HEALTH AND WELLBEING BOARD PAPER

FORMAL PUBLIC MEETING

Report of:	Greg Fell, Director of Public Health
Date:	26th September 2024
Subject:	2023 Director of Public Health Report Sheffield and the Covid-19 Pandemic: What did we learn?
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Summary:

This paper gives a short summary of the key points of the 2023 DPH report for Sheffield, which is focused on the collected learning of the city and the response to the Covid-19 pandemic. The report contains a detailed story of the pandemic and lessons learned, including three key points:

1. Data saves lives
2. We must prepare, plan and act on a whole city basis
3. Our response cannot ignore the structural determinants of how infection spreads and resulting poor outcomes

Questions for the Health and Wellbeing Board:

- What can we do to ensure we have the right data permissions in place when we need them?
- What can we do to ensure we have the right arrangements in place to ensure we plan, prepare and act on a whole city basis?

Recommendations for the Health and Wellbeing Board:

The Board are recommended to:

- Note the publication of the report and that it will be circulated to a range of stakeholders in Sheffield and beyond
- Note the main lessons and three key points

Background Papers:

Appendix: Sheffield and the Covid-19 Pandemic: What did we learn?

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This issue addresses health inequalities as a whole, so connects to the overall aim of the Health & Wellbeing Strategy

Who has contributed to this paper?

Greg Fell – Director of Public Health, Sheffield City Council

2023 DIRECTOR OF PUBLIC HEALTH REPORT: SHEFFIELD AND THE COVID-19 PANDEMIC: WHAT DID WE LEARN?

1.0 SUMMARY

1.1 A Director of Public Health (DPH) should publish an annual report. This paper gives a short summary of the key points of the 2023 DPH report for Sheffield, which is focused on the collected learning of the city and the response to the Covid-19 pandemic. The report contains a detailed story of the pandemic and lessons learned, including three key points:

- Data saves lives
- We must prepare, plan and act on a whole city basis
- Our response cannot ignore the structural determinants of how infection spreads and resulting poor outcomes

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The impact of the pandemic was inequitable in all respects. This is picked up in more detail below.

3.0 MAIN POINTS IN THE REPORT

3.1 Covid-19 was the most significant emergency since World War Two, and we can be certain that at some point in the future there will be another pandemic. It is important to note that many lost their lives during this pandemic, and that this is still raw for the loved ones left behind. Finally, whist it is unusual, particular tribute should be paid to Louise Brewins who had historically been primarily responsible for DPH reports. She sadly passed away in 2021. Louise was held in such high regard by all who knew her. In part this report is a testament to her, and the difference she made.

3.2 The DPH report for 2023 sets out the story of the pandemic in Sheffield from the early inception in December 2019 and covers the whole of the pandemic response across the city. Many stakeholders contributed to the writing of the text, reflecting the very wide nature of the response.

3.3 It is impossible to fully recognise and reflect the huge effort put in by many on the frontline of the response for such a long period. Sheffield owes those who responded a debt of gratitude. Page 2 of the report gives some insight into the scale of the numbers.

3.4 The report is divided into four sections. The first presents a broad overview of the state of health in Sheffield. The second section deals with the run up to the pandemic in early 2020. The third section uses the epidemiological intelligence generated during the response, illustrating the flow of the pandemic and the response effort. This section also contains reflections from some of those on the front line of the response effort. The fourth and final section focuses on the lessons learned.

3.5 There were many important lessons and we need to ensure a mechanism to put that into action and get them hardwired and institutionalised to avoid decay over time. The ten important themes are summarised here:

1. **The importance of early intervention and prevention; we now all understand the importance and impact of exponential growth.** In the now infamous words of the WHO emergency planning lead, Mike Ryan: “You need to go earlier than you want. You need to go harder than is comfortable. And a level of much greater uncertainty. If you need to be right before you move, you will never win”.

2. **We all now know how infectious diseases spread**, and old lessons such as hand washing made a difference. Occupation and household contact made a difference to exposure and transmission at population scale, and the underlying state of health made a difference to outcomes. This is fundamentally inequitable. Any future response cannot ignore the structural determinants that amplify and sustain chains of transmission and that lead to differences in outcomes. Planning, preparation, policy and operational response must learn the necessary lessons to account for this.

3. **The false trade-off between “health” and “the economy”.** We are seeing this further now as the impact of ill health in working-age people becomes more and more important to economic productivity. This was known before the pandemic, and reinforced in it. It has come sharply into relief in recent months as the impact of poor population health begins showing up in labour market statistics and economic productivity.

4. **Our baseline health fundamentally matters to outcomes in a pandemic.** We went into pandemic in poor shape, health wise. Some members of our society are much more vulnerable than others.

5. **The scope of planning for pandemics, exercising and responding is well beyond “health” as it is usually conceptualised in public policy.** The pandemic was not just about the NHS. The response started as “public health” but very quickly became whole of society. Planning for the future and any response needs to reflect this. Pandemic planning and response should include planning for communication infrastructure, maintaining education systems, job retention, economic resilience, community engagement, ensuring robust sick pay policies, systems for distribution of food and medicines. These activities are as important as modelling, stockpiling of PPE and ventilators and NHS resilience. This is obviously well beyond “a public health” matter narrowly conceptualised.

6. **We have an astounding ability to mobilise across the whole of local government, the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and civil society.** The response to the pandemic underscores the huge importance of our communities, and the locally embedded organisations in them, in our response on everything from vaccination take up to combatting isolation. The community, city, region and national level response

requires ongoing consideration of this in the design principles for future pandemic preparedness. Each level of geography has critical considerations.

We demonstrated we can locally organise around complex multi-dimensional problems and deliver. A complex problem requires a whole of society response. We cannot manage such multi-dimensional emergencies through simple command and control, at any level. It is impossible to understate the importance of distributed and distributed leadership, with a clear simple strategy around which all stakeholders align.

7. **The cracks in our society matter enormously**. Our poorest communities are exposed to multiple risks that left them unprotected when the virus spread into those neighbourhoods.
8. **The importance of working collaboratively across borders** (both regional and national/international) to share information and data. This may be more and more important in future in the light of the impact climate change will have on our health.
9. **Data saves lives.** In advance of another pandemic, we need to have immediate data access permissions. It took too long to get executable data: when we did get this we were immediately able to make our response more focused, impactful and targeted. Once the public health team had access to identifiable data there was not a single data breach: our information governance arrangements can be trusted. This is an immediately sortable lesson. We need to have immediate data access permissions that reflect those we managed to establish over the course of COVID to avoid any delay in getting the vital data to be able to give information to decision makers on what is happening, and to direct both policy and operational response.

3.6 **We have a world class NHS and Care system which has responded to a pandemic unprecedented in its history**. The pandemic required an enormous effort from the NHS, with a long payback lag. The context in which we reflect on the pandemic, plan and prepare for the next one matters enormously. It is important in any exercise about lessons learned to not ignore context. We went into the pandemic with hollowed out public services and there was a national focus on Brexit. We also underplay the context given to us by austerity and underlying inequality at our peril. which impacted on

4.0 RECOMMENDATIONS

4.1 Covid-19 is not the first pandemic, and it will not be the last: there will be another, though it is impossible to predict when. Climate change, biodiversity breakdown and the consequences of both may increase the risk of future pandemics, while pandemic flu remains at the top of the national risk register. Our collective responsibility is to establish the right mechanisms to put an effective response to any future pandemic into action, and get those mechanisms hardwired and institutionalised. Otherwise, the hard-won lessons will simply decay over time. The first module of the national inquiry picked up some of these lessons. We should not wait until the end of the national inquiry to reflect on our learning and embed them.

4.2 An infectious disease control playbook is necessary but nowhere near sufficient for managing an infectious disease pandemic. The baseline health status of a population is hugely important in the eventual outcomes of infection. A critical lesson is that for Covid-19, structural issues in society massively outrun individual behaviour in outcomes terms. The structural determinants of infection were much more important to transmission chains of infection than individual behaviour. For too long this wasn't recognised in policy, for example in the adequacy of isolation payments combined with low pay and insecure contracts of employment, or the under recognition of employment patterns in exposure risk.

4.3 **The report makes three key points that must inform future planning and response.**

4.4 **Key Point One: data saves lives.** Timely access to person level data is needed. In advance of another pandemic, **we need to have arrangements for immediate data access permissions** that reflect those we managed to establish over the course of Covid-19 to avoid any delay in getting access to vital data, in order to be able to give information to decision makers on what is happening, and to direct both policy and operational response.

4.5 **Key Point Two: we must plan, prepare and act on a whole city basis.** When planning for, exercising for and responding in future pandemics, we need to think about how the whole of the city is impacted, particularly with reference to those with poorest health and every sector has a role in the planning and response. Pandemic planning should include planning for communication infrastructure, maintaining education systems, job retention, economic resilience, community engagement, ensuring robust sick pay policies, systems for distribution of food and medicines. These activities are as important as modelling, stockpiling of personal protective equipment and ventilators and NHS resilience. We don't have an easy mechanism for this.

4.6 **Key Point Three: our response cannot ignore the structural determinants of how infection spreads and resulting poor outcomes.** Planning, preparation, policy and operational response must not ignore the structural determinants of health that amplify and sustain chains of transmission, and thus outcomes. There is always more to do to become more resilient and reduce the number of people with preventative diseases. Tobacco measures will go a long way to helping this and other measures are needed too, especially around food to tackle obesity. This should obviously be with a pro equity lens and is absolutely where our Health and Wellbeing strategy is focused.

5.0 QUESTIONS FOR THE BOARD

5.1 What can we do to ensure we have the right data permissions in place when we need them?

5.2 What can we do to ensure we have the right arrangements in place to ensure we plan, prepare and act on a whole city basis?

6.0 RECOMMENDATIONS

6.1 The Board are recommended to:

6.1.1 Note the publication of the report and that it will be circulated to a range of stakeholders in Sheffield and beyond

6.1.2 Note the main lessons and three key points

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