

Joint Public Health Board Health Improvement Services – Performance Update 20 May 2021 Annual report

For Recommendation to Council

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sophia Callaghan, Stuart Burley and Joanne Wilson
Title: Public Health Consultant, Head of Programmes (LWD) and Head
of Programmes (Children & Young People)
Tel: 01305 224400
Email: sophia.callaghan@dorsetcouncil.gov.uk,
stuart.burley@dorsetcouncil.gov.uk
joanne.wilson@dorsetcouncil.gov.uk

Report Status: Public

Recommendation: This paper provides a high-level summary of current performance for health improvement services commissioned and or provided by Public Health Dorset on behalf of both Councils. Appendices include supporting data and information, with more in-depth information available on request. The Joint Public Health Board is asked to consider the information in this report and to note the performance on health improvement services and children and young people's services and the services developments due to the impact of COVID.

Reason for Recommendation: To update the Joint Public Health Board and to note performance, and ensure that Councils have oversight of the mandated public health services provided through the ring-fenced Public Health Grant.

1. Executive Summary

This report provides a high-level summary of performance for LiveWell Dorset, Smoking Cessation, weight management services, health checks

and Children and Young People's Public Health Service (CYPPHS) performance, and service developments in light of COVID, with supporting data in appendices.

2. Financial Implications

Services considered within this paper are commissioned from the recurrent Public Health Dorset shared service budget. Most of the Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements.

None of these contracts currently includes any element of incentive or outcome related payment. The contract for the new CYPPHS has a performance-related element linked with outcomes (from October 2019 onwards). Monitoring of performance ensures that we achieve maximum value from these contracts.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

7. Appendices

Appendix 1: LiveWell Dorset, Weight Management and Smoking Cessation performance report

Appendix 2: Community Health Improvement Services performance report

8. Background Papers

None

Background

This report provides an overview of health improvement services for adults, and children and young people's (0-19) services. Alongside this the Board will also receive regular updates against the 2021/22 Business Plan to monitor progress against agreed deliverables.

Health Improvement Services

1 LiveWell Dorset

- 1.1 LiveWell Dorset (LWD) is a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol.
- 1.2 The dashboard in the Appendix provides activity performance for this year, which has reduced during 2020/21 due to the restrictions. There were 4,435 clients registering over the course of the year. This is largely driven by a 50% reduction in the numbers registering to access support for weight loss, physical activity and alcohol reduction.
- 1.3 However, the number of clients registering for smoking cessation support remained steady throughout 2020/21, with Q4 seeing the highest number of clients engage with the smoking pathway in one quarter to date (592 people activating the smoking pathway). Engagement with the service continues to be primarily through the digital platform. Most individuals reporting outcomes at 3 months continue to report positive change – ranging from 56% stopping smoking to 89% reducing their alcohol intake. The weight loss pathway has had a smaller proportion make positive changes (22%).
- 1.4 As a result of COVID-19, the LWD service offer changed during 2020/21. Our most popular offer of in-person weight loss groups paused, and switched to online, and in-person smoking cessation also paused. As a result, LWD made some changes to the service offer and this year they launched:
 - The smoking pathway, including 1:1 behavioural support from coaches alongside the provision of free Nicotine Replacement Therapy.
 - The isolation and physical activity directory, in partnership with Active Dorset, a list of resources and tools highlighting ways and opportunities to be active within the home during isolation.

- The Advisor + offer. Clients are offered an extended 30- minute appointment with an experienced Wellness Advisor, to explore in more detail what the client wants to change.
- Online wellbeing support and training and health MOTs
- The Five Ways Challenge based upon the 5 ways to wellbeing, to encourage people to look after their mental health during lockdown.

LiveWell Dorset and Wellbeing during COVID-19

- 1.5 This year LWD team have prioritised converting the wellbeing training offer to an interactive yet digital delivery, which was focussed on a COVID-19 response for workers across the county's helplines. As business as usual returns, the offer is for the whole ICS workforce, providing regular wellbeing training reaching 1800 delegates in 12 months and creating a network of over 100 Wellbeing Champions across the system.
- 1.6 In terms of engagement, LWD has reached 1/3rd of the Allied Health Professional (AHP) workforce, as part of a public health programme, which builds prevention conversations and signposting to LWD into all AHP services.
- 1.7 LWD has supported Dorset's new CARED smoking pathway and continue to partner with the CCG to ensure hard to reach groups such as Learning Disability cohorts and those with Severe Mental Illness have equitable access to LWD. LWD commercial team have grown their network substantially, supporting businesses with staff wellbeing through furlough and the return to work.

2 Weight management

- 2.1 Having a high body mass index (BMI) is a leading cause of morbidity in England. The proportion of adults in the population that are overweight and or obese has risen to over 60 per cent in recent years and is projected to continue to grow in line with national trends. Locally, weight loss services are delivered by two national providers, Slimming World and Weight Watchers, with access managed by Live Well Dorset for behaviour change support before taking up the service.
- 2.2 The Tier 2 Weight Management service has continued throughout the pandemic with adapted methods, including digital-only self-serve offers, virtual group sessions and express weigh-ins, with offerings tweaked to reflect changing guidelines. Some of these formats will continue to be available as alternative options for clients as well as contingency offers, to improve access for people.

Demand for the services has been greatly reduced during the pandemic. We hope it will increase again as face-to-face group delivery reopens in line with current guidance.

3 Health Checks

- 3.1 Local Authorities are mandated to provide the NHS Health Check (NHS HC) programme under the 2012 Health and Social Care Act. This year the programme has ceased delivery since the start of the COVID-19 pandemic, as the focus has been on the vaccine rollout in pharmacy and primary care settings. PHE have highlighted that there will be no scrutiny of NHS HC delivery this year. Councils are encouraged to consider alternative models of delivery when making future decisions about provision, due to the COVID-19 impact.
- 3.2 Primary Care forms 90 per cent of the delivery capacity and the current requirement model for a 30-minute face to face intervention needs to be re-examined to ensure safe activity.
- 3.3 The Integrated Care System (ICS) is considering a Health Inequalities priority moving forward and therefore there is an opportunity to target specific cohorts of residents through enhanced invitation. PHE is currently reorganising and health improvement details has yet to be formalised, however NHS HC is increasingly being cited in prevention documents and a review report is expected in May.
- 3.4 This will give PHD time this year to review and develop the restart programme, with the opportunity to work with ICS partners, once they have established, as a system. This will enable a shared approach to develop a local NHS HC delivery model, that is in line with emerging government guidance, addresses local priorities and ensures a programme that is delivered using COVID-19 safe ways of working.

4 Other Community Health Improvement services

4.1 Emergency Hormonal Contraception (EHC)

The EHC service followed the expected trajectory of a decrease in activity in April and May as pharmacy providers adapted to COVID-19. Activity levels have since improved and followed a similar pattern to 2019/20 but with less EHC provided. This is likely to be indicative of a shift in population behaviours in response to the pandemic and a decrease in demand, as opposed to issues with provider delivery.

4.2 Long-Acting Reversible Contraception (LARC)

LARC has been another priority service for [continued delivery](#) that we anticipated would be affected by COVID-19 measures. Given the nature of LARC procedures and inability to socially distance, we were not surprised to see significantly lower levels of activity in quarter one. Following engagement with providers, we understand that none of our LARC providers have paused provision and this has been reflected by an increase in activity compared with quarter one which is now similar to the same period in 2019/20.

4.3 Smoking Cessation

Stop smoking services have been impacted by COVID and subsequent restrictions. Most of our commissioned providers have continued service delivery and reported quit rates for 2021 (31%) are only marginally lower than 2020 (34%). Smoking cessation enrolments by locality remain lower in 2021 than the previous year. The inclusion of support by LiveWell Dorset has provided additional resilience for the local stop smoking offer.

4.4 Needle Exchange

Local needle exchange provision has been offered through two routes: specialist services and community-based locations (typically pharmacies). Commissioners are keen to ensure there remains access to needle exchange, and the use of pharmacy-based needle exchange is dependent on the choice of service users. PHD continues to monitor activity and consult with pharmacies, specialist services and people who use drugs to ensure that the offer is accessible and appropriate.

4.5 Supervised Consumption

Prior to COVID-19, most people receiving opioid substitution treatment (OST) took their medication under supervision in community pharmacy. Supervision helps ensure people are taking precisely the prescribed dose of medication and allows regular checks by a trained professional to help ensure they are responding well to treatment and assess other safeguarding risks.

In-line with [PHE guidance](#), in March 2020, supervision consumption requirements were reviewed and often reduced, where this was considered safe. These metrics have seen no significant change, despite a considerable shift in supervision arrangements. In January 2020, 63% of those who were prescribed methadone in BCP were on regular supervision, whereas this is now closer to 30%. Therefore, the activity seen by pharmacies is considerably less than previously and is likely to continue at this level.

5 Children and Young People's Public Health Nursing Services (0 – 19 years)

5.1 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. Health visitors and school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. They work with key partners to deliver comprehensive services for children, young people and families.

6 Update on the service and outcomes during the Covid-19 Period

- 6.1 During the initial lockdown (April 20) the Service followed the National Community Services Guidance and made a stratified offer to families based on assessed level of need. Families with higher level complex needs and those where child protection was a concern were prioritised for face to face contact, where appropriate home visits continues. The Service worked closely with partners to identify and respond to increased need and previously unidentified need. To ensure families had the advice and support they needed, the Service promoted how to contact the local Duty Hubs and digital support pages on the Service website.
- 6.2 New baby reviews were prioritised and offered to all families through a mix of face to face and virtual contact. This is a critical review being the first time the Service would assess an infant in the first few days of life. Any family assessed at the review or through multiagency discussions, as having higher level needs were prioritised for further contact.
- 6.3 For older school aged children and young people, the Service maintained the Chat Health web-based text offer; between October 2019 and September 2020 (Year 1), 2,770 messages were received by the service and 3,083 messages were sent. From February 2020, the service saw surges in enquiries regarding emotional health and wellbeing and worries regarding Covid-19 and school closures. The service continues to provide invaluable access to confidential information and advice, with a further 1,211 messages responded to between October 2020 and March 2021.
- 6.4 School readiness is a priority outcome for the service and Public Health Dorset agreed that this would be the focus of post-lockdown catch up activity. Staff continue to make significant efforts and have achieved an 89.2% catch up to date for the 2-2.5-year-old assessment as of January 2021. Catch up in school entry hearing screening continues, noting impact from the recent school closures.
- 6.5 Learning and reflection regarding Service offers during the initial and subsequent lockdowns identified good opportunities to consolidate partnership working and information sharing to support the most vulnerable families and the Service also

accelerated the digital offer within the contract ambition. To ensure these offers are acceptable to families the Service has undertaken a service user survey. The SMS survey (Oct 20 -March 21) of families accessing Health Visiting services noted 94% of respondents reported that the service they received was either very good or good and where the appointment was offered using Attend Anywhere, 97% of respondents rated their experience of their video appointment as either very good or good. Comments noted; reduced travel and parking concerns for appointments; the personal contact and inclusion of partners; opportunity to see a home environment not just at a clinic and good communication to access digital appointments. There were some concerns with connectivity and call quality and some parents report preferring a in person face to face appointment.

- 6.6 In line with the removal of national guidance and intelligence from service users, staff and local partnerships, the Service was able to maintain a more extensive offer during the recent lockdown. The Service has provided increased face to face assessment, in conjunction with the use of full PPE and wellness screening of families, and increased use of video consultation. The Service continues to monitor the uptake of these offers to families. As restrictions are lifted the Service continues to build back Universal offers and work towards improving priority outcomes (PbR), in line with the agree implementation plans within the contract.
- 6.7 The Service continues to manage staff sickness, isolation and accrued annual leave through robust business continuity plans, to protect services for vulnerable families are protected when these are enacted. Close partnership working has been a strength of the COVID-19 period and regular locality based practitioner and leadership liaison play a key role in ensuring multi-agency practice in the identification of and response to family needs including hidden harm and its effects: for example domestic abuse and child exploitation.

6.8 Key Performance Data

Indicator	BCP		Dorset	
	Oct-Dec 20	Jan – Mar 21	Oct-Dec 20	Jan – Mar 21
% of mothers receiving a first face to face antenatal contact with a Health Visitor	97%	97%	95%	95%
% of all births that receive a face to face NBV within 14 days by a Health Visitor	93%	91%	92%	89%
% of children who received a 6-8-week review by the time they were 8 weeks	94%	92%	93%	89%
% of children who received a 12-month review by age 12 months	8%	27%	25%	37%
% of children who received a 12-month review by age 15 months	5%	9%	26%	26%
% of children who received a 2-2½ year review by age 2½	90%	92%	89%	83%
% of children due 2-2½ year review for whom ASQ-3 is completed as part of review	97%	97%	98%	98%
% of children who received a 2-2½ year review using ASQ-3 who were at or above the expected level in all five domains	82%	89%	82%	80%

7 Conclusion and recommendations

7.1 This paper provides a high-level summary in narrative form. Appendices include supporting data and information, with more in-depth information available on request. The Joint Board is asked to consider the information in this report and to note the performance on health improvement services and children and young people's services and the programme developments due to the impact of COVID.

Sam Crowe
Director of Public Health