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The government must support communities across the UK to tackle covid-19 long term

Working with local public health teams is key to delivering an efficient, sustainable strategy

Maggie Rae *president*

With vaccination programmes driving forward across all four nations of the UK, it is certain that we have made much progress in our efforts to tackle covid-19. Public health professionals know, however, that we are far from the end of our work in tackling the wide ranging impacts of the pandemic.

Many of the problems that we have faced over the past 18 months remain unresolved, and considering that we will live alongside covid-19 for some time—especially as we see new, more potent variants emerge—these problems must be tackled with a sense of purpose and urgency.

The delta variant is now the dominant strain of coronavirus in the UK, with Public Health England (PHE) figures showing that this variant is now accountable for 90% of cases. Research indicates that it is 60% more transmissible in household settings compared with the already highly infectious α variant, and that it carries a much higher risk of hospital admission and serious illness.

Recognising the threat of the delta variant, the UK government has decided to delay the further lifting of restrictions from 21 June to at least 19 July in England. While the government may be right to continue to impose restrictions in the face of rising infection rates, it must use this time to take steps to tackle the flaws in its strategy to tackle covid-19.

In September 2020, Ellis Friedman and I wrote that an efficient test and trace system is not simply a numbers game.¹ We wrote that what was needed was a targeted testing strategy, led by local intelligence, which must prioritise those groups and settings where the virus can spread quickly.

Unfortunately, this message rings as true now as it did 10 months ago. The UK government continues to pursue an eye watering expensive mass testing strategy, dependent on private contracts, which is inefficient when compared with testing programmes led by local public health teams.

The government should instead focus on more effective testing of those who are symptomatic, concentrating especially on areas experiencing high rates of infection, as we currently see in Cornwall. We must also prioritise testing within health and care settings, particularly for staff working with unvaccinated patients; within school settings; and, of course, at our borders.

This targeted testing must be led at a local level by public health specialists and directors of public health. Despite all the challenges these teams have faced in tackling the pandemic, and the severe under-resourcing as a result of the 10 years of

austerity preceding it, we have seen local and regional directors of public health and their teams deliver for their populations.

These public health specialists have worked across many sectors including schools, universities, hospitals, policing, care homes, and workplaces to expertly support the prevention and management of covid-19 outbreaks. Their leadership and expertise have been essential in effective contact tracing, supporting access to personal protective equipment, and delivering our vaccination programme. Their contribution must be woven into every facet of the UK's pandemic response and future planning.

If we are to be successful in tackling covid-19 and countering future pandemics, we must hardwire cooperation between local, regional, and national public health teams and the NHS, local councils, and government. The new integrated care systems design framework offers us some hope in this regard with its recognition of the vital leadership of local and regional public health teams.

These specialists also understand the importance of holding the objective of tackling health inequalities at the heart of the UK's pandemic response. This is a commitment that we have not yet seen from the government and marks another ongoing failure that requires urgent resolution.

As PHE's disparities review showed last year, those from minority ethnic and marginalised communities are at a much higher risk of serious illness and death from covid-19. Despite this evidence, the government has not taken adequate steps to tackle these severe inequalities, and members of these communities are left requiring a much more committed level of support in protecting themselves against the virus.

Government must work with local public health teams to engage with these communities, ensure that vaccine centres are in easily accessible locations, offer fully paid time off work to allow people to get vaccinated, and give proper support packages to those required to self-isolate. Without these steps we will see already stretched health inequalities exacerbated further by the pandemic.

So, while it is true that progress has been made in the UK's response to covid-19, our domestic agenda still requires close examination. Government must listen to the voices of public health experts at the spearhead of the pandemic response and act to deliver an efficient, sustainable strategy to tackle covid-19 that supports communities across the UK.

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- 1 Rae M, Friedman E. Covid-19: An efficient and effective test trace regime is not a numbers game. *BMJ* 2020;370:m3553. doi: 10.1136/bmj.m3553 pmid: 32928747

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