Workforce Perspectives on Local Authority Provision of Public Health Intelligence During COVID-19

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Introduction

The COVID-19 pandemic provided a stimulus to improve emergency response capabilities. During the pandemic, English local authorities (LAs) responded to limit virus spread and to mitigate its impacts by providing public health intelligence (PHI). Many studies have examined the experience of staff involved in the frontline healthcare response to the pandemic, but fewer the experience of those involved in the public health response. Here we report findings relating to workforce capacity and capability from a PhD which sought to contribute evidence to support policy and practice development around sub-national provision of PHI during an infectious disease emergency.

Methods

Mixed methods, sequential, exploratory study:

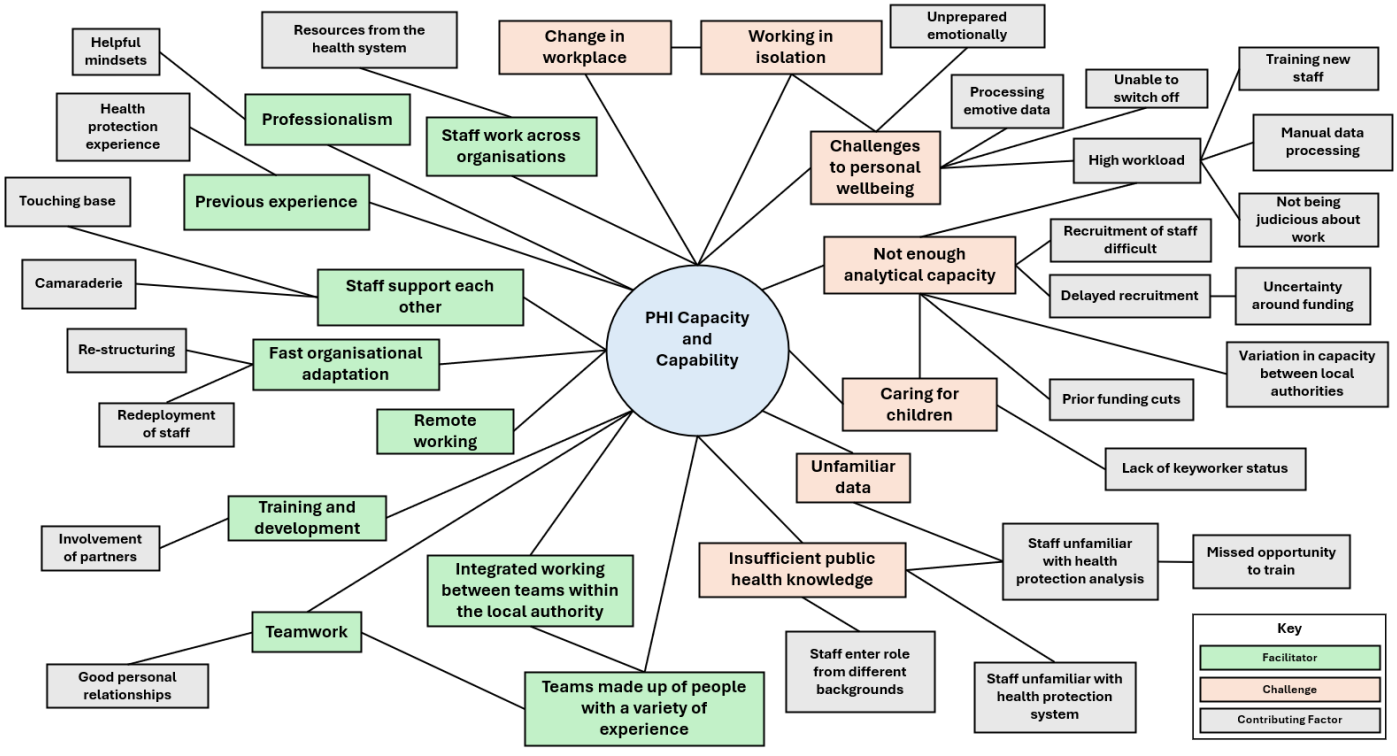
1. **Comparative case studies** of LA responses. Semi-structured interviews with PHI staff. Interview data analysed by inductive thematic analysis[1] followed by cross-case analysis.[2] Collection and analysis of non-confidential documents.
2. **Anonymous online survey of LA PHI staff**. Quantitative data analysed to produce inferential and descriptive statistics. Long-form responses used to supplement interview data.
3. **Data integration.**[3] Assessment of confirmation, complementarity, expansion, and discordance of qualitative and quantitative data.

Results

Data from **12 interviews** at **four case study sites** and **120 survey responses** was integrated. Key findings were:

- Staff's viewpoints on whether capacity was adequate varied. At the beginning of the pandemic staff worked long hours, and resource was found by pausing other work. As time went on, in many places, more resource was brought in, and the response became more efficient. Prior funding cuts were a challenge and resourcing varied amongst LAs. Uncertainty around funding may have delayed recruitment.
- Key worker status was important for those with children as it improved access to childcare and/or schooling, however, there were inconsistencies in whether staff were conferred this status.
- Staff highlighted the ability to tailor communications to the audience and to communicate with non-experts as important competencies.
- Health protection knowledge was beneficial, but findings suggest there was some room for improvement in this, particularly staff familiarity with the health protection system and health protection analysis.
- Knowledge of the data landscape in terms of the wider determinants of health, and newer data sources were felt to be knowledge gaps.
- Local knowledge, and teams with diverse knowledge and skills, were valued.
- Automation facilitated response and the ability to process large datasets was vital.
- A minority of survey respondents felt they were personally well prepared for the pandemic and training in emergency response was seen as important for improving this.
- Certain mindsets were seen as helpful including: being able to compartmentalise, taking a collaborative approach, empathy and compassion, and professionalism.
- Professional networks were valued by staff.
- 68% of staff surveyed agreed that COVID-19 negatively affected the wellbeing of staff working in PHI. The role may have presented challenges in this respect.
- Staff highlighted the need for clarity on LAs role in local health protection.
- Some would like NHS staff and LA staff to have similar training and know more about each other's work.

Key Factors Influencing Local Authorities' Capacity and Capability to Provide Public Health Intelligence During COVID-19



Conclusions

It is important to prepare staff for emergency response, implement best human resource practices, and improve public health workforce planning. Clarification of LA responsibilities in terms of health protection will help to ensure an adequately resourced and competent PHI workforce to respond to future events.

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