

Public Health Update
Recovery of Public Health Services and COVID

1.0 Background

At previous Scrutiny Committee a request was made for a report on the recovery of public health commissioned services from COVID measures. This report aims to summarise the impact of COVID and recovery for each of the main public health services.

2.0 Service Impact during COVID Restrictions and Recovery Plan

The following summarises the position in relation to services commissioned from the Department of Health Public Health ring fenced grant.

2.1 Sexual Health

The COVID-19 pandemic has had a significant impact on both the delivery of, and access to, sexual and reproductive health services at a local, regional and national level, with some staff redeployed to the frontline COVID-19 response.

Blackpool sexual health services have followed the Faculty of Sexual Reproductive Health (FSRH) guidance on delivery of essential SRH services that continued over the pandemic. Although disruption to delivery and uptake of services to support sexual and reproductive health, a flexible approach and partnership working between commissioners and service providers has meant that services have continued to be delivered, including to our most vulnerable residents.

All patients contacting the service had a telephone triage by a sexual health clinician and assessed whether suitable for remote access to services, or an urgent face-to-face appointment. The digital offer for home STI testing kits which had been piloted pre pandemic was a major element of the service response during COVID measures. In addition oral contraception was facilitated through telephone or digital triage with the patient not having to attend clinic. Long Acting Reversible Contraception has not been available initially and many clients moved to self-administration of syana press.

Providers have worked with commissioners to look at inequalities in take up of services during the COVID measures and on a recovery plan for restoration of services. Connect Young people service was closed for a period, opening for collection of medications only. All drop in sessions ceased during the pandemic, however these have now resumed at Connect Young People's service.

Many aspects of the changes to service provision throughout the pandemic have improved choice and widened access to services. In addition, there have been exciting innovations made in sexual health provision over the past year, including expansion of the digital offer for on-line STI tests and e-contraception which has continued. Service activity has now returned to pre pandemic levels.

Reasons for inequalities in service access and impact on outcomes during 20/21 continue to be explored.

2.2 Health Visiting

The Health Visiting Service continued to be delivered during the pandemic, however, the service moved to a virtual offer, with three face to face visits continuing within the first 8 weeks. The Health Visiting service prioritised safeguarding work, have been undertaking the appropriate assessments, and attended the multi-agency meetings, core groups and safeguarding conferences via video conferencing platforms. The baby steps programme is moving to group work on a virtual basis, but families who don't have the technology will continue to receive one to one support. As restrictions were lifted the Health Visiting service moved back to delivering more face to face provision and by December 2020 all visits were undertaken on a face to face basis. Baby clinics were reintroduced on an appointment basis and been operated from the 3 Primary Care Centres. These are still operating from these centres, but the plan is to return these to the Family Hubs once these are back in full operation. At the present time the Health Visiting service is experiencing pressures on service delivery due to the impact of COVID, sickness absence, vacancies and difficulties with recruiting qualified staff. It has been agreed between the Commissioners and Providers that the Health visiting model would be adapted as follows:-

Ante-natal – Face to face

Newborn– Face to face

3 – 5 week - virtual unless risk assessed otherwise

6 – 8 week– Face to face

3 – 4 month - virtual unless risk assessed otherwise

9 – 12 months– Face to face

18 month desk top review - temporarily stopped

2 – 2.5 year– Face to face

3 – 3.5 year– Face to face

This is a temporary arrangement which has been agreed between the commissioners and providers and is anticipated to operate for 4-6 months. In addition to this the service is appointing a number of Band 5s in order to manage the caseload flexibly and to offer workload mix. It is anticipated by recruiting to these posts that the service can grow their own health visitors and encourage individuals to go for their training. The position is being reviewed regularly and changes will be implemented as soon as the staffing arrangements improve.

It is worth noting that the fall in Health Visitor numbers, high caseloads and impact of COVID is an issue across the Country and we are awaiting a report "The State of HV in England", which can be shared once published.

2.3 Family Nurse Partnership

The FNP service has continued to work on a virtual basis with staff utilising the Attend Anywhere App which enables the nurses to see the families and babies. Home/face to face contacts took place for those individuals that required them such as antenatal and new birth visits, safeguarding and concerns about perinatal mental health. The recruitment rate onto the programme remained high at 93% throughout the pandemic. The service has moved back to face to face provision and continues to have good engagement.

2.4 School Nursing

The School Nursing service continued to operate during the pandemic on a virtual basis and continued with regular contact with the schools, families and young people. They continue to provide support around issues such as emotional health and behaviour issues and continue to participate in Safeguarding meetings held via skype which is organised by Social Care. LAC assessments have continued and are still completed over the telephone. At the start of the Autumn Term 2020 the School Nursing Services provided a dedicated telephone line, to support schools with advice for children returning to school during COVID-19. The service is now operating back in Schools, however, due to the pressures on the service and in light of the recent service review, changes are currently being made to the service delivery.

The School Nursing Service were still able to deliver the NCMP programme. The national advice was that they were only required to weigh and measure children from 10% of schools, however, as Commissioners of the service and in discussion with the provider we agreed that all schools should be involved in the programme. There was only one school that opted out of the programme and the rest all took part with a 94% return rate for the data. This was excellent work from the School Nursing service under difficult conditions with the COVID restrictions in place.

A review of school nursing services has been undertaken. The recommendations are currently being implemented or under consideration if other organisations are involved.

2.5 Smoking cessation Services

England saw a rise in young adults taking up smoking during the first lockdown, and the number of 18 to 34-year-olds who classed themselves as smokers increased by a quarter, from 21.5% to 26.8%, says Cancer Research UK. In response to this we are rewriting and promoting PSHE lessons around smoking which will be launched to PSHE leads at the October PSHE Forum in Blackpool. The findings, published in the journal Addiction, come from monthly surveys, each involving hundreds of people, about tobacco and alcohol use. Based on population estimates for England, the findings suggest an extra 652,000 young adults were smoking, compared with before the pandemic, say researchers. The data also suggests the pandemic may have been a trigger for many smokers, including young adults, to think about attempting to quit tobacco. There were increases in the number of existing smokers quitting successfully, and overall levels of smoking in adults remain stable, according to the figures. This could be as a result of the increase in young people smoking or historic smokers relapsing

New Community Stop Smoking Service began January 2020 and have begun working with primary care and GPs .A new campaign was also created and is being promoted. Lung checks and SSS working well together utilising referral pathway, the same planned for SMI health checks. The new service is starting to provide Alcohol Brief Advice and are focusing on Cannabis and Tobacco use. F2F and CO monitoring resumed at Moor Park surgery in September 21. Testing out new COVID secure ways of working then hopefully roll out across Blackpool. Stop Smoking Helpline throughout COVID and ongoing with delivery of NRT when needed along with the 'My Quit Route' app used throughout COVID and ongoing

Since the new service was set up in January 2021:Quarter 4 (Jan/Feb/Mar 2021) – 64 set a quit date and 41 successful quits Quarter 1 (April/May/June 2021) – 84 set a quit date and 46 successful quits.

The 'My Quit Route App' was started in October 2019 and use has been steady through COVID. 345 downloaded App, 309 treated smokers and 23 self-reported quitters (consider here than many people will not return to App just to record success)

There has been a steady increase in uptake of smoking cessation services in 21/22 and in successful quits. The promotion of the new service is going well and the full staffing team is in place. Recovery plan is hybrid approach to appointments and being proactive in hard to reach communities. Adherence to all guidance and best practice regarding COVID and Co testing and face to face appointments. There is a new focus on young people due to the increase in smoking rates during lock down.

2.6 Drug Treatment Services

Delphi and Renaissance who are the organisations that make up Horizon Treatment services were delivering a service throughout COVID. Telephone appointments and face to face depending on risk. Supervised consumption requirements were reviewed on an individual basis at the start of first lock down and numbers reduced significantly. At the start of the pandemic, lock boxes for methadone were distributed to ensure people were kept safe whilst having methadone at home for 2 week period. Breaking Free online was offered to people in treatment to allow for remote computerised support.

The number of needles taken through needle exchange services has reduced significantly throughout COVID, and this has been seen nationally.

Numbers in treatment for opiates have stayed relatively stable throughout COVID. For alcohol, there was a slight decrease in numbers during the first lockdown but then started to increase to their regular amount. Numbers in treatment for alcohol are low though compared to need and a service review is being planned to look how these can be increased.

Hep C treatment service (supported by the harm reduction outreach team) ceased due to BTH staff being re-deployed to COVID wards during the first lockdown.

The Lived Experience Team and harm reduction outreach (Renaissance) supported the public health response (everybody in) – including supporting dependent people whilst they were isolating with COVID

The Lived Experience Team consulted patients and Delphi consulted staff to determine the model of service going forward. Using this information, the providers and commissioners have worked on a new service specification to shape the service going forward building on the positive elements of service innovation during the pandemic.

2.7 Warmer Homes

Warmer homes work through Cosy Homes in Lancashire (CHiL) continued throughout COVID to minimise the impact of cold to people living in fuel poverty. With installers taking precautions to keep households and themselves safe. New work on residential park homes was delayed until the autumn of 2020. The Warmer Homes Programme was successfully completed and a further £17 million in green energy funding has been successfully bid for by Blackpool Council on behalf of all Lancashire. Authorities.

The table below shows the number of boiler replacements and first time central heating installations completed.

	Boiler Replacements	First-time Central Heating (WHF)
Blackpool 2020/2021	54	118
Blackpool 2021/Aug 2022	1	45
Total	55	163

Total Number of Installs

218

2.8 GP services

The majority of GP public health services ceased during COVID measures, to allow capacity for the vaccination programme. Plans are in place to provide top up training to ensure that practices maintain competency in clinical interventions ready to restart provision. Some practices have continued provision where staff have not been reallocated to the vaccination programme.

2.9 Healthy Weight Services

Making Changes – children and families weight management programme - This programme continued to operate during the pandemic. Our leisure services provide the service and they moved the 12 week programme to an on-line provision. This was achieved through creating a private Facebook group and then presentation recap was prepared and sent through via email to the families. The sessions included nutrition topics, physical activities and weekly challenges for the families to complete. The service is back operating with a blended approach which involves both face to face provision and on-line provision.

Fit2Go – It wasn't possible for this programme to operate during the early pandemic as this is a school based programme. However, as schools went back the Football Trust worked with schools to get them engaged back with the programme. Some were undertaken as face to face sessions within the schools and some were operated virtually. Now that the schools are back it is anticipated the programme will be back up and running during the autumn term.

2.10 Alcohol

Public Health England has reported on trends in alcohol consumption and harm – increase in the number alcohol specific deaths over the pandemic, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Despite clubs, pubs etc closing during national lockdowns, the total amount of alcohol released for sale during the pandemic was still similar to the pre-pandemic years, which suggests people are drinking more at home. Comparing March 2020 and March 2021, there was a 58.6% increase of people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women). This is a further concern when considering hidden harm from Alcohol use and potential impact on DV which has risen throughout COVID.

Delphi and Renaissance are the organisations that make up Horizon Treatment services for Alcohol and were delivering a service throughout COVID. Telephone appointments and face to face depending on risk. During COVID the move to virtual/phone/online worked well for many service users and they will be continued with a hybrid model. Some f2f has returned to normal within COVID guidelines some has remained online/virtual.

In terms of local snapshot data for alcohol, and using numbers going through treatment from the Delphi contract review info - there were 227 in treatment for the month of April 2020 and for Feb 2021 it was 269, this could be because of COVID restrictions to service provision and the beginning of the pandemic, also a small dip is shown in the NDTMs report. These will be people that need a specialist service so are probably drinking a lot, and there will be plenty of harmful drinkers as well that currently don't access treatment. In-Patient Detox decreased over COVID due to restrictions on numbers of beds to allow social distancing. This number has now risen again and we are seeing significant investment in this area with an increase in places available through extra funding.

As noted above there was a slight decrease in numbers accessing services at the beginning of the first lockdown but then it started to increase and recover to their regular amount. Numbers in treatment for alcohol are low though compared to need and a service review is being undertaken to look how these can be increased with specific focus on women, men in their 40s and why people aren't accessing services sooner, what are the barriers/social perceptions etc?

The Current proposal and recovery plan is to provide 2 days a week of flexible alcohol only provision as numbers in structured treatment were falling even before COVID from a peak in 2010/11, to 499 in 2018/19, and then 415 2019/20. This ties in with alcohol services being merged in with drug provision which hasn't proven successful. We are also looking into male female referral numbers since lockdown as use of the 'Lower my Drinking' APP over COVID. Regarding engagement the App shows 724 people have used it over lock down and there is female engagement at 67.4% which is very different to presentation at frontline services which we will be addressing.