



Public Health

Monthly bulletin: October 2020

The East Sussex public health bulletin is a regular update of local public health news, including the latest additions to the East Sussex Joint Strategic Needs and Assets Assessment website, local campaigns and initiatives. We also present some interesting and important, national and international, public health research and news.

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COVID-19 update and key resources.

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- New infection prevention and control (IPC) recommendations for vaccination clinics

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- East Sussex Active Travel Challenge
- Ready, steady, go! Healthy lifestyle support for families is now operating virtually.
- Building food security

[National News and Research \(COVID-19\) \(Page 5\)](#)

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- Stop loan sharks app launched
- Increase in the learning gap between the most and least economically deprived pupils.
- STIs in England 2019.
- Tackling the over abundance of information in an epidemic.
- Onset of asthma in children.

[Upcoming FREE Training \(Page 9\)](#)

A range of Public Health recommended free online training available from October 2020.

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Ready, steady, go!

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Sexually Transmitted Infections are rising

The overall number of new STI diagnoses in England increased by 5% in 2019, compared with 2018, page 8.

Stop Loan Sharks reporting app launched

A new Stop Loan Sharks reporting app is now available for free download on the [App Store](#) and [Google Play](#). The app provides information on how to recognise illegal money lending, respond to disclosures and refer for specialist support, page 5.



COVID-19 update

COVID-19 weekly surveillance update on ESCC website

We have **raised our level of escalation from Green to Yellow** (as of 17 September), meaning raised local alertness for East Sussex. This aligns with our neighbouring authorities in Brighton and West Sussex. The government publishes national data for all confirmed cases across the country. This enables us in East Sussex to have a clearer understanding of the number of COVID-19 cases identified, how they change over time, and how this compares to other areas.

Outbreak prevention and containment
Raised local alertness
Raised local concern
National oversight

A weekly [local surveillance update](#) is available on the [East Sussex County Council coronavirus web pages](#). The key message this week is that, as with elsewhere in the country, we are seeing the numbers of COVID-19 infections starting to increase.

It remains vitally important that we:

- maintain social distancing
- are vigilant of signs and symptoms: high temperature, new persistent cough, loss or change to sense of smell or taste
- self-isolate and order a test if symptoms appear (www.nhs.uk/coronavirus) and
- promote washing hands regularly

Resources to help respond to COVID-19

National resources



As the situation with COVID-19 evolves, the Government will continue to produce guidance for different settings, as well as developing resources to reinforce key public health messages.

All campaign assets can be found on the [Campaign Resource Centre](#), while new and updated guidance are available on GOV.UK: [Guidance for the public](#); [Guidance for non-clinical settings](#); [Guidance for health professionals](#)

Other national information sources include: health advice for the public: [NHS website](#); travel information, and the government response to the outbreak: [gov.uk website](http://gov.uk).

East Sussex County Council resources

Useful contacts for residents during the coronavirus pandemic to help people get support when they need it.

[East Sussex County Council coronavirus web pages](#): East Sussex County Council is working with partners in the NHS, Public Health, the Government and local services to manage the situation and to help and protect people. These webpages provide a range of information, including: the latest local data; advice on the latest guidance and measures; support for local residents and businesses; and plans to manage local outbreaks.

East Sussex Community Hubs: Community hubs are open across East Sussex to bring extra help for people who need support in coping with the effects of coronavirus. Volunteers and staff from local councils and the health service will try to get the right assistance to the people who need it most, including helping to arrange food deliveries, or mental health support. Medicines cannot be provided through this service, although hubs can provide support to arrange a volunteer to pick up prescriptions.

- **Eastbourne** www.lewes-eastbourne.gov.uk/community/covid-19/, phone: 01323 679722
- **Hastings** www.hastings.gov.uk/my-council/covid19/help/, phone: 01424 451019
- **Lewes** www.lewes-eastbourne.gov.uk/community/covid-19/, phone: 01273 099956
- **Rother** www.rother.gov.uk/news/coronavirus-covid-19-community-support/, phone: 01424 787000
- **Wealden** www.wealden.gov.uk/news-and-events/coronavirus-covid-19-latest/community-support/, phone: 01323 443322

Local news for CCGs, GPs and health professionals

Eligibility for free vaccination against the flu virus this winter has been extended

NHS

Get your free flu jab

Some people with a learning disability can get very ill if they get flu.

The best way to avoid flu is to get a free flu jab.

NHS
GP surgery

You can have the flu jab at your GP surgery.

Pharmacy +

Or you can have the flu jab at a pharmacy.

If you are scared of needles, tell the nurse. You may be able to have the vaccine as a nose spray instead.

For the first time, children in school Year 7, and household contacts and carers of those on the NHS Shielded Patient List, are all eligible for the free vaccination.

These groups are in addition to people aged over 65, those under 65 with long-term health conditions, pregnant women, children aged 2 and 3 and children in primary school.

Flu vaccination clinics across Sussex are underway and the NHS is encouraging anyone who is eligible for a free flu vaccination to book an appointment with their GP or pharmacist, as soon as they receive an invitation. Every year the flu virus kills people and hospitalises many more. This year it is even more important people who are most at risk of flu have their free flu vaccination because of the [added risk of COVID-19](#). All clinics will run in line with infection prevention control and social distancing measures will be in place.

Further extension to the vaccine programme in November and December is for those aged 50-64 years and who are not in clinical risk groups, this is subject to vaccine supply. This is to ensure that those who are most at risk are vaccinated first. Anyone of any age, including those between 50-64, who is a household member or a carer of a [shielded patient](#), is eligible for the flu vaccination from September onwards and should contact the GP practice they are registered with or their pharmacy to book an appointment.

New infection prevention and control (IPC) recommendations for vaccination clinics

New Guidance: [Version 1 'COVID-19 Guidance for the remobilisation of services'](#) within health and care settings has been issued. Page 14 is of particular importance in relation to IPC measures for staff administering vaccinations.

"NB. In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask."

Health improvement news

East Sussex Active Travel Challenge

Active Travel Challenge

1 - 31 October 2020
Register now for free
eastsussex.getmeactive.org.uk

Sustrans' annual [Active Travel Challenge in East Sussex is now open](#). People can register now to be in with a chance to win early bird prizes. The Active Travel Challenge is an online journey logging competition for people who live or work in East Sussex, with prizes up for grabs worth up to £1500.

You can register as an individual or as a workplace team and log journeys made by walking, cycling and public transport throughout October. The aim of the challenge is to encourage a switch to active and more sustainable travel.

In recognition of the impact that COVID-19 is having on peoples' lives, anyone currently working from home can still take part, by going for a walk, run or cycle.

Those taking part can also log any journey replacing the car with a mode of active travel. The challenge is supported by East Sussex County Council with funding from the Department for Transport's Access Fund.

Ready, Steady, Go is now operating virtually!



The East Sussex School Health Service has been working hard to ensure that we can continue to provide healthy lifestyle support to families in a safe and engaging way.

In response to the COVID-19 pandemic, we are currently delivering Ready, Steady, Go virtually to families. Please help us spread the word by sharing this information amongst your organisation and with the families that you work with or support.

[Ready, Steady, Go](#) is our free 8 week programme for children aged 4-11 and their families. The focus of the programme is to help families achieve and maintain a healthy weight by making small and achievable lifestyle changes with the support of a team of trained staff. Further information about the programme, to include frequently asked questions can be found [here](#).

The sessions cover a range of important lifestyle topics including healthy eating, being active, sleep and screen time. They are delivered online and last up to an hour. During the sessions families will have the opportunity to interact in group discussions, ask questions and give opinions, and also take part in a variety of challenges or activities.

In addition to attending the group sessions, families will also have the opportunity to access 1:1 support throughout the programme where they can discuss their individual progress.

Families and professionals can contact us at the [East Sussex School Health Service](#) for further information about the programme on 0300 123 4062 or can refer via our online referral link.

Building Food Security

Food bank usage has increased significantly in recent years and the COVID-19 pandemic has resulted in more people using food banks to avoid going hungry. In East Sussex food banks report a 168% increase in the number of food parcels provided compared to the same period in 2019.

East Sussex County Council has received an allocation from DEFRA's Local Authority Emergency Assistance Grant for Food and Essential Supplies. This, together with further investment from the Public Health COVID-19 recovery programme, is being used in four areas of immediate need to address food poverty:

- support to existing foodbanks to ensure that they can continue to meet the needs of the local population in the short/medium term
- support to other organisations which are able to reduce reliance on foodbanks by working with foodbank users to improve access and uptake of support around the determinants of their food poverty (e.g. debt and welfare advice) or by offering routes out of food bank usage (e.g. food pantries)
- support to Citizens Advice to enable them to provide fuel vouchers to people living in food poverty who need support with paying their fuel bills and
- help to offset potential future costs for food box delivery through the recently awarded contract

We need to move away from a reliance on food banks and towards a more sustainable approach to tackling food poverty and assuring a reliable supply of food for everyone across the county. Public Health is working with voluntary sector organisations across East Sussex to develop local food partnerships in each district and borough to address these issues. The food partnerships will develop plans based on the local needs and context linked in with the East Sussex Healthy Weight Partnership and its whole system plan to increase healthy weight across the county.

For more information or to get involved please contact peter.aston@eastsussex.gov.uk

National research and news

COVID-19: surveillance in school KIDs programme [sKIDs]

A PHE report gives the preliminary results of the [COVID-19 testing and antibody prevalence surveillance in schools programme](#), [sKIDs]. Many countries have started to re-open schools as part of the easing of COVID-19 lockdown measures but staff, students and their families remain concerned about the risk of infection and transmission of COVID-19 in educational settings. Public Health England (PHE), therefore, initiated a prospective national study in preschools and primary schools during the summer half-term. The sKIDs study included two arms: weekly nasal swabs for at least 4 weeks; and blood sampling with nasal and throat swabs at the beginning (early June) and end of half-term (mid-July). Over 12,000 participants in 131 schools had over 43,000 swabs taken. The COVID-19 infection rates were 3.9/100,000/week [one student] and 11.3/100,000/week [2 adults] in staff. The study found COVID-19 infection and transmission rates were low in the preschool and primary schools under surveillance. The presence of antibodies in the blood of students and staff were similar and not associated with school attendance during the lockdown. Similar studies are needed in secondary schools and higher educational settings.

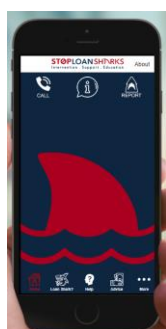
Risk of COVID-19 in front-line health-care workers

A prospective, observational cohort [study in the Lancet](#) assessed risk of COVID-19 and the effect of personal protective equipment (PPE) among front-line health-care workers compared with the general community. The study in the UK and the USA used self-reported data from the COVID Symptom Study smartphone app from March 24 (UK) and March 29 (USA) to April 23, 2020. Participants were voluntary app users who initially provided information on age, sex, race or ethnic background, height, weight, occupation and medical history, and subsequently on any COVID-19 symptoms. Among 2,035,395 community individuals and 99,795 front-line health-care workers, 5,545 incident reports of a positive COVID-19 test were recorded. Compared to the general community, front-line health-care workers were found to be at 3.4 times the risk for reporting a positive COVID-19 test. Secondary analyses suggested the adequacy of PPE, the clinical setting, and ethnic background were also important factors for testing positive. The report recommended health-care systems should ensure adequate PPE availability and develop additional strategies to protect health-care workers from COVID-19, particularly if from Black, Asian, and minority ethnic backgrounds, and that follow-up research is needed.

COVID-19 : lasting impact on the health & care workforce

A recent survey published by Skills for Health: [COVID-19 Insights: Impact on workforce skills](#), shows that the pandemic has had wider than expected consequences on the health and care workforce, and this will have a significant influence on service delivery for some time. The COVID-19 Workforce Survey, conducted in June 2020, received 2,950 responses from those working across the NHS, and wider health and care services. The findings clearly show that, following three months of extreme change, organisations suffered severe skills loss. Critical issues which contributed to this, included staff retiring, resignation due to burnout, staff illness, self-isolation or staying at home to care for someone with coronavirus, and in some cases the death of a staff member. This has meant valuable skills have been lost or taken out of service for an extended period. Skills for Health aims to support and reset health and care systems for a sustainable future. Future organisational change and ways of working can be linked to skills needs in the future, with nearly 100% of respondents stating that infection prevention and control, as well as conveying this information effectively, will be a key skill in future.

Stop Loan Sharks app launched



The Loan Shark project is run by the England illegal money lending team and is funded by cash recovered from loan sharks under the Proceeds of Crime Act. The Stop Loan Sharks reporting app has been launched and you can download it for free on the [App Store](#) and [Google Play](#). The app is mainly aimed at frontline professionals [and can also be used by the general public] providing useful information on how to recognise the signs of illegal money lending, responding to disclosures and where to refer clients for specialist support. The [promotional landing page](#) provides web users with an overview of the app. If you click on the mobile phone image on the landing page you can look at some of the content that will be on the app. There are also various survivor stories available which can be used to encourage others to speak up about their experiences. Please feel free to disseminate the information attached and share widely via your networks.

COVID-19: long term symptoms

A [survey](#) conducted by the British Medical Association (BMA) is warning that there will be profound, long-term impacts of COVID-19 on people's health. Longer-lasting symptoms including chronic fatigue, muscle weakness, loss of smell (anosmia), and concentration difficulties. The online survey of 4,279 doctors conducted between 6 and 12 August found that nearly a third of doctors reported treating patients with symptoms they believed were enduring effects of having had COVID-19.

When asked about whether the NHS could manage a second wave of COVID-19, half of those surveyed said they were not very, or not at all confident in being able to manage it. In addition, 60% of doctors reported that they were not very, or not at all, confident in their local health economy managing the demand from normal NHS services resuming. The survey also asked doctors about their own experiences of COVID-19, with 12% having been tested and diagnosed as having COVID-19, and a further 14% believing they had been infected. The BMA conclude that with the growing backlog of non-COVID-19 treatment, the upcoming winter flu season, and a potential second wave, it is essential that there is a more comprehensive long term plan to enable doctors to care for their patients through the winter and beyond. In addition to this, it's essential that, until there is detailed study identifying optimum treatment and ideally how to prevent the infection, the government and the NHS must do more to protect the medical community from infection through risk assessments, reliable PPE quality and supply, and appropriate steps in place to reduce the likelihood of catching the virus.

[Recent guidance on the long-term effects of COVID-19 has been published.](#) Patients recovering from COVID-19 infection should speak to their GP about local care pathways for support and assessment of any long-term symptoms or health problems. Healthcare providers can refer patients to NHS England's new [Your Covid Recovery](#) website which offers personalised support for all patients recovering from COVID-19.

COVID-19: Universal screening is likely to miss infected people

As [reported in the BMJ](#), a systematic review of a one-off process of screening for COVID-19 in apparently healthy people has concluded that is likely to miss those who are infected. The [Cochrane reviewers](#) assessed two modelling studies that reported on the effectiveness of universal screening, as well as 20 studies (17 cohort studies, three modelling studies) that reported on screening test accuracy. The studies were conducted in the US, Europe, and Asia, analysing data on temperature checks, questions about international travel or contact with COVID-19 cases, and rapid tests. Screening was delivered over the phone, online, in person, or in homes, clinics, workplaces, airports, or schools.

The review found that, the current evidence was generally of low quality, but there were indications that:

- asking about symptoms at airports may slightly slow an outbreak in a previously unaffected country but would not stop the importation of infected people
- screening would delay a local outbreak by eight days if 10 infected people were arriving each week
- weekly screening of healthcare workers may reduce transmission to patients and other healthcare workers in emergency departments by 5.1%, while biweekly screening could reduce transmission by 2.3%. This assumes a transmission rate of 1.2 new infections per 10,000 people
- while screening systems would catch some infected people, others can be missed or wrongly diagnosed: with screening potentially incorrectly identifying from 40% to 100% of infected people as healthy, and up to 34% of healthy people as infected.
- No studies reported on negative effects of screening
- strategies including temperature measurements, questions about international travel, exposure to known infected people, and exposure to suspected infected people, incorrectly identified from 77% to 100% infected people as healthy, and up to 10% healthy people as infected

This review highlights the uncertainty and variation in the accuracy of currently available screening strategies. In very low-prevalence settings, screening for COVID-19 symptoms or a raised temperature, despite the low overall accuracy, may result in few false negatives and many true negatives. Repeated screenings may result in more cases being identified eventually and reduced harm from false reassurance. In high-prevalence settings such as nursing homes, homeless shelters, dormitories, and prisons, universal testing with RT-PCR tests may be a preferred strategy to screening.

Increase in the learning gap between the most and least economically deprived pupils

A [study](#) by the National Foundation for Educational Research (NFER) suggests that urgent support is needed to address the disproportionate impact of lost learning over the last academic year for disadvantaged pupils and schools in areas of high deprivation. The research, based on interviews with about 3,000 teachers and head teachers at over 2,200 schools indicates that teachers believe that over 50% of pupils at schools in the most deprived areas lost four months or more learning, compared to just 15% of those in the least deprived areas.

Reasons for this perceived gap relate to falling levels of pupil and parent engagement in remote learning over time, a continuing lack of interactive remote teaching approaches, and a skew towards in-school provision for those attending school in order to meet social distancing demands which detracted from teaching resources for those based at home. The study also highlighted that although many schools provided IT equipment to staff, over a third of teachers were providing their own computer and three fifths their own camera or video equipment. Over a quarter of pupils were found to have limited access to IT at home, and this was a particular issue for schools serving the most deprived pupil populations.

Senior leaders' top priorities for September are to provide support for pupils' emotional and mental health and well-being; to re-engage pupils with learning; and to settle them into school. Wider implications for the education system include reassurance for parents that schools are safe; local authority support for schools for the management of non-attending children; additional school resources to enable adherence to COVID-19 guidelines in schools; addressing the IT challenges; modification of Ofsted expectations; a long-term plan for academic catch-up for those who have lost learning; evidenced-based preparation for remote learning in the event of local lockdown; and planning for immediate government provision of laptops for disadvantaged pupils in the event of a local lockdown.

Tackling the 'infodemic'



The World Health Organisation (WHO) have described a new threat emerging alongside COVID-19: the 'infodemic' is described as *"an overabundance of information – some accurate and some not – that occurs during an epidemic."* This can undermine trust in authorities and complicate the public health response. WHO recently held their [first conference](#) on 'infodemiology' - the science of managing infodemics, bringing together a wide range of disciplines, from public health, media studies and journalism, to social and behavioural science and community engagement. The conference explored several areas:

Misinformation - can be shared both knowingly and unknowingly. Key drivers include: strengthening in-group relationships, expressing opinions/informing others, lack of trust in mainstream media, for political gain, and in some cases, for fun. There appears to be significant geographical variation in reported reasons for sharing misinformation, with community engagement needed to explore further the social and cultural determinants of misinformation sharing.

Identification and reach of misinformation - before being removed, the conspiracy theory 'plandemic' video was viewed 8 million times, attesting to the speed at which misinformation can spread. A study mapping interactions on Facebook, which could be a key tool to identify and mitigate misinformation, outlined that whilst there were more pro-vax individuals across Facebook, anti vax individuals appeared to have more reach to 'neutrals' (the majority).

Optimising the message - with so much information circulating, it is vital that governments and health organisations optimise their messaging. Early research shows that values-based messaging to influence attitudes on prevention measures for COVID-19, such as mask wearing, appear to be more effective than statistics.

Tackling misinformation - everyone has a role to play, at an organisational and personal level. For example, East Sussex County Council's Public Health team daily screens for new guidance and research, with the website kept up to date with the key information. WHO advises that if you see misinformation online, report it (WHO has some guidance [here](#)) and if a friend or family member shares misinformation, try to correct them and refer them to verified sources of information.

A recently released [COVID-19 social study](#) by the Nuffield Foundation has also found there to be substantial levels of misinformation amongst the general public about vaccines. The study found that 53% of the 70,000 respondents believed that vaccines can cause unforeseen effects, 30% had substantial beliefs that vaccines can cause future problems in adults or children which have not yet been discovered, and 25% believe to varying degrees that vaccines are used for commercial profiteering.

Sexually transmitted infections in England, 2019

An annual [PHE report](#) provides a comprehensive overview of trends to end-December 2019 in the sexually transmitted infections (STIs) of most concern: gonorrhoea, syphilis, chlamydia, genital herpes and genital warts. The overall number of new STI diagnoses increased by 5% in 2019, compared with 2018 (from 447,522 to 468,342). This overall rise was due to a large increase in gonorrhoea (26%; from 56,232 to 70,936) and more moderate increases in syphilis (primary, secondary and early latent stages: 10%; from 7,260 to 7,982) chlamydia (5%; from 218,881 to 229,411) and genital herpes (2%; from 33,734 to 34,570) diagnoses. Key findings in 2019 include:

- the largest number of [gonorrhoea diagnoses](#) ever recorded, observed in both gay, bisexual and other men who have sex with men (referred to collectively as 'MSM') and heterosexuals. This is of particular concern as the effectiveness of first-line treatment for gonorrhoea continues to be threatened by [the development of antimicrobial resistance](#)
- continued falls in genital warts diagnoses (an 11% decrease, from 57,311 to 51,274 between 2018 and 2019, largely due to the substantial declines in rates in young people). The fall is attributed to offering HPV vaccination to 12-13 year old girls (which offers protection against genital warts as well as cervical cancer) and substantial herd protection for heterosexual boys
- chlamydia was the most commonly diagnosed STI in 2019, accounting for 49% (229,411) of all new STI diagnoses
- chlamydia screening activity among people aged 15 to 24 years continued to increase in online testing services with a 22% rise in the number of tests carried out by these services between 2018 and 2019. Online testing services now account for 20% of chlamydia tests and 17% of chlamydia diagnoses reported in this age group
- a disproportionate impact of STIs in young heterosexuals aged 15 to 24 years, black ethnic minorities and MSM. The report highlights several initiatives PHE has been supporting to address these inequalities in sexual health

Onset of asthma and persistent wheezing in children

A [nationwide study](#) in Denmark, reported in the BMJ, has analysed the onset of asthma and persistent wheezing in children. The study used a national register of all Danish children born between 1997- 2014, from age one and followed up prospectively to the age of 15. The study included children with a hospital diagnosis of asthma, or at least two prescriptions for asthma medication from their GP. Over 120,000 children were identified as having asthma and persistent wheezing out of nearly 3,200,000 children.

Previous evidence identified that the rapid increase in worldwide prevalence of asthma may be impacted not only by heredity, but also environmental, behavioural, and social factors. Short term peak exposure to air pollution has been associated with exacerbation of asthma, whereas the risks of long term exposure and the timing of exposure for the onset of asthma is less clear. The role of air pollution and its occurrence with other risk factors, such as socioeconomic status, on asthma is unclear.

Findings from the Danish study supports the evidence that heredity, air pollution, socioeconomic status, and maternal smoking during pregnancy are potential risk factors for new asthma onset and persistent wheezing in children. The research found that children had an increased risk of developing asthma and persistent wheezing if: their mother smoked during pregnancy; if their mother previously smoked but quit during pregnancy; if their parents had low levels of education and income (this risk was independent of exposure to air pollution); and if there was a family history of asthma, particularly if that risk was through both parents. Those from higher income households and educational level were found to have a reduced risk. The results suggest that further reductions in air pollution might help to reduce the number of children who develop asthma and persistent wheezing in highly exposed populations.

Free public health recommended training

<p>NEW: INFECTION PREVENTION WINTER PREPAREDNESS TRAINING</p> <p>The Sussex CCGs invite you to attend a webinar-based training and information session to support awareness raising and management of winter challenges this year. The training is open to all statutory and voluntary sector organisations. Content includes: infection control standard precautions and vaccinations; CQC infection control requirements; information regarding COVID-19, Influenza and other winter illnesses; outbreak management, hospital admissions and Public Health England support and useful checklists.</p>	<p>Please book your place here.</p>
<p>COVID-19 PSYCHOLOGICAL FIRST AID</p> <p>On this course, you'll explore the psychological impact of the COVID-19 pandemic and what you can do to help people cope. The course will teach you the key principles of giving psychological first aid in emergencies. The course is for all frontline workers and volunteers and no previous qualifications are required to be enrolled. Learners who join the course will also receive a free digital upgrade so that they can gain unlimited access to the course and any articles, videos, peer reviews and quizzes, as well as a Certificate of Achievement. The course takes approximately 90 minutes to complete. There are 3 parts which can be done in intervals or all in one go.</p>	<p>This Public Health England course is based on international guidance from the WHO, United Nations and partners. www.futurelearn.com/courses/psychological-first-aid-covid-19</p>
<p>FUEL POVERTY AND HEALTH: IDENTIFICATION AND SUPPORT SERVICES</p> <p>Face-to-face training and information sessions have currently been suspended, however staff wishing to learn more about fuel poverty and the impact of living in a cold home can take the 'Helping People Living in Cold Homes' e-learning module developed in by Health Education England in partnership with Public Health England, the Department for Business, Energy and Industrial Strategy and the National Institute for Health and Care Excellence (NICE): www.e-lfh.org.uk/programmes/cold-homes.</p>	<p>For information visit www.warmeastsussex.org.uk or contact Louise Trenchard, 07885 233478, email: ltrenchard@hastings.gov.uk</p>
<p>REDUCING ANTIMICROBIAL RESISTANCE: AN INTRODUCTION</p> <p>A basic introductory e-learning module on reducing antimicrobial resistance. This e-learning provides key facts about antimicrobial resistance and describes the important roles of both clinical and non-clinical practitioners in a health and care environment. It also discusses relevant aspects of antimicrobial prescribing and stewardship competences. Contact Helen Cheney 01273 336864.</p>	<p>Visit e-Learning website www.e-lfh.org.uk/</p>
<p>ONLINE SEPSIS TRAINING</p> <p>Think Sepsis is a Health Education England programme aimed at improving the diagnosis and management of those with sepsis. This course is available any time online.</p>	<p>www.e-lfh.org.uk/programmes/sepsis/</p>
<p>NHS HEALTH CHECK MENTOR E-LEARNING COURSE</p> <p>Recommended for all staff providing NHS Health Checks, this course has 4 online modules comprehensively covering NHS Health Checks: what they are; cardiovascular conditions; how to conduct a health check; calculating and communicating risk. This course is available any time.</p>	<p>Visit shop.onclick.co.uk/ select Health Check Mentor course and enter: esFive21\$_bn7X</p>
<p>NHS HEALTH CHECK REFRESHER TRAINING</p> <p>With the NHS Health Check programme restarting, many practitioners have not delivered in months. This online course is perfect to refresh your knowledge and make sure you're up to date with the latest guidance. A zoom link will be provided via email prior to the start of the course. This course is for those individuals who work within East Sussex.</p>	<p>Tue, 6 October 2020; 11:00 – 12:30 Online Book Via Event For additional dates email hello@eastsussex.gov.uk</p>
<p>FREE SUICIDE PREVENTION TRAINING – ZERO SUICIDE ALLIANCE (ZSA)</p> <p>The ZSA provide a range of awareness training options, which provide a better understanding of the signs to look out for and the skills required to approach someone who is struggling, whether that be through social isolation or suicidal thoughts. Individuals are recommended to start at Step 1 and work your way up to the Gateway Module and on to the ZSA Suicide Awareness Training.</p> <p>Step 1 - 'Step Up' Social Isolation Module - The Social Isolation module provides you with a brief introduction to social isolation, and how to help someone who may be feeling isolated. In 5-10 mins it covers how to adjust to the new normal following the coronavirus and takes into account the significant changes many of us live and work.</p> <p>Step 2 - ZSA Gateway Module - A very brief introduction to suicide awareness. In 5-10 mins you could learn skills to help someone considering suicide. This module will give you tips on how to approach someone if you are worried they may be considering taking their own life.</p> <p>Step 3- ZSA Suicide Awareness Training - A more in-depth suicide awareness training session which takes approximately 20 mins. It aims to give the skills and confidence to help someone who may be considering suicide. It focuses on breaking stigma and encouraging open conversations.</p>	<p>For information visit www.zerosuicidealliance.com/training</p>