

**PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED
WITH RING-FENCED PUBLIC HEALTH GRANT, 1 JULY 2020 TO 30 SEPTEMBER 2020**

Purpose of the Report

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH)

Information

2. This report provides the Committee with an overview of performance for Public Health directly commissioned services funded either in whole or in part by PH grant, in July to September 2020 against key performance indicators related to Public Health priorities, outcomes and actions within:
 - a). the Public Health Service Plan 2020-2021;
 - b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
 - c). the Authority's 12 Commitments as set out in the Council Plan 2017-21.
3. A summary of the key performance measures is set out on the first page of **Appendix A**.
4. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services. Furthermore, it provides a breakdown of some commissioned services at District level.
5. Quarter two began just as the Prime Minister announced some easing of the strictest form of lock-down restrictions due to COVID-19. This quarter provided different challenges for our providers with the relaxation of restrictions and the restoration of service delivery to the 'new normal'.
6. Providers of public health commissioned services were contacted again as the County moved out of the emergency response phase and entered Phase two of the UK Government's COVID-19 recovery strategy. Providers were advised that public health was keen to ensure that commissioned services resumed normal provision as soon as possible for as many service users as possible. This should be done as fast and fairly as possible whilst remaining alert and abiding by the latest Government advice.
7. Providers continued to work innovatively to overcome the new challenges of the five steps to working safely (Working safely during coronavirus (COVID-19) Department for Business,

Energy & Industrial Strategy, published 11 May 2020) which included social distancing and good hygiene practices.

8. Providers were asked to submit updated action plans, COVID-19 risk assessments and operational plans for work places and were assured that subject to their continued cooperation in delivering services, as the country moved into recovery, that they would continue to be reimbursed on the basis of the charges contained in the agreements with the Authority.
9. The Public Health team continues to monitor performance. Where any issues are identified, officers work in partnership with providers and as required with wider stakeholders to find solutions to mitigate against the issues. Public health continues to review the challenges on a regular basis across the County identifying the pressure points and working collaboratively to support providers to provide the commissioned services to residents.
10. Public health officers maintained a close dialogue with providers during this quarter to ensure that the Authority continued to be assured of good performance and safe practices and that services were reinstated as soon as practicable in line with emerging guidance.
11. The good working practices born out of the need to work differently in quarter one have been maintained in this quarter and will form part of service provision moving forward so that the Authority and residents do not lose these positive changes.

NHS Health Checks (GPs)

12. Quarter two continued to be a pressured time for GP practices as they responded to the additional challenges in responding to the COVID-19 pandemic. As the NHS Health Checks programme focuses on prevention and early detection of cardiovascular disease, activity on this preventative programme remained at a reduced level in quarter two as part of the response to the pandemic.
13. However, the payments made to most practices in quarter one, was stopped in quarter two. The payment in quarter one was intended to help support GP practice income during that period when they were advised to stop health checks.
14. Further to ongoing reviews, payment returned to actual activity delivered in quarter two as there was an expectation that GP practices would gradually restart the NHS Health Checks programme alongside other recovery activity based on emerging guidance.
15. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.

Integrated Sexual Health Services (ISHS) (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH)

16. The ISHS is provided by the three NHS Trusts in Nottinghamshire. In quarter one, as part of the response to the COVID-19 outbreak, sexual health staff were redeployed to other duties

in the hospitals. However, in quarter two all three providers had staff returned to their services as pressure on the COVID and A&E wards reduced.

17. During quarter two further building modification work continued to ensure social distancing as the providers moved into full recovery.
18. Emergency and essential sexual health and contraception services including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants) continued. Pre-procedure consultations were undertaken remotely by telephone to ensure the service user (or anyone living in their household) was free of COVID-19 symptoms and that the service user was suitable for the relevant procedure. The remote consultations helped to reduce the length of time that service users were in the hospitals. Home treatments were given where possible.
19. PrEP medication taken by HIV-negative people to prevent infection continued to be supplied to service users (predominantly men who have sex with men) already on the PrEP trial. Service users were asked to take an on-line HIV test prior to attending a face to face appointment with evidence of their HIV negative result. If a service user had an HIV positive result, they were seen for HIV care and treatment.
20. Social distancing for examinations and the procedures themselves could not be maintained but requisite infection prevention control measures and PPE guidance was followed. All sexual health staff used disposable plastic aprons, disposable latex gloves, fluid resistant masks and face visors and service users were asked to wear fluid resistant masks too. Social distancing in waiting rooms and staggered appointment times helped to reduce the risk of exposure to COVID-19.
21. A video was produced by SFHFT for the 'Virtual' Pride event in July. By September alternative means to health promotion had been established and risk assessments and plans for opening some spoke clinic settings were underway.

Young People's Sexual Health Service- C Card (In-house)

22. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.
23. The service is popular with young people but with the closure of schools and youth clubs, the service was unable to provide the service as usual during quarter two.
24. However, the Authority officer continued to work with pharmacies in Nottinghamshire, providing advice about managing possible increases in demand, possible delays in receiving supplies and minimising contact by preparing bags of condoms in advance. The officer produced weekly on-line guidance and resources for youth workers to enable them to distribute condoms safely in their areas. The website was updated to inform young people how they could access condoms during the pandemic. Furthermore, training was moved on-line and both registration and refresher training sessions have been provided.

25. The officer has begun working with our sexual health providers to streamline the provision of condoms by post.

All Age Alcohol and Drug Misuse Services (Change Grow Live)

26. CGL continued to provide this critical service in line with emerging guidance. The service stayed largely remote so the vulnerable service users who had been bought mobile telephones in quarter one in order to maintain contact, continued to access video calling and recovery zoom sessions. However, outreach workers continued to work during the first lockdown to support those who were homeless and rough sleeping. A remote service continues in order to protect vulnerable adults but some socially distanced face to face work has begun including medical reviews.

27. Over capacity remains an issue with an extra 185 adult opiate service users and an extra 265 adult alcohol service users above the original need forecast in the contract value. During quarter two there was a significant number of people presenting to CGL with alcohol problems which has caused a large number of the overcapacity in the service. To add to this pressure, CGL is at 235% capacity with adult non opiate service users: 218 in structured treatment compared to a forecast capacity of 65.

28. Even under this pressure, CGL has organised regular socially distanced gatherings in its car park in Bassetlaw offering hot drinks, snacks and fellowship which have been very popular.

29. Offering postal blood-borne virus screening is an innovation born out of need due to the inability to offer face to face services. Whilst take up has been low, service users have been utilising the service and are being tested rather than not having this opportunity. CGL are returning to face to face screening but will continue to offer the postal service as an alternative treatment option.

Integrated Wellbeing Service (ABL Health)

30. Since June, ABL has continued to provide a full remote online service including smoking cessation, weight management, physical activity and alcohol reduction support.

31. Despite the challenges of mobilising a new service during the pandemic, ABL has made good progress in generating referrals from across the system and the rate of referrals has increased in quarter 2. ABL continues to work with system partners to drive quality referrals and promote the service widely to support self-referrals, but this is challenging and dependent on the priorities and capacity of services.

32. In recognition of the variation in health risk behaviours across the county, ABL is incentivised to deliver 60% of service outcomes in the 40% most disadvantaged communities and they are working well towards this aim.

33. The recovery plan in quarter two aimed to support a return to face to face service delivery safely. This has involved refining risk assessments and working with venues across Nottinghamshire to ensure that safety measures are in place. These efforts have been hampered because a large number of community buildings have not reopened following the easing of restrictions.

34. ABL is liaising with service users as to whether there is an appetite for outside fitness classes. ABL has produced a range of materials including falls prevention and other exercise videos to support people to exercise safely at home.
35. All aspects of the smoking cessation service are being provided remotely.
36. Remote working has its own challenges, but service users have reported that simply being in contact with advisors from the service has been a lifeline to some in regard to their mental wellbeing.

Illicit Tobacco Services (In-house)

37. In quarter two, officers resumed visits to make test purchases at premises about which intelligence had been received on the sale of illicit tobacco products.
38. A couple of the shops visited claimed to have sold out, but officers noted that foreign nationals were seen soon after exiting the shops with purchased illicit tobacco products. A request has been made to fund a Polish speaking police officer in order to thwart such attempts to evade justice.
39. The number of home sellers rose sharply during lockdown and there are now complaints about 30 people selling from their homes. Whilst these can be difficult to prove, the officer is continuing to pursue the leads and will swear out warrants and search the properties with the police as necessary.
40. This quarter also saw a foreign national who was involved in two cases brought by our illicit tobacco service, who had previously fled the country, arrested on his return and remanded until his trial in March next year.

Domestic Abuse Services (Notts Women's Aid, JUNO Women's Aid and Equation)

41. The Domestic Abuse service continues to be stretched in quarter two. Staff have started to return to workplaces and visiting of service users resumed where it was safe to do so.
42. Together with the higher volume of calls, the calls themselves are getting longer as the complexity of need increases. There has also been an increase in service users with English as a second language. Providers are holding survivors in their services for longer, which means that waiting lists are growing and staff are overwhelmed. The situation has not been helped by delays in the court system. Currently cases are not being heard until May 2021 at the earliest, creating additional stress for survivors.
43. A new prevention promotion and training service was started online by Equation during this second quarter to improve the domestic abuse information available for professionals and young people across the County.
44. The services are ready for face to face contact, with children and young people finding remote delivery challenging.

Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)

45. The teams have continued to work innovatively to overcome challenges in the 'new normal'. The provider has continued to deliver all elements of the service using a blended approach of face to face contacts, telephone and digital platforms to support the most vulnerable children, young people and their families as well as deliver all the universal and targeted elements of the core offer.
46. The provider management team has actively engaged their staff through Listening Events, learning from their feedback to ensure they have shared the successes of what has worked well for them and the service users and understand their challenges so they can wherever possible adapt the way they work.
47. In quarter two the provider has focused on increasing time spent in face to face contacts and where there is availability of venues, increased the number of sessions to undertake the mandated reviews.
48. During this second quarter the provider has demonstrated that using a blended approach to service delivery has seen significant improvements in areas where they have struggled to meet performance targets previously. Any dips in performance have been largely due to parents declining reviews with the service due to anxieties in relation to the pandemic and in part due to an administrative oversight which the service has now rectified.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

49. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
50. The supervised tooth brushing scheme was suspended in line with Public Health England advice early in the pandemic. During quarter two, when schools were open only for the children of key workers, regular remote communication was maintained by the service, with schools being supported as required through e-bulletins with suggestions for learning activities around good oral health. The distribution of toothbrush packs to families with one-year olds remained problematic due to limited face to face contacts in the quarter.

Homelessness (Framework)

51. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.
52. Framework had to revise the service provision substantially during this period with less emphasis on moving people on from hostel and move on accommodation. However, the

provider exceeded the target of 80% for those service users that were moved on in a planned way. The services commissioned by public health continued and the outcomes remain good.

Other Options Considered

53. None

Reason/s for Recommendation/s

54. To ensure performance of Public Health services is scrutinised by the Authority.

Statutory and Policy Implications

55. 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

56. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Public Sector Equality Duty implications

57. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Safeguarding of Children and Adults at Risk Implications

58. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

Implications for Service Users

59. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

RECOMMENDATION

60. The Adult Social Care and Public Health Committee considers whether there are any further actions it requires arising from the information in this report.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Nathalie Birkett

Group Manager Contracts and Performance

nathalie.birkett@nottsc.gov.uk

01159772890

Constitutional Comments (AK 07/01/2021)

61. The recommendation falls within the delegation to Adult Social Care and Public Health Committee under its terms of reference.

Finance Comments (DG 05/01/2021)

62. There are no direct financial implications arising from this report.

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.

63. None

Electoral Division(s) and Member(s) Affected

64. All