

Joint Public Health Board Health Improvement Services – Performance Update 18 November 2021

For Recommendation to Council

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr M Iyengar, Tourism and Active Health, Bournemouth,
Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

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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.

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, community providers, health checks and children and young people's public health service (CYPPHS) performance, any supporting data is in the 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

1 Background

- 1.1 This report provides an overview of health improvement services for adults, and children and young people's (0-19) services. Please see Appendices for more detailed activity and outcome information.

2 Health Improvement Services: LiveWell Dorset

- 2.1 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.
- 2.2 The dashboard in the Appendix provides activity performance for this year, which have increased during 2021/22 but remain slightly below pre-pandemic levels. Latest monthly data, not captured in the appendix, suggests a recent rise. There are no discernible exceptions to this overall trend when looking at individual pathways of support, be it smoking cessation, physical activity, weight loss or alcohol reduction.
- 2.3 LWD continues to perform well at engaging individuals from deprived communities, where health inequalities are greatest. This is higher in BCP (36%), which is partly due to more people living in more deprived communities.
- 2.4 Most individuals reporting outcomes at 3 months continue to report positive change – ranging from 37% maintaining target weight loss to 91% reducing their alcohol intake. Outcomes are broadly similar across DC and BCP.
- 2.5 A core function of LWD is to support other organisations and communities to develop their own capacity to offer preventative health improvement and wellbeing support. Our workforce wellbeing training and engagement programme, aims to build knowledge, confidence and skills of people working in Dorset, to improve their own health and offer support to the communities they serve. Local organisations are supported to embed health and wellbeing offers for employees, by growing networks of Wellbeing Champions, or through organisational health and wellbeing objectives to support culture change.
- 2.6 The training offer now consists of 6 courses, aiming to target three different groups – employees wanting to raise awareness and support self-care, staff and volunteers interested in supporting others, and managers leading organisational change. Despite the disruption of the past year, LWD delivered training to 1,353 individuals, exceeding the annual target of 1,200. Most of the

training was to employees supporting self-care (61%). Training for staff supporting others accounted for 33%, with 6% of training delivered to managers leading organisational change.

- 2.7 Training is routinely evaluated, and delegate feedback has been positive with high scores (6 out of 7) for 'quality of course content', 'increased knowledge' and 'increased confidence to deliver support'. Future priorities will focus on improving uptake of the courses which support leading change, improve engagement in primary care which has fallen during the pandemic, and strengthen engagement with local authority and community health and care organisations.

3 Weight Management

- 3.1 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 grow in line with national trends. During the pandemic many people were confined to their homes, with restaurants, shops, schools, and workplaces shut down to prevent virus spread. Although it has been a priority to mitigate the immediate impact of COVID. One emerging area of concern is the potential long-term impact on weight management in adults.
- 3.2 To support people who wish to lose weight across Dorset. Weight management services are available locally, by Slimming World (SW) and Weight Watchers (WW), with access managed by LWD for behaviour change support before taking up the service.
- 3.3 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 to improve access for people.
- 3.4 Currently numbers taking up health improvement offers, including referrals to weight providers, are lower than usual. Also, fewer people have been 'completing' their referral, i.e. attending at least 10 of the 12 funded sessions. Providers are now seeing a shift and expect engagement to move towards expected levels.

- 3.5 There has been a dip in ‘success’ rates (people achieving 5% or more weight loss), 60% for referrals over the last few quarters (target 65%). We are however seeing an increase this quarter, with 89% completers achieving the 5% target.
- 3.6 WW referral numbers have been too low to glean any meaningful conclusions. This has been due to difficulties re-opening face to face provision, this is being addressed with a Coach recruitment drive and more venues, the previous focus was optimising online provision, which has improved this year.

4 Community Health Improvement (CHIS) Services

- 4.1 This report provides an overview of the current performance of Community Health Improvement Services (“CHIS”) provided by GP practices and pharmacies, as well as LiveWell Dorset who support smoking cessation service delivery.
- 4.2 The CHIS contract manager has reinstated service delivery and monitoring processes following the main period of disruption from the pandemic. The aim of this process is to work with providers to understand any barriers or issues affecting delivery, provide up to date information on public-facing lists for service users and clients, identify areas with gaps in provision and maximise accessibility of services. Enhanced contract monitoring is in place for the Long-acting reversible contraception and smoking cessation services as they can impact on pressure on other services eg sexual health. The business model of some providers mean that staff move around stores and so may not have trained staff available. This needs on going monitoring to ensure providers can deliver.

5 NHS Health Checks

- 5.1 Local Authorities are mandated to provide the NHS Health Check (NHS HC) programme under the 2012 Health and Social Care Act. This service is paused because of COVID-19 restrictions and current vaccination programmes. These are limiting the capacity of primary care and pharmacy providers to deliver this service. In addition, the original mandate that required all 40-74 year olds in our local population to be invited for a NHS HC in a 5-year period was dropped in November 2020. The recent health and social care Command Paper *Build Back Better*¹ has indicated the programme is being reviewed nationally – possibly to become a national prevention service.

¹ HM Government, September 2021. [Build Back Better](#): our plan for health and social care

5.2 The Public Health Dorset business plan for 2021-22 contains a commitment to review the current NHS Health Check model and develop options for future delivery of the programme. There are several opportunities that could be considered going forward, particularly because the ability of primary care providers to re-engage with the previous contract is unknown currently. The development of the Integrated Care System from April 2022 presents a chance to re-think cardiovascular disease prevention in the context of the current priority to reduce health inequalities.

5.3 Over the next few months, we will continue to work with primary care to understand how we could adopt a targeted approach to NHS Health Checks focusing on communities at highest risk, and continue to develop a digital universal offer.

6 Emergency Hormonal Contraception (EHC) and Long-acting reversible contraception (LARC)

6.1 Our 117 pharmacy providers continue to deliver consistent levels of activity compared with same period in 2019/20 before COVID-19 disrupted provision. During the pandemic, we enabled providers to deliver EHC consultations remotely as an alternative to face-to-face consultations.

6.2 Bournemouth Central continues to be the highest performing locality for EHC activity and, between April-Sept 2021, has already completed more than half of the activity for the full year 2020/21. This is largely due to the university population.

6.3 There are 55 active providers of LARC and we continue to work with GP practices and Sexual Health Dorset to address skill or capacity issues. We also support practices unable to provide the service, by exploring ways to increase inter-practice referrals. We have not been informed by providers of any specific issues with delivery or demand. Our local LARC offer will continue to be strengthened through developments as part of the South West Sexual Health Network "Access to Contraception" workstream.

6.4 In Q1 and Q2 of 2021/22 Bournemouth North and Poole Bay completed the highest number of LARC procedures compared with other localities, which has been the trend in previous years. This is likely to be due to the higher populations of reproductive aged women living in these areas. Those localities with lower levels of activity across each year (namely Mid-Dorset) have fewer providers signed up to deliver the service and lower need.

7 Smoking Cessation

- 7.1 There are 59 pharmacy and 17 GP practice providers actively delivering this service and we are working with and monitoring an additional 43 (mainly pharmacy) providers on the AQP framework to commence delivery.
- 7.2 In response to COVID-19 restrictions we expanded the smoking cessation service delivery model to include a virtual support offer in addition to face to face appointments to keep the service running.
- 7.3 In June 2021 manufacturer Pfizer stopped the distribution of all Champix® (varenicline) 0.5mg and 1mg tablets. This was due to the presence of nitrosamine impurities above Pfizer's acceptable level in the product lots. In response to this smoking cessation services now provide nicotine replacement therapy (NRT) to clients. An update in October suggested no date for any resupply of Champix®.
- 7.4 Weymouth and Portland Primary Care Network (PCN) continue to see the greatest number of enrolments compared with other PCNs. The 2021/22 year to date data shows a continuation of reduced enrolments into the service compared with pre-Covid levels. Given the additional staffing pressures during the pandemic, providers have been permitted to claim full payment without needing to provide verified quit data. This may explain the apparent fall in quit rates over the past year or so. This will become clearer once requirements for reporting verified quits are reinstated from April 2022.
- 7.5 LiveWell Dorset (LWD) have been supporting smoking cessation and have implemented an offer to smoking clients in response to Covid-19, and now deliver alongside community provider services, providing additional resilience for the local offer. The pathway combines telephone/digital behavioural support with NRT or vaping (e-cigs). Since the smoking pathway launched, 856 clients have started a quit attempt through LWD, 54% from BCP and 43% from DC, with 69% defined as 'heavy smokers'. Success rates have been with 36% achieving a successful quit, which meets the NICE target recommendation of a 35%.

8 Needle Exchange and supervised consumption

- 8.1 There has been a decrease in needle exchange interactions since March 2020 and this has been the trend in 2021/22 so far. In order to gain insights into this decrease, commissioners will engage with REACH (the drug and alcohol service) and service users to identify any potential blocks such as worries about Covid-19 transmission, which may influence access to services.
- 8.2 Some training needs have been identified following a complaint on a needle exchange interaction and the treatment provider, REACH, will develop this further.
- 8.3 Like needle exchange activity, supervised consumption of opiate substitution therapy (OST) such as methadone and buprenorphine has significantly decreased since restrictions were imposed in response to Covid-19. Almost two-thirds of those in treatment for opiate dependence receive OST through the supervised consumption scheme. Pharmacy plays a vital role in the delivery of this service to a vulnerable cohort. Commissioners and the treatment provider will continue to monitor activity and provide support to pharmacies including training opportunities in response to emerging needs or trends.

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

- 9.1 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.

Update on the service and outcomes April - September 2021

Key Performance Data

Indicator	BCP		Dorset	
	April - June 21	July – Sept 21	April - June 21	July – Sept 21
% of mothers receiving a first face to face antenatal contact with a Health Visitor	96%	96%	95%	95%
% of all births that receive a face to face NBV within 14 days by a Health Visitor	90%	64%	90%	89%
% of children who received a 6-8-week review by the time they were 8 weeks	93%	93%	96%	94%
% of children who received a 12-month review by age 12 months	90%	87%	92%	90%
% of children who received a 12-month review by age 15 months	28%*	91%	39%*	93%
% of children who received a 2-2½ year review by age 2½	91%	87%	87%	86%
% of children due 2-2½ year review for whom ASQ-3 is completed as part of review	91%	99%	87%	100%
% of children who received a 2-2½ year review using ASQ-3 who were at or above the expected level in all five domains	91%	88%	87%	86%

**Priority was given to the Antenatal, New Birth Visit, 6-8 week and 2 ½ year reviews during Q3/4 2020/1. The 5 Universal Contacts are being delivered fully from April 21.*

- 9.2 During the early part of the Pandemic (March 20) face to face contact with families was reduced for a short period in line with National Guidance for Public Health Nursing, prioritising the most vulnerable families. Families were then identified who did not receive a face to face universal mandated check (3.9% of the cohort) and were offered a subsequent contact. In August 2021 a deep dive reported 97% of new birth visits delivered were seen face to face in the home and 81% of 6-8 weeks contacts delivered were also seen face to face.
- 9.3 Input and multi-agency work within to child protection and safeguarding arrangements has been sustained and prioritised throughout the pandemic, with additional support and ongoing safeguarding supervision from the DHC safeguarding team. This includes child in need, child protection and strategy meetings for children experiencing or at immediate risk of harm.

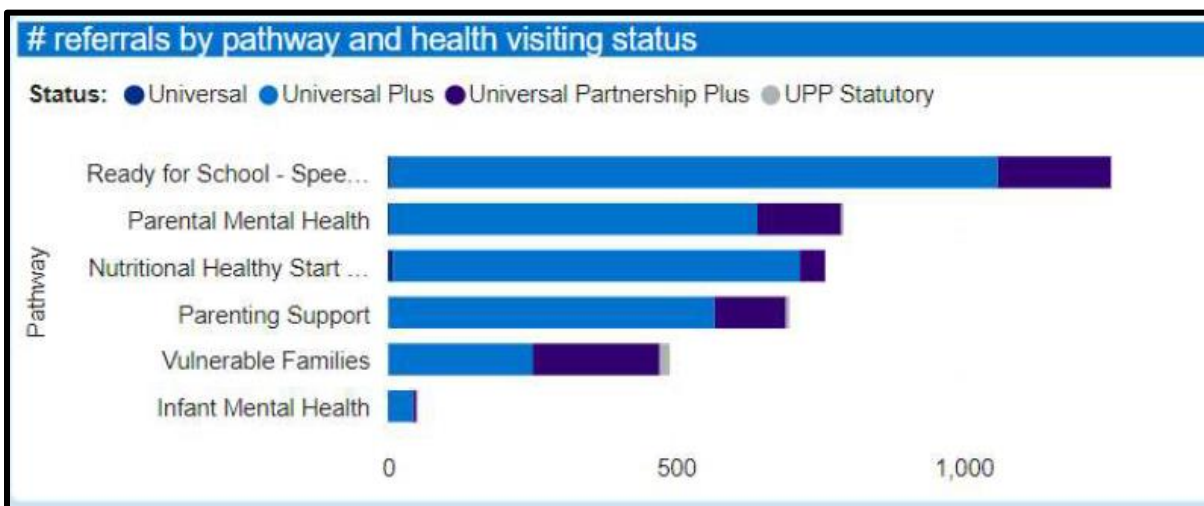
10 Priority Outcomes

Smoking Cessation

- 10.1 Reducing smoking in pregnancy and increasing smoke free homes can have lifelong impact on Cardiovascular disease and life expectancy. The 0-5 years Universal Mandated checks provide a good opportunity to build on the maternal smoking cessation offers (mother and partners), to maintain quits and provide harm reduction information and advice to smokers in the household.
- 10.2 A pilot to introduce Carbon Monoxide monitoring is being well received, offered by trained health visitors it is a visual tool which supports good conversations about the impact of smoking on the individual and children in the household. A SystmOne template (the patient clinical recording system) has been developed and data is provided through a Power BI report which reports activity across the 4 mandated reviews, as well as action taken by reach area. The report will enable tracking of individual families' progress.

Early Help

- 10.3 The service contributes significantly to the local Early Help offers for families with different levels of need. Specific Early Help pathways were developed with LA colleagues and clinical leadership to use evidence-based assessment tools, deliver evidence-based interventions and a measure of outcome across each pathway. In August 2021, just under half of children aged 0-5 years pan-Dorset were an active referral for targeted intervention on a specialist pathway. The graph below shows the August breakdown by pathway and level of need, by way of an example.



Physical Activity

- 10.4 The School Aged team meet termly with Active Dorset to develop and review a joint action plan supporting schools to increase physical activity, including promoting *The Daily Mile*, Active Travel, School Games and the Active Lives Survey, which collated school profile information on pupils physical activity. This along with data and information on food poverty, high numbers of Free School Meals, underweight children, obese children and NCMP Year 6 'opt outs' inform the action plan. In June 2021, the team were joined by the Mental Health in Schools Team (MHST) Leads to consider collaborative working to improve both mental and physical wellbeing in school aged children.

Maternal Mental Health

- 10.5 The service has invested in training a small number of Health Visitors as Virtual Interaction Guidance (VIG) Practitioners. VIG is a targeted strength-based intervention for children and their parents specifically looking at parent's attuned interactions and what they are doing well. VIG is recommended as an evidence-based intervention in the NICE guidelines: high level studies show that parents receiving VIG score significantly higher on sensitivity, warmth, and parent-infant bonding, and are less anxious and depressed, and have increased confidence.
- 10.6 34 families have been through the VIG intervention since November 2020, all with demonstrable improvements in their wellbeing scores (using GAD7/PHQ9). Parents report they feel more confident in their ability and feel like they are a better parent from doing VIG. Parents see the benefit of having their positives shown to them in video form, they like to see what they are doing well.

Digital Communication

- 10.7 Chat Health is a confidential text message-based service for older school aged children to seek information and advice on their health and wellbeing. Between 1st October 2020 and 30th September 2021, 2410 messages were received. The Children and Young People's Webpages received 19,382 views, of which 75% were unique views between Oct 20 – Sept 21.
- 10.8 In September a confidential text message-based service for parents of children aged 0-5 years, called Parentline was launched. Since the launch, 113 conversations have been opened, and 626 messages have been received. The top 3 requests for support were for speech, sleep and breastfeeding. This is an exciting additional opportunity for parents to receive quick and responsive replies to common concerns. Feedback to date includes "*I feel texting is easier*

than a phone call as my eldest child normally interrupts phone calls and I find it hard to concentrate. With a text, I can write it and send it, then give attention to my child.” and “the ParentLine service is very easy to use and is quick a great help for queries”.

Conclusion

- 10.9 The service continues to provide a high level of coverage for the Universal Mandated checks from Antenatal to age 5 years and evidence-based interventions and support for more vulnerable families, in partnership with Early Help and Safeguarding services. Despite Covid-19 impacting on capacity and some service delivery models, good progress has been made to develop and improve services and interventions designated in the 3-year contract implementation programme.
- 10.10 At the end of year 2 of this contract, the Annual Conversation with strategic partners in November 2021, will not only reflect on achievements, many described in this paper, but also seek to review evidence and define any service improvement opportunities for the Contract period (2022-2024).

11 Conclusion and recommendations

- 11.1 This paper provides a high-level summary about Community Provider Services (CHIS), with more in-depth information available on request. The Joint Public Health Board is asked to consider the information in this report and the evolving next steps for NHS Health Checks. We also ask that the Board notes the overall increase in CHIS service performance which demonstrates the engagement and efforts of our commissioned providers to recover from the disruption of COVID-19.

Sam Crowe
Director of Public Health