how those who are already affected by poor health are often disproportionately affected by new public health issues. Health inequalities deepen when there is a crisis. As we all continue to face significant challenges, we need to redouble our efforts in working with communities to prevent and reduce health inequalities.

The full extent of the pandemic is not yet fully understood in terms of the impact on widening health inequalities. Recent national evidence is showing some concerning trends in our physical and mental health. It is vital to focus on how to reduce health inequalities in responding to these trends.

## Recommendation

For the council and NHS to ensure that local programmes, strategies and plans promote health and wellbeing, prioritising communities and groups with the greatest needs.

### Case study Ethnic Minority Achievement Service (EMAS) support for families with children

The council's Ethnic Minority Achievement Service (EMAS) supports early years and school age children and families with English as an Additional Language.

As EMAS already worked with many families, they received training from the council's Public Health team and were able to help with communication between education settings and homes. By using Zoom and WhatsApp messaging, the EMAS team was able to keep families connected and pass on Covid-related messages from schools and early years settings and offer WhatsApp recordings in home languages.

When children were returning to school after the first lockdown, EMAS surveyed parents to make sure they could support and provide information to parents who were reluctant and fearful of a school return.

A parent reflected: *"We owe a great deal to you! You mean so much to all of our family. I rely on you so much."*

A school reflected: *"At every part of the provision since school closure, we have had the availability of EMAS to ensure those families felt supported and equipped to support the children"*

### Case study Homelessness

Brighton & Hove has a relatively large proportion of people who sleep rough, are in temporary or emergency accommodation or have insecure accommodation.

People experiencing homelessness were identified nationally as being particularly vulnerable to COVID-19 due to their poor living conditions, higher risk of exposure to the virus and existing worse health and wellbeing outcomes.

On March 27 2020 the Minister for Local Government and Homelessness issued a direction on the accommodation, triage, treatment and support of rough sleepers.

Arch Healthcare (the city's specialist homeless GP surgery) together with the council's housing and public health teams, and our NHS and community and voluntary sector partners, worked jointly to accelerate the already established plans for a local Care & Protect model. This provided effective medical triage and safe accommodation and support for people experiencing homelessness.

Separate accommodation was provided for people with symptoms of COVID-19 and measures were put into place to protect staff working in this setting.

The council worked tirelessly with its partners to procure hotel accommodation for more than 240 people to keep them safe, and partners in health and the community and voluntary sector provided specialist support.

A dedicated nurse consultant provided expert and rapid support to accommodation settings across the city to facilitate testing, contact tracing and self-isolation. Local housing providers met regularly to share information, discuss guidance and share challenges and solutions.

When the vaccine became available, helping homeless people to get vaccinated was prioritised. Mobile vaccination units were used to visit accommodation settings and dedicated vaccination sessions were provided by Arch Healthcare. To incentivise uptake, the mobile units provided food and we found this helped to start conversations and build trust. The convenience of the mobile vaccination bus was the key factor in making the decision to get vaccinated for many of those who were unsure.

As restrictions were lifted, a homeless and health day was held in April 2022. 120 people from homeless communities dropped in for services such as haircuts, Hepatitis C testing, housing advice, vaccinations and hot meals.

*"The event showed compassion and investment in a particularly vulnerable group, and I was very proud to be there supporting the vaccination programme"*

### **Case study Children with underlying health conditions**

In early 2022, children aged 5 to 11 with underlying health conditions became eligible for vaccination. A local group was brought together to focus on maximising uptake and avoiding health inequalities in this group of children.

Over three months, the group, with support from a Learning Disability Health Facilitator:

- Created an easy read vaccination photo story for younger children
- Developed resources to support the team who made vaccination bookings over the phone
- Shaped citywide FAQs for parents and carers

- Carried out a survey of the experiences and challenges of families of all at-risk children aged 5 to 15, to develop recommendations for future vaccination programmes.

## **5. Making the most of engagement and partnerships**

From the outset, it was clear that we needed to listen to the views of local people and communities about how things could best be delivered.

No one team in the council alone had this knowledge, so the council's Public Health and Communities, Equality and Third Sector Teams worked closely with those who had on the ground knowledge, including the local community and voluntary sector, local councillors, the NHS and other services.

### ***How we worked with people, organisations and communities to improve health outcomes across the city.***

Working with our well-established community networks helped to create a joined-up city wide response that was based on the needs of different communities. Listening to the lived experience of local people helped ensure communications and services were designed to take account of different beliefs, language needs, accessibility, and other specific cultural needs.

It also meant organisations could use each other's expertise, share knowledge and work together in a coordinated way to prevent duplicating efforts at a time when there was a lot to do.

Our community partners helped us to:

- Build relationships with new local groups and community leaders who could help to share information and guidance in different ways and with different people
- Work alongside trusted community members to deliver webinars and Q&As so that messages are well received
- Provide training for teams to help provide services such as testing or vaccination in a sensitive and appropriate way that met the needs of different groups and communities
- Identify barriers to access and understanding that led to tailored and more effective delivery and communication approaches.

### **What we learned**

To improve health, directly engaging and involving local communities and staff and volunteers in the NHS, community and voluntary sector, universities, care settings and businesses, is vital to provide insights to complement more traditional public health data sources.

The relationships and networks developed during the pandemic were vital to ensure messages and services reached the different communities who would benefit most.

Engaging at an early stage encouraged a sense of 'doing it together' and helped build trust and confidence. Maintaining that trust required checking in with different communities and demonstrating that we have acted on what they've said.

Wherever possible, collaborating with communities to co-design and co-produce services proved to be the most effective way to meet peoples' needs.

### **Recommendation**

For the Health and Wellbeing Board to continue to develop local partnerships that have been strengthened during the pandemic and ensure that local communities are listened to and actively involved in planning and delivering action to improve health and wellbeing

### **Case Study The Faith Forum**

The local Faith Forum was an information hub for the faith community, becoming a conduit for both national guidance and specific interpretation from faith leaders where this was available.

The forum updated the faith community by a regular newsletter and places of worship were supported to re-open safely after the first lockdown. Members of the public health team took part in virtual Q&A sessions with local religious leaders to give information and advice about vaccinations and testing.

The Faith Forum enabled the co-ordination of volunteers from the faith community as people pulled together in a crisis. High levels of volunteering were observed across all people of faith early on, although this was more difficult to sustain when people returned to the workplace.

There are many other examples of joint and cross-faith working, including the distribution of community lateral flow tests to those in need. Overall, people have worked together rather than in silos.

*“Covid completely changed the face of worship. Covid has shown that the faith community care, and this has changed perceptions positively. The faith community is viewed as more of a partner of local government”.*

**Rik Child, Managing Trustee, Brighton & Hove, Faith in Action**

### **Case Study Partnership with the universities**

The Brighton & Hove population includes more than 37,000 students at the University of Brighton and the University of Sussex, including students from overseas who live, study and work in the city. Many are away from home for the first time.

Key messages were communicated in a positive and proactive way to support students and make them feel welcome and to reassure the wider community. This included advice and support to students who were self-isolating.

Close working relationships were developed between local universities and public health. A joint group, that continues today, agreed local action plans and communications to university communities, monitored case rates, and oversaw the response to outbreaks or concerns.

The universities set up and delivered in partnership symptomatic testing in accommodation halls, asymptomatic testing and vaccination clinics. Mobile vaccination units and mobile testing units were also hosted by university sites whenever needed, to support not only students but the wider community too.

*“Working with our local public health partners was absolutely key to the University’s response to the pandemic. This enabled us to manage expectations*



*and allocate resources to the most important areas. Our regular engagement with local public health partners was vital in ensuring that we were well informed of what was happening and what was coming our way. It felt like we were as well prepared as we could be and often ahead of universities elsewhere in the country.”*

**Ben Toogood, Senior Risk and Resilience Manager, University of Sussex**

### **Case study Keeping education settings safe**

Since the first cases of COVID-19, our educational settings, including early years, schools, colleges, and Special Educational Needs and Disabilities (SEND) provision were proactive, engaged and responsive.

They worked closely with the council, and the UKHSA Health Protection Team to support their communities. They held a challenging role, being responsible and overseeing the welfare of learners and staff.

The council facilitated regular joint communications out to all nurseries, schools and colleges, letters to parents, webinars for staff, and drop-in meetings.

The council led multiple outbreak control responses and shared information and best practice. One of the greatest challenges was interpreting the changing guidance and managing risk. We learned that blanket approaches didn't always work and had to be adapted for different settings. Confidence grew across the system as the risk assessment process became more robust.

### **Case study What we've learnt from the response to COVID-19 in care settings**

One of the biggest impacts of COVID-19 was felt in care homes, home care and other care settings and this was enormously challenging for residents, families and staff. Local care workers demonstrated enormous capacity, resilience and compassion in their response to the situation. Public health, adult social care, the UK Health Security Agency (UKHSA) and the NHS worked together more closely than ever before to coordinate and support these settings to reduce transmission and manage and prevent outbreaks.

Settings benefitted from structured, continuous support, communication, training and engagement. The local public health team constantly supported care homes, home care providers and other care settings to understand and implement ever changing guidance, complementing outbreak management support provided by UKHSA. Taking a friendly, kind approach helped in times of crisis and built trust with care homes and settings and with different partners. Ensuring support was ongoing was essential. From the start of the pandemic, NHS and council colleagues re-oriented their work to focus on the response and worked together building on existing strong relationships with settings. Examples of this include adult social care colleagues supporting roll out of the Covid19 testing programme and the Sussex Partnership Foundation NHS Trust dementia in-reach team directly supporting outbreaks in a setting with people with dementia and Sussex Community Foundation NHS Trust working alongside public health infection control nurses managing outbreaks and providing support.

Different waves of the pandemic resulted in changing guidance and approaches at different levels, across the city and in care homes and settings. Embedding the

guidance in training and practice helped staff in care settings to manage ongoing challenging situations.

From the start of the pandemic the public health team proactively worked with all care providers in the city regardless of how they were funded, with care providers that hadn't had cases and outbreaks to ensure they were ready should this happen, and with settings that had to build better prevention in everything they do.

Building the resilience of the workforce and looking after their health and wellbeing was a core part of our response as a city. It became particularly challenging for settings with staff shortages and a high turnover of staff to carry on working in extremely stressful and traumatic situations, maintain infection prevention control standards and for the impact of the outbreaks not to take its toll emotionally.

Services were supported by access to psychosocial and wellbeing support to help staff recover and keep mentally and physically well.

Strong partnership working was enabled via newly established regular management response meetings to coordinate support to cases and outbreaks and a strategic care settings response group was set up to help ensure future planning, coordination and quality improvement of the work.

Care settings now collaborate more frequently with each other, developing buddying arrangements and sharing lessons learnt. Infection prevention control Champion networks have been established for care and homeless settings for ongoing training. An example of good practice across Sussex has been the development of a risk assessment tool for care homes to support decision-making for actions during an outbreak, in particular regarding closures and admissions. Going forward the system needs to ensure learning and that the great joint working isn't lost, and resilience is maintained.

***Anne Smith, Nurse, clinical lead, infection prevention and control, Brighton & Hove City Council***

## **6. Communicating effectively**

Throughout the pandemic we were all presented with a deluge of new information including national guidance to keep us safe; data on infection and hospitalisations; support to keep us healthy and prevent loneliness and social isolation; and information on testing and vaccination.

This was really important information for everyone to hear and understand but there was a risk of people being overwhelmed and confused.

### ***How we kept people informed during times of uncertainty and worry***

Locally we needed to communicate the national guidance effectively as well as inform our residents about the local situation in a way that everyone could understand.

From the start we worked closely with national partners to interpret and share the most important messages. Through using national branding and imagery we could ensure that the message was consistent.

Many of these messages were around compliance with regulations and guidance, and over time we complemented them with locally branded communications that encouraged everyone to think about how their behaviour can keep everyone safe.

We worked with city partners to disseminate messages to our different communities and get their feedback on how these were received so we could make changes to reach them more effectively.

We made use of different local channels to ensure our messages got through. Digital channels such as social media ads, e-newsletters, screen and digital posters, enabled us to quickly adapt to the rapidly changing guidance and situation. Block booking these channels meant that we were able to use them whenever we needed to.

While we know many more people made use of digital and social channels to keep connected with friends, family and to keep up-to-date on the news, there were still people who didn't have access to these channels.

Therefore, it was important to back-up our approach with advertising using local media outlets, radio advertising and hard-copy communications such as direct mailouts to all residents.

We developed comprehensive and clear webpages that became a source of up-to-date and trusted information for people to use. This included our COVID-19 dashboard which was updated daily to provide the latest data on new infections and hospitalisations. High use of this dashboard by the public demonstrates the appetite for using public health data if it is shared in an accessible way.

We published a weekly local Public Health statement that rounded up the latest advice and data alongside a key message agreed by our strategic and tactical leads. This was available on the council website but more importantly was proactively shared through a wide range of city networks and in our most-common languages.

Sharing information regularly and consistently in this way meant that it was picked up by local media outlets, could be shared across a wide range of channels in a variety of formats and languages, and was helpful to counter misinformation.

### **What we learned**

Sharing accurate and up-to-date local information that strengthens national messaging but makes it relevant to a local audience, is key to maintaining public confidence.

Adding a local and trusted voice with the right tone and understanding of the local situation helps to ensure messages are received well by different audiences.

It's important to seek out the channels that are being used by the audiences and communities we want to reach. We need to use what we have learnt about the most effective channels, networks and formats in communicating about future public health issues.

### **Recommendation**

For the NHS and the council to systematically collect community insight and feedback to make sure health information reaches local communities in the best way for them

#### **Case study 'Thank you for' campaign shortlisted for a national media award**

When public opinion and compliance in testing, vaccination and mask wearing was beginning to become more challenging, our 'thank you for' campaign helped to foster a sense of local trust with a simple message and importantly some reasoning for doing it.

The campaign featured local people who reflected the diversity of our city. It gave a positive thank you message to complement the stark national instructions being shared.

The aim was to change the public's attitudes, and in turn actions, to help protect themselves and others, and of the public health workers, doctors, nurses, friends, colleagues, and family who took their own individual actions to help them along the way.

The artwork was showcased through a range of media including digital bus stops and screens, on social media, in printed ads and even as the council's Christmas card.

It supported the national messaging while giving a unique Brighton & Hove flair to capture the spirit of the city.

The campaign was shortlisted for a national outdoor media award in the community social impact award category.

OMA 2022 Winners<sup>3</sup>.

#### **Case study Reaching local voices with Radio Euro-Mernet**

Radio Euro-Mernet is a Brighton-based weekly community radio show that aims to be 'the global voice of the local communities and the local voice of the global communities'.

<sup>3</sup> [Internet]. 2022. [Cited November 2022]. Available from: <http://view.ceros.com/clear-channel/oma-2022-winners/p/7>

From the first days of the pandemic, the show and its networks supported the city's response.

"We had to follow our principles of love, peace and solidarity and share everything with our communities through all means available".

"When the council released posters back in February 2020 we started to put them up in places including community cafes and launderettes".

"Our volunteers gave verbal briefings, particularly for those who are newly arrived and older so that they would receive information about Covid in a way they might understand".

"Our friends at Sussex Interpreting Services provided some of the information in different languages. We also talked about mental health and wellbeing around 'its ok not to feel ok, its ok to ask for help'".

"Every week on the radio show we used information from the council's weekly briefings so that we could share the main messages, information on vaccinations, transport options and then discuss any questions afterwards."

**Umit, presenter of Radio Euro-Mernet's weekly community radio show**

Practical information such as the vaccination sites were promoted and Public Health joined one of the shows to share the latest on the situation in the city, where and how to get your vaccine and answer questions.

The show also helped build confidence and wellbeing in the community by making arts and culture available for people to enjoy, such as through a community film club and poetry events.

The radio station has more than 300 regular listeners and broadcasts 40-50 shows a week and reaches a wider audience who listen as a podcast.

Having a regular slot on a local community radio show around health and wellbeing did make a difference to people following and understanding the advice and shows what an asset it is to keep in touch with community and voluntary groups and keep asking what and how to do better.

Radio Euromernet<sup>4</sup>

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<sup>4</sup> [Internet] [cited November 2022] Available from: [www.euromernet.org/radio](http://www.euromernet.org/radio)

## **7. Helping to keep the city safe and open**

Council teams, including Economic Development, Events, Environmental Health and Public Health, worked closely with businesses throughout the pandemic.

They focused on the need to ensure current regulations and guidance were followed to keep people safe whilst recognising the vital importance of the economy to the city, including sectors such as the visitor economy, arts and leisure and events. When restrictions started to be lifted it was important to welcome visitors and residents back in a Covid-secure way.

Local Authorities were granted powers to close individual premises, public outdoor spaces and prevent events in response to “a serious and imminent threat to public health”. In Brighton & Hove, we adopted a preventative approach to Covid-secure measures based on the principles of the four Es: to engage, explain, encourage and enforce.

Businesses in the city looked to the council for support and it was necessary for the council to respond rapidly. This was particularly important as many of the city’s businesses, for example our visitor economy, are public facing. The impact of the stop-start nature of the pandemic made it even more challenging for local businesses. The council was robust as well as flexible in its approach redeploying staff and services, to distribute grants to businesses.

### ***How we helped to keep the city open – businesses***

Our Environmental Health team already had considerable experience in engaging with local businesses and built on their relationships to convey messages to protect health as well as in managing the council’s responsibilities under Public Health legislation.

Like other sectors, the implications of the pandemic on business developed over several distinct stages, including periods of lockdown and opening up. A Covid Information Team was established to support businesses to navigate these phases. Examples of how they worked to prevent transmission included:

- Assistance with messaging, signage and layout to maintain social distancing, PPE provision and ventilation to protect customers and staff and implement Covid-secure environments
- Tailored updates and webinars were provided for different sectors when the national guidance changed
- Advice and support for businesses to assist safe reopening, taking the form of distribution of advice, physical inspections, audits and advisory visits
- Following up to provide advice when concerns had been raised by customers.

Any outbreaks associated with specific businesses were followed up to ensure that appropriate measures were taken to control the onward spread of infection and learn lessons for the future.

### ***How we helped to keep the city safe – events and public places***

Brighton & Hove is known nationally and internationally for its visitor economy and vibrant events. Sadly, the pandemic had a seismic impact on the sector and resulted in the cancellation of community events such as Pride and the Burning of the Clocks, as well thousands of sporting events, festivals, concerts, gigs and conferences.

Outside of lockdown, the local Safety Advisory Group, consisting of emergency services and council officers, met regularly to assess the safety of events including whether they complied with current guidelines and had considered potential risks. The group worked closely with the Sussex Resilience Forum to ensure a consistent approach to events was taken across the county.

The council was also responsible for making sure that public spaces were Covid-secure. A regular joint working group shared intelligence on high-risk locations, potential enforcement issues and planning for a staged opening up of the city.

A particular concern was how to help people to use our open spaces as safely as possible, including the busy seafront area. During lockdown, when gyms were closed and many clubs were not running, we also encouraged residents to get the exercise they needed by promoting the use of local open spaces for walks and exercise.

To help residents access public places and maintain social distancing, Covid Marshals were employed to supported people in busy areas to maintain social distancing.

### **What we learned**

The pandemic showed how public health and the economy are inextricably linked.

We've seen first-hand how a health crisis can cause an economic crisis and increase both economic and health inequalities. It illustrated how, at a national and international level, health is a vital asset that is essential for our economic prosperity.

A thriving and fair economy is essential for a healthy population and businesses play a vital role in enabling this. Protecting businesses and livelihoods is about protecting the health and wellbeing of communities.

### **Recommendation**

For the council to continue to make the link between good health and a strong and fair economy through the refreshed citywide partnership structures.

#### **Case study Environmental health support for local businesses**

As some of the first cases of COVID-19 nationally were in Brighton & Hove, we had to hit the ground running. There were no national guidelines, and none of the protocols and posters that became so familiar to us were available.

Within 48 hours we had contacted thousands of businesses and organisations to share the key prevention messages and shared posters such as "Catch it, Bin it, Kill it".

Later, a dedicated Covid Information Team, made up of environmental health officers and a team of 'boots on the ground' officers, was established to support businesses to reinforce the latest guidance.

With every change in the legislation the team made practical sense of the guidance to make it easier for businesses to navigate the rules. We provided information and support through websites; checklists; email newsletters; posters and floorplans; ensuring translated materials were available where English was not a first language for businesses or for customers.

One of the most challenging periods was keeping on top of rules and enforcement when pubs and restaurants could open but with complex restrictions: some could only operate outdoors and many had hastily constructed outdoor structures; you could only drink if eating; food businesses had to close at 10pm; takeaways could open to deliver but not to go indoors.

“The drive for our work, in the main, was to support businesses by ensuring they had the latest guidance in an easy-to-read format. This then meant they had a better opportunity to stay open in line with the rules/restriction at that time.”

***Frankie Yallop, environmental health officer***



## **8. Bringing it all together – delivering the vaccination programme**

The introduction of safe and effective COVID-19 vaccines proved to be a game-changer that saved thousands of lives and helped us return to a more normal life.

A key aim of the national programme was to achieve high and equitable vaccine uptake. To do this we needed to use data to consider local health needs, gaps in uptake, engage with partners to ensure the programme met the needs of our communities and communicate information clearly and in ways that could reach as many people as possible.

### **1. Scaling up rapidly is possible with the right resources**

In December 2020, the first sites were stood up to deliver vaccinations quickly, and on a scale not seen before in the city.

The programme was led by the NHS and involved all local health providers and commissioners (including NHS Sussex, NHS Trusts, Primary Care Networks (PCN), Here (a local healthcare social enterprise) and local pharmacies), but was only possible with support from volunteers, community and voluntary organisations, businesses (including venues, taxi companies to provide transport, Brighton & Hove Buses and water companies to provide fridges and furniture) and council teams, including communities and engagement, estates, parks, adult social care and public health.

**Infographic:** More than 1,000 volunteers and staff were recruited to help deliver the vaccination programme across Sussex between December 2020 and 2022.

**Infographic** More than 223,300 people in Brighton & Hove received at least one vaccine<sup>iii</sup>.

Vaccination services were delivered from NHS sites and other venues such as the Brighton Centre and Churchill Square (managed by Sussex Community Foundation NHS Trust), and Brighton Racecourse (managed by Here). Outreach models were used to reach people experiencing homelessness and areas and groups with lower uptake, and a roving team visited care homes, other care settings and housebound residents.

Flexible approaches to workforce were adopted to enable rapid recruitment and training, and matching staff availability to shifts, while at the same time ensuring processes were in place to ensure a safe service was provided.

### **2. Collaboration enables action, continual learning and quality improvement**

Collaborative system-wide working was established in a way that had not been seen before. GP practices and NHS Primary Care Networks (PCNs) worked together and established a new delivery partnership with Here to support delivering the programme at scale. Local organisations shared staff, sites and vaccines as required and collaborated to deliver joint communications and work with local communities.

Delivery was made possible by robust programme management at a Sussex level, and a Brighton & Hove board, supported by working groups, ensured continuous improvements were made to our local programme.

As the programme developed, we built effective relationships, good communication routes, and robust governance arrangements, which meant it was possible to quickly

adapt delivery in response to newly identified community needs, as well as changes to the national programme.

### **3. Using data and community feedback to inform delivery**

Each week we used data, alongside community insight and feedback, to tell us where mobile vaccination units should be placed for maximum benefit. This took into account people and communities who were finding it difficult to access vaccinations.

Wherever possible, service locations were chosen to:

- Reach neighbourhoods and groups with lower uptake. Mobile units targeted locations such as further education colleges, university campuses and dedicated community spaces such as the Black & Minority Ethnic Community Partnership venue
- Fit around residents' needs and lifestyles, including locations close to work or education settings, shops, and leisure facilities, as well as being run at times to suit working patterns, and in locations that were easy to access
- Be located in environments that were familiar to people, or where they felt comfortable, safe and welcome to visit, such as dedicated quiet sessions for people with learning disabilities or sessions in safe spaces for LGBTQ+ residents, or where interpreters were available for those who needed them.

### **4. Doing things differently delivered results**

Historically, vaccination uptake in Brighton & Hove has been lower than the national average. Uptake of the COVID-19 vaccine was slow in some parts of the city in the early months of the programme. It was clear that innovative mobile and outreach solutions would be needed.

A collaboration between the NHS Primary Care Networks, Here (a local healthcare social enterprise in partnership with NHS Sussex), St John's Ambulance and Brighton & Hove Buses, built on the homeless outreach service that Arch Healthcare had developed so that different communities across the city could benefit from this approach

Service providers shared learning and supported each other to set up the mobile service as well as rapidly establish GP practice sites around the city, which supported the larger vaccination sites. The programme adopted a wholly collaborative approach to delivery, working with communities, volunteers, peer educators, neighbourhood groups, businesses, as well as the NHS and council.

Mobile vaccination units, where people could book or walk in for their vaccine, visited 45 different locations across the city. Regular sessions were established so that people knew when to expect the service, and this proved more effective than one off visits.

Unvaccinated people were proactively invited for vaccinations alongside enhanced engagement delivered by community groups and peer educators within neighbourhoods. People who were not registered with a GP could still get vaccinated and opt to register with a GP practice via the mobile vaccination unit.

The number of weekly mobile vaccination unit deployments in the city grew from 2 to 14 by August 2022.

**Infographic:** More than 33,342 vaccinations or boosters were delivered through 816 mobile vaccination unit deployments across Brighton & Hove, between April 2021 and December 2022

## **5. Engagement and communication are essential to improving access and uptake**

Communications evolved from sharing national messaging with added local information, to a more enhanced 'wrap around' approach which learnt from engagement, and shared information in targeted ways to meet the needs of the different audiences in our communities.

Regular feedback between decision makers, delivery partners and representatives from community groups enabled quick and effective changes to be made to delivery and communications.

The NHS Sussex website provided up-to-date information so residents could find where to find accurate information about vaccinations and sessions. This could be quickly shared through social media and texting and was backed up by paper-based information (leaflets and posters), advertising at bus stops and screens in the city. Staff and volunteers in communities had conversations with local residents through door-knocking, at community events, and during training sessions to reach those who didn't have access to online information. Translated materials was also made available quickly and in different places.

We tried to avoid making assumptions about people's understanding and decision making around getting vaccinated. We listened to feedback to ensure information was delivered in different ways and by different people and groups who people trusted. People often like to hear from people like them or directly from health professionals, rather than corporate information from the NHS or local authority.

In addition, mobile vaccination units also needed to be easily seen in communities, identifiable and easy to find and get to with good signage.

Feedback from our communities led to trusted community group members meeting, greeting and briefing the security and vaccination teams and helped to make residents feel welcome, comfortable and safe. And by providing time for discussion during the vaccination sessions it also gave people an opportunity to ask questions even if they didn't want to get vaccinated.

Local community and voluntary sector partners, the Trust for Developing Communities and the Hangleton & Knoll Project, delivered enhanced engagement work in communities with low vaccination uptake. Peer Educators attended mobile units and carried out additional engagement with their communities and other groups. A vaccine engagement worker helped to establish sites to reach further into communities; some of the more innovative locations included construction businesses, car boot sales and gyms.

## 9. Summary

As we face new health and wellbeing challenges, we must not forget what we have learned as we worked together in the city to keep residents safe during the COVID-19 pandemic.

We must take forward the learning and use it to improve the health & wellbeing of local people and reduce health inequalities.

1. For the city's partnership structures to be reviewed and refreshed to build on citywide collaboration to improve health and wellbeing outcomes.
  2. For the council and the local NHS to make public health data easier to find and use, to empower residents, public services, the community and voluntary sector and businesses to take action to improve health and wellbeing.
  3. For the council and NHS to ensure that local programmes, strategies and plans promote health and wellbeing, prioritising communities and groups with the greatest needs.
  4. For the Health and Wellbeing Board to continue to develop local partnerships that have been strengthened during the pandemic and ensure that local communities are listened to and actively involved in planning and delivering action to improve health and wellbeing.
  5. For the NHS and the council to systematically collect community insight and feedback to make sure health information reaches local communities in the best way for them.
  6. For the council to continue to make the link between good health and a strong and fair economy through the refreshed citywide partnership structures.
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