

Appendix A: Public Health Dorset Annual report 2020-21

1 Executive summary

- 1.1 The past year has been an extraordinary time for the public health team. While we have faced and responded to potential pandemics before (SARS Co-V 1, 2003, Influenza A H1N1 or 'swine flu', in 2009) this is the first time in living memory that such drastic and restrictive public health measures have been implemented globally in response to a new pathogen. What began as case reports of atypical pneumonia in China quickly built into an unprecedented series of outbreaks as the virus gained a hold in every country – a truly global crisis the extent of which we are still grappling to understand.
- 1.2 It is important to note that under the current statutory responsibilities, local public health teams working in Councils have no direct role in responding to health protection incidents. Responsibility for the control of communicable disease sits with Public Health England. However, it became clear by the start of the financial year in 2020 that local public health teams would be required to step up and over the line, to provide direct outbreak response, working closely with regional health protection teams, and health and care organisations locally through an extended Local Resilience Forum Major Incident that would run for more than a year.
- 1.3 This naturally impacted on the team's ability to provide routine business. Public health services providing face to face support were stopped, and alternative service models found. The consultants and Director were fully focused on providing health protection leadership locally – from advice and guidance on infection prevention and control, to chairing incident and outbreak management team meetings, supporting risk assessments, deploying the increasing testing capability from NHS testing, regional PCR testing, mobile PCR testing sites and eventually community lateral flow testing.
- 1.4 Enhanced surveillance was brought on-line quickly through a local EpiCell, providing near real-time modelling and forecasting of impacts on local hospital occupancy, as well as deep dives into local outbreaks to support contact tracing.
- 1.5 By the end of the first quarter, Government had announced that local Councils would lead local outbreak response through the development of local outbreak management plans – delivered through Health Protection Boards and Local outbreak engagement boards, and supported by emergency funding via the Test and Trace Grant.
- 1.6 And through all of this, the wider public health not directly involved in the health protection response were supporting colleagues in both Councils as an amazing community response was stood up to support people shielding and isolating, as well as ensuring high risk settings such as care homes were able to access vital personal protective equipment.

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- 1.7 By the autumn of 2020, after a lull in infection rates over the summer, we were then hit by the most serious wave yet which saw two national lockdowns. Throughout this time, the shift from Government-led to local-led response continued, and the public health team and local Councils took on more and more responsibility through the Contain strategy, supported by more emergency funding.
- 1.8 By the end of the year, March 2021, the local public health system had pretty much transformed the local response to outbreaks, through regional co-ordination of effort, supported by Government. This meant greater access and insights from surveillance data, local contact tracing teams under each Council following up the bulk of the positive cases locally, reducing time to contact, substantial testing capacity including for asymptomatic lateral flow testing, a significant communications and behavioural insights operation spanning the Integrated Care System partners, and two local outbreak engagement boards, not to mention the co-ordination of outbreak response via a dedicated day response and out of hours team, and a dedicated health protection board, meeting weekly and providing vital situational intelligence to the Strategic co-ordinating group of the local resilience forum effort.
- 1.9 The threat may have receded as we enter 2021-22, partly due to the success of the local vaccination programme. However, the risk remains, and the public health team continues to work on coronavirus in the background, preparing for responding to new variants of concern, ensure surge testing capability, and ongoing work to ensure high risk settings can respond quickly to any new cases and limit the spread. Further details can be found in the refreshed local outbreak management plan. For a sense of the scale and impact of the pandemic on the population, and our local public health response, please see the Business Plan for 2021-22 which has a summary of the impact.
- 1.10 The remainder of this annual report summarises some of the other work the team has done during 2020-21 based on the headings in our previous business plan, for 2019-20.

2 Prevention and partnership working

Integrated Care System

- 2.1 The Director of Public Health has been supporting the development of the Integrated Care System through 2020-21, mainly as an active member of the Systems Partnership Board. The Board has developed a new vision, and refreshed system priorities – now identified as recovery and inequalities. Public Health Dorset is also supporting the senior responsible officer for the health inequalities programme, Patricia Miller, through provision of consultant in public health support to develop a strategy for system partners.

Dorset system wellbeing offer

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- 2.2 The team has continued its prevention at scale work on improving public mental health, through supporting the development of a wellbeing offer for all employees working for health and care organisations. This was focused on meeting the needs of those working on the frontline as the health and care system responded to coronavirus during 2020-21. As well as providing access to help and support, the offer was also provided to employees working in nursing and residential care homes, recognising the huge strain they were under.

Health and Wellbeing Strategy development

- 2.3 Public Health Dorset supported the development, design and publication of two Joint Health and Wellbeing Strategies for the Health and Wellbeing Boards, working closely with partners, during 2020-21. The team is also playing an active part in delivery of some of the priorities particularly the access to food partnership work in BCP Council, and the development of a physical activity strategy for Dorset, working with Active Dorset.

Suicide prevention

- 2.4 During 2020-21 the public health team working closely with Dorset CCG continued to lead the system multi-agency group for suicide prevention and have supported BCP Council with the development and approval of its first suicide prevention plan. During the year the work to establish a real time surveillance system for suicide attempts was completed, and the team also continued to support the British Transport Police 'gold' group on railway associated suicides.

Health inequalities

- 2.5 In January 2021 the public health team took on additional responsibilities to increase awareness of the health inequalities agenda and support organisations in the Dorset Integrated Care System supporting the ICS programme. While much of the prevention at scale work was focused on areas and populations with poorer health outcomes, the Dorset system agreed a new top-level priority around health inequalities, with a new programme led by Patricia Millar, chief executive of Dorset County Hospital. Public health is providing consultant support to the programme, which includes work to develop a strategy, supported by several insights workshops which the intelligence team have been facilitating.

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Public health services

LiveWell Dorset

- 2.6 Over the course of the last financial year LiveWell Dorset welcomed 4,432 new people into the service, a lower number than the previous year but not surprising as access to weight management groups, leisure services and pharmacies was limited. In response LWD launched new variations to its core offer including a 5 Ways to Wellbeing Virtual Challenge (normally offered as a classroom course) which saw a sign up of over 2,000 people.
- 2.7 Overall, 714 people stopped smoking using an enhanced LWD offer which included NRT and e-cigarettes sent direct to clients' homes, supported by digital coaching. In addition to this the training team delivered online sessions to 1,800 people across the Integrated Care System. Virtual interactions and support have been increasing in popularity over the year, in April 2020 our website saw around 12,000 hits per month and by November 2020 that figure increased to just under 20,000. Our closed Facebook group, 'Our LiveWell', also saw a rise in members and we now have over 3,000 people choosing to engage in this peer-to-peer support group.

Sexual Health

- 2.8 The Integrated Sexual Health and HIV Service was retendered by public health and NHS England/Improvement with the new service commencing in October 2020. This followed an extensive staff engagement programme, which was handled well, with many transferring staff starting with a new employer, in new premises, using new systems on day 1 without any major glitches. This was all achieved under the continued pressure of the pandemic. The service has mobilised effectively over the past 6 months, with objectives on track and comprehensive contract management processes in place. As services return to normal they are considering which quality assurance measures and service improvements will need to be prioritised to improve delivery and embed approaches to prevention for young people and vulnerable groups.
- 2.9 Sexual health services continued during the pandemic by adapting their delivery model, using remote working and more online provision. Throughout the pandemic, Dorset Healthcare as the lead provider, changed the service offer based on a combination of national guidance and consultation with the commissioner. Changes were based on 'essential only', 'step-down' and 'full service' offers, in response to guidance changes. The public was kept informed of the main service changes through active social media messaging.

Children and Young People's Public Health Service

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- 2.10 Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. The Children and Young People's Public Health Service has continued to work closely with partners to identify and respond to families' advice and support needs, including through face-to-face and digital visits, New Baby reviews were prioritised during the pandemic. In a service user review of Health Visiting, 94 per cent of respondents reported that the service they received was either very good or good.
- 2.11 The Service has focused on 4 key outcomes specifically including progress on:
- A pilot for smoking cessation through Health Visiting is being rolled out across Dorset, with additional practitioners trained in behaviour change techniques.
 - For Peri-natal mental health additional mental health champions, ParentTalk sessions including with Dads; and training of extra practitioners in Video Interaction Guidance (VIG) has had demonstrable improvements for participants, significantly on improving attachment.
 - Joint action planning and work with Active Dorset to promote and embed physical activity with school age children, including the Active Lives survey.
 - The Chat Health web-based text offer for middle and secondary age children has responded to over 2,770 contacts, predominantly providing advice on emotional health and wellbeing. The next step includes developing a similar model for parents of children 0-5 years, enhancing the Healthy Child offer.

Community Health Improvement Services (CHIS)

- 2.12 During the peak of the pandemic, a number of community health improvement services were interrupted, and significant changes had to be made in response to [national guidance](#), revised opening hours, social distancing measures, staff absences and the prioritisation of essential services in March 2020. Emergency contraception and long-acting reversible contraception services continued where possible, using telephone consultation and collection services. Smoking cessation services could not be provided face to face, but most providers managed to continue service delivery using remote consultation and or referring to LiveWell Dorset for telephone-based behavioural support.
- 2.13 Needle exchange services continued through specialist services and pharmacies, via contactless provision. Because of the reduction in supervised consumption of methadone in line with Public Health England guidance, typical activity contracted for through pharmacies was lower - pharmacy payments have been adjusted accordingly to ensure access is maintained. All CHIS services have now stepped back up in terms of delivery, apart from NHS Health Checks.

NHS Health Checks

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2.14 The mandatory NHS Health Check programme was paused in line with guidance on non-essential face to face service delivery during the pandemic, and the subsequent focus on the vaccine rollout in pharmacy and primary care settings has also meant non-delivery of the service this year. Public Health England have stated that there will be no scrutiny of health check delivery this year. Councils are being encouraged to consider alternative models of delivery when making future decisions about provision. As the Integrated Care System (ICS) develops there is an opportunity to work with partners to develop a shared approach to a new local delivery model, particularly linking with the health inequalities national priority.

Drug and Alcohol services

2.15 At the November 2020 meeting of the Joint Public Health Board, members considered a paper presenting the proposal for BCP Council commissioners to take on the core responsibility for the commissioning of drug and alcohol services for BPC Council.

2.16 Most of the contracts for drug and alcohol services held by Public Health Dorset on behalf of BCP Council were novated from the beginning of April 2021 and there is now agreement on the transfer of financial resource to reflect the change in responsibilities. The only contracts relevant to BCP Council which remain with Public Health Dorset are the contracts with pharmacies for needle exchange and supervised consumption. Public Health Dorset continues to commission all services for drugs and alcohol for both adults and young people on behalf of Dorset Council.

3 Enabling services – communications, resources, intelligence

3.1 Our supporting services have played a vital role in the past year in helping the public health team adapt quickly to a rapidly changing emergency. Communications has been at the heart of our local response, with the head of communications chairing the LRF Warning and Informing group, and the wider comms team linking with both Councils and Our Dorset ICS organisations to ensure consistent, timely public health messaging. This included a range of approaches – from regular social media updates on infection rates, linking through into our publicly available interactive dashboards, to regular video content with key public health messaging. Longer term communications and engagement work was established through the Trusted Voices network and regular bulletins – working with local communities to build trusted communications. We recruited an academic partner and professor of social marketing from the University of Western England to lead the development of content informed by behavioural insights – and this programme will run over the next year to continue to support prevention of COVID-19 infections in our communities.

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- 3.2 Use of our resources and organising our capacity to respond has been a constant theme as the pandemic continued. We have developed a dedicated day response team to handle incidents and COVID-19 enquiries, provided surge capacity to Public Health England's regional health protection team, developed an out of hours consultant rota for responding to COVID-19, and recruited short term capacity to support the testing cell, health protection board, and our core team so that we are more resilient and responsive. As local outbreak management plans became a national requirement, the team has assumed responsibility for working with both Councils on the allocation of almost £20M additional funding through the test and trace grant and Contain Outbreak Management Funds for 2020-21.
- 3.3 During the year we also renewed the shared services agreement for Public Health Dorset which had been in place since transfer of public health responsibility to Councils in 2013, but which needed updating following local government re-organisation. We also embarked on a significant piece of internal work to look at our future team structure, capacity and capability to consider how we will be able to provide an ongoing health protection function, as well as prepare to take on new responsibilities from the Integrated Care System.

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Learning and development

3.4 Much of the learning and development in the past year was connected to health protection, and the COVID-19 response, with many of the public health team undergoing rapid training to enable them to support the regional health protection team, and our own local incidents. The intelligence team has undergone significant development during the year, as they developed local dashboards and analytical products to support incident response and contact tracing. As well as this, they developed and ran an ongoing modelling capability via a multi-agency EpiCell. Data science approaches were used to develop new ways of displaying infections and contacts, through visualisation and cluster analysis tools.

4 Risks and challenges

4.1 Risks and challenges from the past year have been recognised and are actively being managed through our risk register, and business planning for 2021-22. The key risks are in relation to the capacity required to provide health protection support, as the public health system changes once more. This is being mitigated by use of non-recurrent Contain funding to increase capacity short term. There remains an ongoing risk of capacity constraints to provide enough support to the system as the Integrated Care System develops, namely consultants working on the health care public health agenda. This is being managed through the business planning process for 2021-22, and through negotiation with partners to manage expectations.

5 Conclusion

5.1 The Joint Public Health Board is asked to note this annual report of the business of the public health team, in line with the shared service agreement. Although it has been a challenging year, and we were unable to progress many of the priorities in the business plan for 2020-21, we hope that the report provides Members with enough oversight and assurance that the team endeavoured to deliver as far as possible against their statutory responsibilities, provide essential public health services in line with Government guidance at the time, and above all protect and respond to the health threats arising from this unprecedented pandemic.

Sam Crowe

Director of Public Health

May 2021