

9 November 2020**Agenda Item: 5****REPORT OF DIRECTOR OF PUBLIC HEALTH****LOCAL COVID-19 OUTBREAK RESPONSE AND PUBLIC HEALTH PRIORITIES FOR THE
PERIOD TO APRIL 2021****Purpose of the Report**

1. To inform Committee about the outlook for local Covid-19 outbreak management through the winter period to Spring 2021 and to secure approval for the prioritisation of work within the Public Health Division.
2. To secure approval to establish one full-time equivalent Consultant in Public Health on a permanent basis.

Information**Public Health Divisional Priorities**

3. In July 2020, Committee gave approval that the main priorities for Public Health over the following three to six months were to stand up all services, implement recovery plans to resume all activity in a phased way, and reassess the priority to be given to the other work of the division once the resource requirements of local outbreak control planning were more clearly defined.
4. In early June, 81% of all public health commissioned services (external or internal) were operational and delivering, 16% were suspended and 3% were furloughed/no service delivery. With the exception of two services, all public health commissioned services are now fully operational and, where relevant, have incorporated good practice and learning acquired during the emergency response phase leading up to June 2020.
5. The two services which have not been stood back up since July are the Children Home Safety Equipment Scheme (delivered by Notts Fire & Rescue) and the Tobacco Control ASSIST programme (internal). The reasons for this are that Notts Fire & Rescue are unable to do Covid safe home visiting and the NCC staff member is unable to visit schools / currently redeployed to undertake Covid-19 contact tracing.
6. The Covid-19 situation is evolving and we now find ourselves in further challenging times as we enter the winter season. Transition into a new phase prompts a review of priorities for the period ahead. The factors prompting this review include:

- High and increasing rates of Covid-19 from general community transmission which is now penetrating older age groups, driving up hospitalisations
 - The recent move to Tier 3 restrictions in Nottinghamshire and the likelihood that some form of ongoing measures will be required to manage the pandemic locally through to Spring 2021
 - New opportunities for strengthening local control through enforcement and problems of performance in the nationally commissioned elements of NHS Test & Trace
 - Problems of fatigue and capacity in other parts of the local system which have implications for the public health team
 - Resilience of the Local Authority's public health team itself and early feedback from efforts to recruit additional capacity for local outbreak management
7. Taken together these represent an escalation of Covid-19 response, other additional demands on the public health team, the prospect that these will need to be managed for at least the next six months, and the possibility that it will take longer (or may not be possible at all) to recruit to all of the fixed term posts approved by Committee in September.
8. To replenish and sustain local outbreak management it is therefore recommended that the other work of the entire Public Health division is re-prioritised.
9. It is proposed that critical commissioned activity continues, as well as the associated clinical governance processes around such services. Contract management and paying providers would continue to ensure provider security. This will help ensure continuity and safety of our most important public health services to residents. Those public health services deemed critical include Substance Misuse Treatment and Recovery Services, Sexual Health Services, the Integrated Wellbeing Service, Children's 0-19 Services and work on important agendas adversely affected by Covid-19 such as Homelessness, Domestic Abuse and Suicide Prevention. All of the mandatory public health functions, such as NHS Health Checks, the National Childhood Measurement Programme, Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment would also continue.
10. However, some development work on important public health agendas will be paused or significantly scaled back so that public health officers can be diverted from their normal assignments in order to increase the resource available for local outbreak management. This was a difficult task as ordinarily these would undoubtedly be considered key public health agendas, but a careful assessment was made on those that could be put on pause or significantly scaled back for the winter period. Key examples of such work include:
- Producing the Annual Report of the Director of Public Health
 - Input into Integrated Care System and Integrated Care Partnership work programmes, including, for example, the Clinical Services Strategy and Population Health Management
 - Place based work, such as Healthy Sustainable Places Coordination Group and wider public health input into District/ Borough Health and Wellbeing Boards
 - Food Environment / Healthier Options Takeaway Scheme
 - Air Quality
 - Wider substance misuse policy work, such as alcohol licencing and the Substance Misuse Strategy Group

- Public health input into healthcare policy development
- Reduced frequency of contract review meetings for public health commissioned services
- Work in support of the Violence Reduction Unit (VRU)
- Public health work on Dementia
- Public health input into wider adult mental health work, including the ICS Mental Wellness (PHM) review
- Self-harm pathway mapping
- Partnership working across the Tobacco Control agenda
- Wellbeing at Work / Making Every Contact Count
- Public health input into Maternity / Local Maternity and Neonatal System work
- Public health input into Best Start Strategy
- Public health input into Breastfeeding
- Oversight role of Section 7a Screening & Immunisation programmes
- Oral Health & Fluoridation

11. The Public Health Senior Leadership Team have undertaken a full and detailed assessment of the likely impacts from significantly scaling back or pausing the above agendas. Likely impacts are that prevention and public health agendas are not progressed for the winter period and that partnership working across the agendas will be delayed without public health representation. However, in the main, impacts are mitigated by ensuring the safe and continued functioning of our most critical public health commissioned services and programme areas.

Staffing capacity

12. At the September meeting of Adult Social Care and Public Health Committee, members approved a report in relation to the Local Authority Test and Trace Grant, received by the Authority for expenditure in relation to the mitigation and management of local outbreaks of Covid-19. One aspect of the report was to establish a series of fixed term posts in support of the Public Health Division and Outbreak Cell.

13. Despite a focused effort to recruit to a Fixed Term Consultant in Public Health, no applicants were suitable for appointment. Nevertheless, securing capacity at this level is vital in order to sustain effective mitigation and management of local outbreaks of Covid-19. Following consultation with the Chief Executive and Corporate Director Adult Social Care and Health, it is therefore proposed to replace the fixed term post with a permanent Consultant in Public Health (full-time, Band H) at a cost of £109,095 per year, funded from the Public Health Grant.

14. In the first 6-12 months, the role will lead aspects of local outbreak management as part of joint working with our Local Resilience Forum partners. Subsequently, it will take responsibility for a portfolio of work which, in common with other members of the senior team, is likely to cover all three public health domains (Health Improvement, Health Protection and Healthcare Public Health).

15. In consultation with the Corporate Director Adult Social Care and Health and Chairman Adult Social Care and Public Health Committee, agreement in principle was reached to begin recruitment ahead of formal committee approval. Taking such an approach, as per the

Corporate Director powers set out in the constitution, will minimise any delay in securing the necessary capacity.

Other Options Considered

16. The option of continuing all business as usual public health activity alongside outbreak control responsibilities was discounted because of the reasons outlined in paragraph 6. Doing so would risk an inadequate response to the pandemic during the winter period.
17. The option of recommencing recruitment for the Consultant in Public Health role on a fixed term basis was discounted because of the immediate need to secure additional resource for outbreak control and attract good quality candidates.

Reason/s for Recommendation/s

18. The report outlines to members the planning that has been taking place across Public Health to prepare for the increasing Covid-19 pressures over the Winter 2020/21 period.

Statutory and Policy Implications

19. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

20. The cost of establishing a Consultant in Public Health post on a full-time basis will be contained within the Public Health Grant, at a cost of £109,095 per year.

Human Resources Implications

21. Public Health staff will be redeployed into critical functions and emergency response arrangements within the division as required to respond to the pandemic. Ongoing support and supervision will be maintained to ensure the sustainability of this approach.
22. This report proposes to establish a new permanent post in the Public Health Division, as outlined in paragraphs 12-15.

RECOMMENDATION/S

That members:

- 1) Approve the prioritisation of work within the Public Health Division.
- 2) Approve the establishment of one full-time equivalent Consultant in Public Health on a permanent basis.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

William Brealy

Executive Officer

T: 0115 9774587

E: william.brealy@nottsgov.uk

Constitutional Comments (EP 27/10/20)

23. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (OC20 27/10/2020)

24. 1 FTE permanent Consultant in Public Health (Band H) at a cost of £109,095 per year, funded from the Public Health Grant.

HR Comments (SJJ 26/10/2020)

25. The consultant recruitment will be undertaken following the authority's recruitment procedure and the requirements outlined by Public Health England.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All