

Report to: People Scrutiny Committee

Date of meeting: 17 June 2021

By: Director of Public Health

Title: Public Health Update

Purpose: To provide an overview of the recent Review process in Public Health, including some detail on the core areas of work. The report also provides an overview of the work associated with Covid-19, which has temporarily displaced some of the usual planned work.

RECOMMENDATION

The People Scrutiny Committee is recommended to comment on and note the report.

1. Background

1.1 Local authorities have, since 1 April 2013, been responsible for improving the health of the local population and for public health services. The Secretary of State has overall responsibility for improving health – with national public health functions delegated to Public Health England (PHE). Last year it was announced that PHE will be merged into a new body, the UK Health Security Agency from Spring 2021. It is not yet fully understood where non health protection functions will finally sit.

1.2 Public Health have significant expertise in identifying and reducing health inequalities. Recent NHS Planning guidance has made reducing health inequalities a key aim of NHS commissioners and providers; and the public health department are supporting the Sussex Health and Care Partnership in these endeavours.

1.3 This report provides a brief overview of the recent Public Health Review to set out the core areas of work. It also provides a very brief overview of the work associated with COVID which has temporarily displaced much usual public health work.

2. The Public Health (PH) Review

2.1 The Public Health Review began in the summer of 2019. The review aimed to align public health services fully with Council Priorities via a series of workshops guided by a Public Health England prioritisation framework. The Framework took account of the statutory and mandated responsibilities of Public Health, analysis of need and value for money.

2.2 The review also aimed to reframe the annual budget against an expected decrease of the ring-fenced Public Health Grant. An analysis of the budget estimated that from April 2021 all financial reserves would be exhausted with a likely overspend of £1.7m. The review was reaching the stage of consultation planning in line with the Reconciling Performance, Policy and Resources (RPPR) process when the COVID pandemic began (March 2020). From that point on, disruption caused by the pandemic began to cause an underspend in some areas of work that were either paused or scaled back and overspends in other new and scaled up areas of work. There is still some uncertainty about planned spend and budget and the use of COVID related grants given

evolving areas of responsibility.

2.3 Having paused aspects of the review; its next step is now to embed the work back into the annual RPPR process so that, as with all Council departments, available budget is used to deliver services which, line with the Council's priorities, address new/changing statutory responsibilities, poor performance and need.

3. The Public Health Grant and budget allocations

3.1 The graphs at **Appendix 1** set out the budget for 2021/22 to show key areas of spend and the smaller workstreams.

3.2 The key areas include:

a) Health Visiting & School Nursing

Public Health are lead commissioners for the Healthy Child Programme, which includes the provision of the School Health Service and Early Help Integrated Service (Health Visiting/ Children's Centres). Other work includes:

- School Health Service mental health and PSHE offer;
- East Sussex-wide expansion of the successful Hastings Antenatal Project;
- Developing and strengthening offer to young parents and provision of a perinatal counselling project for parents that was a partnership approach to reducing Sudden Infant Death and childhood injuries;
- Re-commissioning of the East Sussex Child Home Safety Advice and Equipment Service; and
- Initiatives to support peri-natal mental health and new fathers.

b) Alcohol and Drug Treatment and Prevention

The adult drug and alcohol services were re-procured in 2019 and the contract with Change, Grow, Live (CGL) has now been in place for two years. There are three major new initiatives:

- Dependence Forming Medication Service – to explore improvements in health and quality of life as a platform for medicine reductions;
- Recovery Initiatives - three contracts were recently awarded to support those in recovery from drug and alcohol disorders:
 - East Sussex Veterans Hub provide non-clinical support for veterans of HM Forces, specifically addressing PTSD and/or mental ill-health;
 - Oasis Women's Recovery Service provides support for women experiencing problems with alcohol or drugs including those who are abstinent and in recovery; and
 - Adfam – a national charity which supports families affected by drugs/alcohol;
- Alcohol Harm and Misuse – to increase availability and successful completion of alcohol treatment services. Increased marketing of support for alcohol misuse targeted at those less likely to seek support; and
- Project Adder - the Home Office and Public Health England (PHE) identified £28 million nationally to help join up agencies to break up serious and organised crime gangs whilst tackling addictions due to a focus on drug misuse. The Home Office will work with the Department for Health and Social Care (DHSC) and Public Health England (PHE) to pilot an intensive whole system approach to tackling drug misuse in select locations worst affected by drug misuse, alongside national activity to disrupt the supply of drugs. Hastings was identified as one of four pilot locations that share this funding due to high rates of drug deaths and high rates of heroin and crack cocaine use.

c) Sexual Health services

The existing specialist sexual health services contract ends in September 2022. The re-procurement will consist of two contracts:

- Online provision of Genito Urinary triage, assessment and STI and HIV testing via competitive open tender; and
- Face to face specialist Genito urinary medicine and complex contraception services via the Public Health England digital services framework.

A key change for the service is the shift to online assessment and this has been accelerated by the Covid-19 pandemic. Face-to-face services will focus only on those with complex needs, those considered to be vulnerable and/or those unable or unwilling to access online services. A public consultation may be necessary, and this will be confirmed shortly.

d) Integrated Lifestyle Service

OneYou East Sussex (OYES) are commissioned to deliver the Integrated Lifestyle contract which brings together support to improve physical activity and eating well plus smoking cessation and alcohol reduction services under one virtual roof. OYES also help to deliver NHS Health Check services. OYES have very successfully adapted from face to face to online delivery during lockdown and some clients have preferred this approach.

e) Central Support and Staffing

Public Health largely commissions its services although some areas, particularly the smaller areas of spend, are delivered and managed by Public Health staff. For example, NHS Health Checks are part of the service we commission from OYES. We also manage and co-ordinate the service that we commission with GP Practices. This area of spend also covers our Health Intelligence functions which produces our Joint Strategic Needs and Assets Assessment. This is a process that identifies both the health and well-being needs (i.e. problems) and assets (i.e. strengths) of the people, communities, and populations in East Sussex. The ethos of Public Health is that the department is a learning centre, and thus we support Foundation Year 2 Doctors and Specialty Registrars through placements in rotation to develop their public health knowledge and experience.

4. Budget reporting

4.1 Council budget monitoring reports present the Public Health budget against the four Public Health Consultant Portfolios. Table 1 of Appendix 1 shows the area of spend in each Consultant Portfolio.

4.2 The Public Health ring fenced grant for 2021/22 is £28,073,573. The budget set out in Appendix 1; Table 1 totals £29,357,000. This report does not provide detail on carried over reserves, COVID grants or other sources of income to support specific key areas. This report seeks to provide the reader with a sense of the work covered by Public Health and the proportion of spend allocated to each area of work.

5. Covid Related work

5.1 The following paragraphs provide an update on the key areas of work related to the pandemic.

a) Testing programme

Supporting the establishment of symptomatic and asymptomatic testing services for the East Sussex population. Central Government have developed the testing policy in an organic way to

limit the spread of COVID. The demands on Councils to support testing programmes have grown considerably.

b) Local Tracing Partnership (LTP)

Our LTP covers East and West Sussex County Council and District and Borough Councils. The LTP has responsibility for 'tracing' individuals who have tested COVID positive (defined as a 'case') which the National Tracing Team have failed to contact. The work involves advising traced individuals of their results, self-isolation requirements and offering additional support to self-isolate to prevent onward transmission of the virus. Inadequate contact details are followed up using local databases and in some cases a house call carried out by Environmental health officers (EHO). House calls have proved helpful in reaching residents who unaware of their positive test results. The service also provides cases with advice on isolation and assessment of needs and follow up requirements. This can include a referral to a community hub.

5.2 The Department of Health and Social Care (DHSC), and National NHS test and trace have recently invited Local Authorities to submit an expression of interest (EOI) to take on duties from the national NHS test and trace. There are several different pilots and approaches to case and contact tracing operating across the country. The effectiveness and success of these different approaches are being evaluated and considered nationally. Information is not yet available about funding to support this function. The future role and responsibilities of LTPs within the new Public Health System is not yet clear.

c) Vaccination uptake programme

Both a Sussex-wide Board and an East Sussex-based working group have been set up with the aim of increasing vaccine uptake. Following a review of the data across the County, Hastings was identified as an area that was below the Sussex average across all age groups and this area was the starting point for the programme. We have identified that one of the main barriers to vaccine uptake in Hastings is access. In response to this we are working with partners to put in place pop-up centres so that residents can easily walk to their job. Free travel is also in place and publicised with a leaflet drop across Hastings. Eastbourne is now set to be reviewed to identify what factors might have led to a reduced uptake.

d) Infection and Outbreak Control

We have delivered two successful bespoke training sessions:

- Essential Infection Prevention & Control Training; and
- Nobody's Left Out for Drugs & Alcohol team, Domestic Violence and a Rough sleepers Initiative.

Our Infection Control and Prevention (IPC) Advisors have provided targeted support and advice to managers at care homes with less than 70% vaccination uptake and more general vaccine Q&A sessions in residential care home settings. IPC Advisors assist homes that have had an outbreak and provide support and advice to help contain the outbreak. IPC Advisors also support staff with guidance and queries.

The Local Outbreak Control Plan was reviewed by Public Health England and DHSC and considered to have met or fully met all of the required criteria. Further updates are underway to reflect peer review work and latest developments. The latest update will be presented to the Health and Wellbeing Board meeting in July.

e) Advice and guidance

Public Health staff have provided professional and clinical advice and guidance to support many frontline Council services; residents and Councillors, and to locally interpret central Government guidance. This work increases every time that national measures change, e.g. lockdown changes; and when new guidance emerges.

f) One-off COVID projects

Appendix 2 sets out a brief overview of a series of projects developed by the Public Health Department in Summer 2020 to move towards recovery. A total of £1 million was set aside last year for this work. The current total of work is £792,000, and given the rapid nature of the work, some projects have been merged and altered to avoid duplication. The projects set out to boost and complement existing work rather than starting initiatives anew.

6. Conclusion and reasons for recommendations

6.1 This report gives an overview of public health functions to assist Scrutiny members with a better understanding of the work of the department. Scrutiny Committee Members are invited to ask questions or request further information where more detail is required.

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