

**PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED
WITH RING-FENCED PUBLIC HEALTH GRANT 1 APRIL 2020 TO 30 JUNE 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 and services funded either in whole or in part by PH grant, in April to June 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 Commitments 2017-21.
3. A summary of the key performance measures is set out on the first page of **Appendix A**.
4. It is unlikely that some targets will be met this year and, in some services no quantitative targets have been set. To that end Members will see that Appendix A has less columns than in previous years. Members can be assured, however, that contract management including quality assurance of all providers continues.
5. 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.
6. As Committee will be aware, lock-down began on 23rd March in response to the growing number of cases of coronavirus, (COVID 19) across the UK. The Government issued warnings for businesses to close, working from home to begin where possible and schools to close, with the nation warned 'Stay home. Save lives'. The country remained in this most strict form of lockdown for three months until 23rd June when the Prime Minister announced some easing of restrictions from 4th July.
7. Following the Prime Minister's direction, all providers of public health commissioned services were contacted at the end of March and advised that their efforts should be directed towards

saving life, protecting the vulnerable and enabling the health and care system to address the needs of the most vulnerable.

8. Providers were asked to review their business continuity plans and to identify critical services (i.e. those required to address the needs of vulnerable people). Providers were advised to stop all non-critical services and to deliver on new service models from 23rd March. The intention behind this advice was to sustain the delivery of critical services and, wherever possible, to free up other staff for redeployment to parts of the system where the need was greatest.
9. In March, 'Procurement Policy Note- Supplier relief due to COVID 19 02/20' (PPN) was issued by the Cabinet Office to have immediate effect until 30 June 2020. The PPN provided all public bodies with information and guidance on payment of suppliers to ensure service continuity during and after the COVID 19 outbreak. Further to the PPN, providers were assured that full payment, inclusive of service credits where applicable, would be paid for both critical and non-critical services during the operation of new service models.
10. Payment to all providers of services mentioned in this report, continued during quarter one as providers gave proper assurance that all necessary steps were being taken to establish delivery of critical services and that any staff not involved in the delivery of critical functions would be released for redeployment to assist with the wider effort.
11. Public health officers have maintained a close dialogue with providers during this quarter to ensure that the Authority continues to be assured of good performance and safe practices and that services are reinstated as soon as practicable in line with emerging guidance.
12. Members can be assured that due to the work of officers in previous years building good relationships with our providers and due to the robust procurement of the new integrated well-being service, all our providers have responded positively, with flexibility and ingenuity to the current challenges.

NHS Health Checks (GPs)

13. Quarter one was an exceedingly pressured time for GP practices with 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 was reduced significantly if not ceased altogether in quarter one as part of the response to the pandemic.
14. In order to ensure that GP practices were able to maintain capacity for future health check activity once recovery from the pandemic is established, GP practices were paid a flat payment of 80% of the payment made to the practice for quarter one of 2019/20, or the claim for the actual current NHS Health Check activity during this quarter of 2020/21, whichever was higher. This payment was intended to help support GP practice income during this period and meant to an extent that the Authority is protected against inadvertent double payment for future checks.
15. Beyond quarter one, the situation has been kept under review, and the position reassessed for future quarters based on emerging guidance and the national picture, but overall with an

expectation that GP practices gradually restart the NHS Health Checks programme alongside other recovery activity, so it will be possible to move back to payment for activity delivered.

16. 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))

17. The ISHS is provided by the three NHS Trusts in Nottinghamshire and in response to the COVID 19 outbreak had sexual health staff redeployed to other duties in the hospitals.
18. However, in quarter one all three providers were able to continue to provide an emergency and essential sexual health and contraception service including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants). 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 hospital. 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 a 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.

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

21. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.
22. The service is popular with young people but with the closure of schools, youth clubs and the lock down in general, the service was unable to provide the service as usual during quarter one.
23. However, the Authority officer worked 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

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

24. Change, Grow, Live (CGL) were successful in retaining their provision of the all age substance misuse treatment and recovery service in Nottinghamshire following a procurement of this service in 2019/20.
25. In order to continue to provide this critical service in line with the new legislation brought in to combat the spread of COVID 19, CGL had to adapt very quickly to ensure both staff and service users (children, young people and adults) remained safe.
26. The service had to move to being largely remote and to aid this CGL bought vulnerable service users mobile telephones in order to maintain contact throughout lockdown and have access to video calling and recovery zoom sessions.
27. Supervised daily consumption for 1150 opiate users moved to fortnightly unsupervised consumption with the need to provide each service user with a lockable storage box to keep the medication safe.
28. CGL outreach workers worked alongside Framework Housing Association with rough sleepers to undertake safe and well checks.
29. It is credit to the provider and their staff that safe provision of this service has continued throughout lock-down. This has remained the case even though CGL had to deal with significant over capacity. This over capacity has been broken down to an extra 180 opiate service users and an extra 200 alcohol service users above the original need forecast in the contract value. Public Health has set aside over 700 thousand pounds to meet this unprecedented demand.

Integrated Wellbeing Service (ABL Health)

30. A Better Life took over service provision of a new integrated wellbeing service to include the previous smoking cessation, obesity prevention and weight management, brief alcohol intervention, falls prevention and well-being in the workplace services.
31. A robust mobilisation, working closely with the two outgoing providers as well as the Council meant that ABL were able to TUPE transfer workforces from both organisations smoothly and remotely, despite the significant challenges posed by the lock-down period.
32. All staff were inducted and provided with resources and a comprehensive training package in order to begin to fulfil their new roles in Nottinghamshire, with the new service commencing as planned in April.
33. Based on NHS England guidance, only smoking cessation services were deemed to be critical services during lockdown with weight management and alcohol brief intervention

services stood down during this quarter. This restriction on providing core elements of the service is reflected in the performance data.

34. All aspects of the smoking cessation service were provided remotely. All existing smoking cessation clients were transferred to the new service successfully with no interruption to support or NRT.
35. During this quarter, ABL also supported the work of the Community Hub with advice on food parcels and the development of recipe cards for citizens who were shielding. ABL also made themselves available to accept referrals from the Community Hub for people who were vulnerable or shielding who may have benefited from health behaviour support during lockdown.
36. ABL produced a range of materials including falls prevention and other exercise videos to support people to exercise safely at home.
37. While the planned launch of the new service was disrupted due to the pandemic, ABL have made significant progress in engaging and building relationships with our partner agencies including the District Councils, Primary Care Networks, Secondary Care, maternity services, and services including CGL and Active Notts. Many of these organisations have provided positive feedback on the proactive work of ABL.

Illicit Tobacco Services (In-house)

38. Officers were advised by the police that they should not execute raids on premises suspected of selling and/or holding illicit tobacco during lockdown which has hampered efforts to disrupt the availability of illicit tobacco products.
39. However, officers are still receiving and collating intelligence to act on as soon as the police allow the resumption of raids and cease and desist letters are still being sent.
40. Officers are also continuing to carry out extensive work upgrading files for serious cases being taken to Crown Court.

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

41. The Domestic Abuse service provides information, advice, safety planning and support (including support through the courts) to women, men, teenagers, children and young people. The service was recommissioned in April 2020. The public health team is monitoring four new survivor outcomes when they leave the service. The service is expected to achieve over 60% improvement on all four outcomes. These are high level outcomes that will be monitored on a quarterly basis.
 - new survivors with improved health and wellbeing (physical, mental or sexual)
 - new survivors who feel confident to make decisions for themselves
 - new survivors who feel safer
 - new survivors who are better able to cope with everyday life

- 42. The free domestic abuse Helpline has received double the number of calls during the pandemic.
- 43. Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.
- 44. A new prevention promotion and training service has been developed for on-line provision by Equation during this first quarter to improve the domestic abuse information available for professionals and young people across the County.

Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)

- 45. The service is in its fourth year of delivery and the Healthy Families Programme is now embedded across the County as a fully integrated universal service for children, young people and their families. Performance of the service overall has been good and compares favourably with both our statistical neighbours and England as a whole. The contract has been extended to run for an additional four years in April 2020, ending in March 2024.
- 46. The Authority has set local targets for the provider, in line with National, regional and local performance. 'Stretch' targets have been applied to ensure that the service aspires to meet Nationally reported targets. The Authority has a statutory duty to ensure the delivery of five health and development reviews mandated by the Department of Health. Local performance for these reviews continues to be good.
- 47. The service continued provision throughout lockdown and has managed to maintain pre-COVID 19 targets.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

- 48. 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.
- 49. With the closure of schools, the 'Tooth Fairy' was unable to make any visits albeit regular communication with schools continued with schools being supported as required. The distribution of toothbrush packs to families with 1-year olds was problematic due to limited face to face contacts. Whilst training was suspended during the outbreak, the service has planned additional sessions later in the year and established e-learning modules.

Homelessness (Framework)

- 50. 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.

51. Framework had to revise the service provision substantially during this period with less emphasis on moving people on from hostel and move on accommodation. Despite this the proportion that were moved in a planned way was close to or at the 80% target. The services commissioned by public health continued and the outcomes remain good.

Other Options Considered

52. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

54. 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

55. 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

56. 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

57. 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

58. 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

59. For Committee to scrutinise the performance of services commissioned using the public health grant

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Constitutional Comments (KK 07/10/2020)

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

Finance Comments (DG 07/10/2020)

61. 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.

62. 'None'

Electoral Division(s) and Member(s) Affected

63. 'All'