

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 6</b>
<b>15 MARCH 2021</b>	<b>PUBLIC REPORT</b>

Report of:	Cllr Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health	
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**CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH PORTFOLIO  
PROGRESS REPORT INCLUDING MANAGING COVID-19 PUBLIC HEALTH UPDATE**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Cllr Wayne Fitzgerald	
It is recommended that the Health Scrutiny Committee note and comment on the Portfolio Holder's Performance Report.	

**1. ORIGIN OF REPORT**

1.1 This report was requested by the Health Scrutiny Committee during planning of the Committee's annual work programme for 2020/21.

**2. PURPOSE AND REASON FOR REPORT**

2.1 This report provides an overview of the performance of the public health functions of the Council over the past year, including an update on the latest Covid-19 position and activity.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1. Public Health.

2.3 This report links to Corporate Priorities 6 and 7:

6. Keep all our communities safe, cohesive and healthy  
7. Achieve the best health and wellbeing for the city

2.4 This report supports the Children in Care Pledge:

We will help encourage you to be **healthy**

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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### 4. BACKGROUND AND KEY ISSUES

4.1 In 2013 under the Health and Social Care Act (2012), upper tier local authorities were given a statutory duty to improve the health of their local population. The Councils' public health function supports this duty by:

- Providing public health system leadership, specialist advice and analysis, and practical support to the City Council and partner organisations, in order to improve the health and wellbeing of local communities.
- Commissioning and contract managing a range of public health programmes.

To maximise value for money and make best use of specialist staff, these functions are delivered by a joint public health directorate across Peterborough City Council and Cambridgeshire County Council. During 2020/21 the main focus of the Public Health Service in both Councils has been the response to the Covid-19 pandemic.

#### 4.2 Public Health Funding

The majority of funding for the Council's public health functions comes from the national ring-fenced public health grant. The grant allocation to Peterborough City Council in 2020/21 is £11,124,105. This is an increase of £504,105 on the previous year's allocation in 2019/20, which is welcome following a series of reductions in the public health grant since 2014/15. However £308,000 of this increase is required to fund NHS Agenda for Change pay increases for public health commissioned services such as health visiting, school nursing and integrated contraception and sexual health services, which were previously funded by national government, which leaves a net increase to the grant of approximately £196,000.

Peterborough's ring-fenced public health grant allocation (originally based on historic funding transferred from the NHS) remains particularly low in relation to local levels of need, being at least 20% lower than target allocation, based on population size and public health needs.

During 2020/21 funding has been allocated to Peterborough City Council through the Test and Trace Grant and Contain Outbreak Management Fund, in order to deliver Covid-19 outbreak prevention and management. A detailed account of the allocation of this funding, which is overseen by the Health Protection Board chaired by the Director of Public Health, has been presented to the Local Outbreak Engagement Board meeting on March 2<sup>nd</sup> 2021.

#### 4.3 Public health spend

In 2019/20, Peterborough City Council the ring-fenced public health grant on services as outlined in the table below:

Public health spend area	Forecast Spend £000
Children 0-5 Healthy child programme	4,074
Children 5-19 Healthy child programme	942
Sexual health	2,040
Substance misuse	2,214
Smoking and tobacco	295
Miscellaneous public health services	1,419

#### 4.4 Delivery of commissioned public health services

Integrated Contraception and Sexual Health Services (iCASH)

iCASH services in Peterborough are commissioned from Cambridgeshire Community Services NHS Trust (CCS). In response to national directives related to COVID-19, the iCASH Service model changed and the service moved quickly to implement their Business Continuity Plans and identify the essential services.

During the earlier part of 2020/21, the service saw a decrease in activity due to the national Covid-19 measures in place, however many positive changes were introduced. These included:

- Continuation of the new telephone triage service which was established in Q1 to determine if intervention could be managed remotely or if a clinic visit was essential.
- For Long acting reversible contraception (LARC), the service continued to see women who were experiencing problems with devices in situ.
- Oral Contraception was supported remotely.
- HIV provision continued remotely.
- Express Test:
  - Opened up to include Peterborough
  - Moved to a symptomatic service (locally and nationally)
- Work was done with ChatHealth to support young people when the 'normal' mechanisms have not been in place.

From July 2020 the service re-introduced LARC.

iCaSH have maintained monthly meetings with commissioners to provide on updates on the service. Overall iCaSH continue to provide a good level of service to residents of Peterborough. Before the Covid-19 pandemic there was an intention to recommission the iCASH service as part of a joint integrated sexual and reproductive health service across Peterborough and Cambridgeshire, involving both Council and NHS commissioned services. Due to Covid-19 pressures, the decision has been taken to delay procurement and instead to use section 75 agreements, in order to progress the joint service.

### Prevention of Sexual Ill Health

A new service to support vulnerable population groups at highest risk of poor sexual health, began on the 1<sup>st</sup> of October 2020. This is joint with Cambridgeshire and is led by the Terence Higgins Trust, working in partnership with other local voluntary sector groups. They have been affected by the range of changes and adaptations needed to deliver appropriate Covid-19 safe services during the pandemic. However, services have worked closely with the Council's public health commissioners and have adapted well.

### Drug and alcohol services

Drug and alcohol services in Peterborough are commissioned from CGL (Aspire).

Overall, the Aspire service continues to perform well under challenging conditions. Successful completions are in the top quartile for 'opiates' and although there was a slight decline in Q2 this mirrored in the national trend. Successful completion rates for all other drug types are in the interquartile range and have increased in Q2.

CGL, in line with the rest of the sector, have prioritised harm reduction and stabilisation of clients, with reductions in detox medication ceasing. The service has focused on welfare checks with increased telephone contact with service users and the delivery of both structured and unstructured support groups online. Service users are being retained in the service rather than being completed. The benefits of the strong harm reduction approach are

- An increase in provision of safe storage boxes and Naloxone (penetration rates for opiate clients in receipt of naloxone were 67% in March 2020 and rose to 78% in Dec 2020).
- An increase in medical reviews

- Increased frequency of contacts with services users via phone and virtual methods during lockdown
- Reduced waiting times to initiate a new script
- Reduced numbers using street based drugs on top of prescribed medication

There has been a drop in Young People (YP) numbers in rolling numbers in treatment and the Qu 2 figures are lower than the Q2 position in 19/20. This is similar to the position in Cambridgeshire as the YP referral mechanisms have been significantly affected by Covid with school closures and professional contact points reduced.

Planned completions for YP continue to remain strong at 100% and all outcome (physical, psychological and substance use) measures are positive and in line with national rates.

### Integrated Lifestyle Services

Integrated Lifestyle Services in Peterborough were commissioned from Solutions4Health until October 2020, and transferred to provider Everyone Health, following a procurement exercise.

The service was highly commended for their efficient and flexible response to the COVID-19 situation. All services where possible were delivered virtually.

The NHS Health Checks, Let's Get Moving and children's services were all stopped during Q1 but the Stop Smoking services, Weight Management services and Health trainer service continued to deliver. Delivery could resume for NHS Health Checks and Let's Get Moving in Q2 however there was a lack of availability of community venues for delivery and GP practices would not allow the team into the surgeries to deliver services.

The numbers starting treatment in weight management services are encouraging and these services have all been delivered via online platforms. In addition, the weight loss looks encouraging, however is self-reported so is not able to be validated.

### Primary Care Services

Covid-19 has impacted on all services commissioned from GP practices in Peterborough including smoking cessation, long acting reversible contraception and health checks. This is the result of multiple factors including government directives, e.g. to cease health checks during wave one, competing pressures on GP practices during the pandemic, and the challenges of providing some of these services remotely. However support for successful smoking cessation was above the expected rate in Q2.

### Healthy Child Services/

A single section 75 Agreement has been in effect as of 1<sup>st</sup> October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 service covering Cambridgeshire and Peterborough. A separate Delegation and Partnership agreement is in place delegating commissioning functions of the HCP by Peterborough City Council to Cambridgeshire County Council to enable this collaboration to work effectively. The existing arrangements are in place until 31<sup>st</sup> March 2024.

At the beginning of the pandemic the Healthy Child programme rapidly responded to the national guidance and amended its service delivery. Essential service delivery was maintained with families able to contact the service either by telephone or text messaging throughout. In terms of the clinical support available to families, all the 5 mandated contacts were maintained. the NHS.

In the 5-19 pathway the School nurses were also supported to consider and use their clinical judgement on the most appropriate mode of engaging with young people to address their health

needs. During this first national lock down many young people were not in education so in order to reach out to young people the service undertook a social media campaign to advertise Chathealth. During this time text messages received into the service from young people increased 3-fold.

The vision screening offer for year reception children was required to be paused at this point until an alternative delivery model could be considered and articulated. The service worked closely with the lead orthoptists and clinical experts to devise a parent led assessment and the offer of a follow up community clinic appointment to undertake the vision screening if indicated.

As the service became more aware of the increased level of vulnerability for the families across Cambridgeshire & Peterborough and the urgent requirements of amending service delivery due to the pandemic, one approach taken was to strengthen existing partnership relationships with a view to enable timely sharing of information and to update professionals regarding amended service delivery offers across the system. Monthly meetings were established with acute midwifery partners from all three providers; weekly meetings were established across health & children's social care and a similar forum set up with Child & Family centres and Early Help services.

During June-September 2020 the HCP continued with its blended approach to offering health support to children, young people and their families. As the pandemic progressed the service began to experience higher levels of parental anxiety. Telephone calls and text messages into the service began to rise and requests for support to new parents increased. There were increased requests to support with infant feeding issues; more requests for health assessment in young people; and support for families experiencing domestic abuse appeared to be on the increase. Nationally data began to emerge that due to parental pressures there was an increase in non-accidental injuries in babies. Whilst we had not seen this increase in Cambridgeshire and Peterborough the service did undertake an audit of all babies born during lockdown to ensure that an assessment had been undertaken of all infants. From the cohort of infants born during the Covid-19 period (16 March 2020 to 31 October 2020), only 9 babies out of a cohort of 5978 had not received a holistic Health Visitor assessment where the infant had been seen. The service has now contacted these families and assessed their health needs.

#### **4.5 Public Health Partnership work**

Much of the work carried out to address the Covid-19 pandemic has meant public health staff are working in close partnership with directorates across the Council, with external organisations, with employers, and with communities. However due to the pressure of the pandemic, some more formal elements of partnership work, such as the consultation on the joint Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-24) have been temporarily suspended.

#### **4.6 Health Protection and Emergency Planning - Response to Covid-19**

The key focus of the public health team during the past year has been the response to the Covid-19 pandemic. All public health staff have been involved in some way in this response and the majority of specialist public health capacity has been reallocated to it, in order to ensure that robust public health advice can be provided to a wide range of local organisations, and that outbreaks can be effectively prevented and managed.

##### The Local Outbreak Control Plan and Outbreak Management

There has been ongoing focus on implementation of the Local Outbreak Control Plan (LOCP), first published on 30<sup>th</sup> June, including joint work with the regional Public Health England Health Protection Team, Council Directorates and wider partners to directly manage local clusters and outbreaks.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

The public health led Surveillance Group meets daily to review the latest data from Public Health

England, NHS Test and Trace, the local NHS, and other relevant sources for Cambridgeshire and Peterborough. This information is summarised and passed on to the Outbreak Management Team which works closely with the Public Health England Health Protection Team to oversee the management of local clusters and outbreak of Covid-19, through the work of multi-agency 'cells'. These cells are:

- Care Home Cell
- Education Cell
- Workplace Cell
- Vulnerable Populations Cell
- NHS Healthcare arrangements.

The membership of each Cell includes the directorates and agencies relevant to prevent and control outbreaks in that area of work. For example the Care Home Cell includes CCG, Adult Social Care, Public Health and NHS Community Service representatives; while the Workplace Cell has strong input from City Council Environmental Health Officers, who can visit affected businesses and provide advice and monitoring of their infection control and other outbreak control measures. The Education Cell is chaired by the Director of Education and jointly staffed by the Education and Public Health directorates.

### Governance

The overall implementation of the LOCP is overseen by the multi-agency Cambridgeshire & Peterborough Health Protection Board which meets weekly and is chaired by the Director of Public Health. This Board includes membership from Public Health England and has a strong focus on the local epidemiology of and trends for Covid-19, as well as current plans and actions to prevent and control outbreaks - in order to provide strategic leadership and planning for the future.

The Member-led Local Outbreak Engagement Board, jointly Chaired by Cllr John Holdich from Peterborough City Council and the Chair of the Cambridgeshire Health and Wellbeing Board, meets in public and provides political leadership and engagement with local residents for outbreak prevention, early identification and control. The meetings can be watched on YouTube on the Peterborough City Council YouTube page.

The Local Resilience Forum Strategic Co-ordination Group, co-chaired by Gillian Beasley and by Jan Thomas, the CCG Accountable Officer, plays an important role in supporting Covid-19 outbreak prevention and management through bringing together the resources of the wider public sector in Cambridgeshire and Peterborough, when the resources needed go beyond the scope of the Health Protection Board. A document describing the roles and responsibilities of a range of organisations involved in delivering the LOCP has been agreed through the LRF Strategic Co-ordination Group and published alongside our LOCP.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

### Enhanced contact tracing and Rapid Community Testing Services

As part of Covid-19 management, the Public Health Directorate has new operational delivery responsibilities - leading both the enhanced contact tracing service, which follows up people who have tested positive for Covid-19 who can't be effectively followed up by the national Test and Trace Service, and the recently introduced Community Rapid Testing Service. These services are both funded by the Contain Outbreak Management Fund. We expect further clarity on the future of these services when the updated Contain Framework is published by national government, and the expectation is that they will be in operation for a significant period.

### Vaccination

Vaccination is a high priority, to help reduce the impact of Covid-19 and bring the pandemic under control. The Covid-19 vaccination programme is being managed nationally by the NHS, and co-

ordinated locally by the Cambridgeshire and Peterborough Clinical Commissioning Group. The City Council is playing an active role in communicating and engaging with all communities in order to promote vaccine uptake.

## **5. CONSULTATION**

- 5.1 Engagement and consultation with stakeholders and service users is an ongoing process for commissioned public health services and has continued during this year as services have adapted to the pandemic.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 This paper enables the Health Scrutiny Committee to consider and comment on the delivery of the public health functions of Peterborough City Council and make appropriate recommendations.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's update report. However, the work of the Council's public health functions would not then have been submitted to the same level of democratic scrutiny in public.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 These are outlined in paragraphs 4.2 and 4.3

### **Legal Implications**

- 9.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

### **Equalities Implications**

- 9.3 There is a wider focus within public health services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

### **Rural Implications**

- 9.4 The public health functions outlined should, where feasible, be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

### **Carbon Impact Assessment**

- 9.5 Because this paper describes retrospectively the activities of public health services over 2020/21 and will not result in decisions about services or projects, the carbon impact will be neutral. However, the paper does outline progress in virtual delivery of some public health programmes which may have a beneficial impact on carbon in future.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information)

Act 1985

10.1 None

**11, APPENDICES**

**11.1** An Appendix providing the latest Peterborough Epidemiology and Response for Covid-19 will be circulated shortly before the meeting in order to provide the most up to date information.