

<b>Local Members Interest</b>
N/A

## **Health and Care Overview and Scrutiny Committee - Monday 29 November 2021**

### **Performance Overview**

#### **Recommendation**

I recommend that the Committee:

- a. The Committee to note the public health service overview and performance update from Staffordshire County Council.

#### **Report of Cllr Julia Jessel, Cabinet Member for Health and Care**

### **Summary**

#### **What is the Overview and Scrutiny Committee being asked to do and why?**

1. Note the public health service overview and performance update from Staffordshire County Council.
2. The briefing and attached presentation provides the Committee with an overview of public health services, progress and challenges for Staffordshire.

### **Report**

#### **Background**

3. It is well documented that health and wellbeing outcomes are impacted by a whole range of factors related to the circumstances in which we are born, grow, live, work and age. These are known as the 'wider determinants' of health and action to address these is also a significant part of a holistic and effective public health approach.
4. This report is in response to a specific invitation from Staffordshire Health and Care Overview and Scrutiny Committee to present an overview of public health services and performance, which will therefore be the focus today. However, it may be appropriate to review and discuss these broader factors at a future meeting.

5. Staffordshire County Council's Health and Care Plan (2021) outlines how Health and Care will contribute to the Council's priority to inspire healthy independent living, as well the other four priorities in the corporate Strategic Plan.
6. Public health forms an integral part of this Plan and will contribute to and enable delivery of the four strategic objectives for 2021-2026:
  - a. **Promote good health and independence**, and encourage and enable people to take personal responsibility for maintaining their well-being
  - b. **Ensure effective and efficient assessment** of needs that offers fair access to services
  - c. **Maintain a market** for care and support that offers services at an affordable price
  - d. **Ensure best use of resources**, people, data, and technology.
7. Against the strategic objective to promote good health and independence there are five outcomes:
  - a. Ensure effective response to Covid19 and other threats to health
  - b. Maximise immunisation and screening uptake
  - c. Increase healthy life expectancy and improve health outcomes
  - d. Develop and facilitate access to community capacity to help older and vulnerable adults remain healthy and independent
  - e. Optimise activity and quality of public health services.
8. This report and the accompanying presentation focusses on outcomes d. and e., providing an overview of current performance of the Supportive Communities programme, as well as public health services provided and commissioned by Staffordshire County Council (SCC).
9. Further information and data relating to the wider public health outcomes can be found at [www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk) or in the Staffordshire Joint Strategic Needs Assessment (2021).
10. Staffordshire has overall good levels of health and wellbeing, yet there are pockets of very poor health and significant health inequalities across the county.
11. Increases in life expectancy have stalled, and the number of years people spend living with illness is increasing. This reflects a national trend and is largely due to the growing number of people living with long term conditions, which leads to reduced independence and greater reliance on health and care services.

12. These issues are not evenly distributed across the county but are disproportionately concentrated among certain groups in society. Moreover, this disparity is increasing, and has been further highlighted during the Covid-19 pandemic, with ill health disproportionately impacting on the prevalence and consequence of disease.
13. As well as the direct impact of the Covid-19 pandemic, it is clear there are many health outcomes which have been indirectly affected. We have started to see increased referrals and service demand, as well as examples of more prevalent mental ill health, loneliness and isolation, and unhealthy lifestyle choices. Much of this is anecdotal and yet to be quantified, and it may be some time before we start to truly understand the impact of the pandemic on population health and wellbeing.
14. Despite the obvious challenges over the last 18 months, there have been some positive impacts on health and wellbeing (such as reported increases in physical activity and use of green, open space). Many of the necessary adaptations to service provision have been a success and present an opportunity to retain and further develop these models.
15. At a national and local level, public health has had (and continues to have) a direct role in responding to the pandemic, but equally as important is the ongoing public health role in tackling the indirect effects on health outcomes.

### **Service and performance overview**

16. Despite the challenges of the last 18 months, public health services have overall continued to perform well, with delivery models and eligibility adapted where possible. Some of these adaptations have been very well received by service users and staff and will likely be retained as part of a more flexible service offer.
17. The county's response to the Covid-19 pandemic should be viewed as a significant achievement and is due to the hard work and efforts of partners from all sectors, as well as communities and local people. Covid19 rates in Staffordshire have fluctuated above and below the national rate, with pockets of very high incidence and some large outbreaks, but throughout there has been a consistent and robust response with high quality support for businesses, community settings and individuals.

### **Drugs and Alcohol**

18. A community drug and alcohol service is commissioned via the charity Humankind. This is available in a range of locations across the county,

with virtual/remote support put in place during the pandemic. Additional specialist support is also commissioned.

19. The services provide a range of support from behavioural support and medication through to inpatient detox and residential rehabilitation.
20. Drug related deaths have been steadily increasing in Staffordshire over recent years, and alcohol consumption remains high. These both reflect national trends.
21. During 2020-21 there was an increase in the number of people receiving community treatment for drugs or alcohol; both as a result of expanded service capacity as well as increased need (i.e. anecdotal evidence of increased alcohol consumption at home).
22. Assessing the quality of drug and alcohol treatment is not straightforward, as services aim to achieve a wide range of outcomes, including health, crime and safeguarding.
23. However, one useful indicator is the proportion of people leaving treatment 'successfully'. In Staffordshire successful completion rates from the community service have been between 50-60% and generally above the national average.
24. Another key challenge for the service now is the retention and recruitment of specialist staff. A further challenge stems from the aging population of many people in treatment and the associated health problems that can lead to premature deaths.
25. A range of developments are being implemented to address these issues. Recent investment from central government is enabling an expansion of services, while partnerships are being formed with health, social care, housing and other organisations to create a more integrated response to people with complex needs.

## **Sexual Health**

26. A community sexual health service is currently commissioned via Midlands Partnership NHS Foundation Trust. The service performs well, outcomes are good, and patients are complimentary of the service they receive. This contract is due to end in 2022 so this service is currently undergoing a competitive tender process, in partnership with Stoke on Trent City Council, Telford and Wrekin Council, and NHS England Improvement, for a new service to commence from 1 April 2022. This service will include additional scope around outreach, prevention, and improved access to services.

27. A range of services are provided to meet statutory requirements for testing and treatment of sexually transmitted infections (STIs), the sexual health elements of psychosexual counselling, and access to a choice of routine and emergency contraception, as well as support and advice to prevent transmission of HIV, STIs, and unplanned pregnancy.
28. Emergency hormonal contraception (EHC) (more commonly referred to as the morning after pill) is provided free to all Staffordshire women in pharmacies across all 8 districts. The number of women accessing EHC began to drop in early 2020 but has risen back to comparative levels since the first lockdown.
29. Activity levels for testing and treatment of STIs in sexual health clinics dropped significantly in March 2020 and whilst they have increased since the beginning of the pandemic, they remain substantially lower than activity levels in pre-pandemic years. However, online testing has risen significantly over the same period with numbers returning online STI tests increasing substantially. It is too early to predict whether the pandemic has had a positive effect on the long term prevalence of STIs in Staffordshire.
30. 5,358 new people attended sexual health clinics for needs related to STIs in 2020/21 compared with 16,345 in 2019/20.
31. 13,297 people returned STI testing kits from online sexual health services in 2020/21 compared with 4,638 people in 2019/20
32. Access to long-acting reversible contraception (coils and implants) was severely affected by the pandemic as GP practices and sexual health clinics ceased the provision of all non-essential procedures. The sexual health clinics worked with a small group of volunteer GP practices to see all women waiting for a coil or implant and waiting lists have now been removed. Most GP practices have now started again providing the service.
33. The move to provide online STI testing and treatment to all Staffordshire residents has been welcomed and remains a key part of the service for April 2022. SH24 who provide online services for MPFT have put in place measures to ensure those most at risk of harm are identified. All young people are still required to have a face-to-face appointment and algorithms are in place to identify safeguarding concerns. This will continue to be monitored closely in the new contract.
34. Staffordshire has a low prevalence of HIV nationally and compared with our neighbouring cities. However, amongst those diagnosed with HIV over half are diagnosed late which can have a significant impact on

treatment potential. Identifying potential HIV patients early continues to be difficult, therefore sexual health clinics will continue to be monitored on HIV tests offered as part of routine STI testing.

35. Services have continued to be provided to a high standard during the pandemic despite challenges. MPFT seconded nursing staff to the front line covid response and to the vaccination programme, and services in Ryecroft in Newcastle were suspended as the site was used as a vaccination centre. However, the impact on patients was minimal and is now back up to full capacity. Sexual health services are now close to normal. The only restriction that remains is walk in clinics, previously very popular amongst young people, being replaced with an appointment only service to avoid crowds.
36. A key part of contract management for sexual health includes annual service audits. These were suspended in 2020 due to covid restrictions but these are to be resumed imminently once the providers have been informed of the tender decision.

### **Healthy Lifestyles**

37. Everyone Health is the provider commissioned to deliver lifestyle services for key groups of the population in Staffordshire. This includes support to quit smoking, achieve a healthy weight, increase physical activity, reduce loneliness and isolation, deliver NHS Health Checks and prevent frailty and falls.
38. Generally, the service continues to perform well, and outcomes are good.
39. Some healthy lifestyle services have had to be paused during the pandemic, including NHS Health Checks (with resource directed towards the vaccination programme), or adapted to enable delivery throughout various levels of Covid restrictions.
40. The majority of services have continued to be delivered throughout the pandemic and adaptations have included moving to online/virtual support, telephone befriending services, or enhanced use of infection control measures, as appropriate.
41. The main recent challenges relate to eligibility criteria that restricts access to services for some people, making referral pathways and marketing difficult. Some of the original targeted eligibility criteria has been changed to address these issues.
42. Falls prevention interventions throughout Covid-19 have been running virtually where possible. However, this method is sometimes difficult or not appropriate due to the risks associated with working



virtually. Therefore, we have reallocated some of the resources previously allocated to falls to increase activity for social isolation due to the additional need for these services throughout lockdown.

43. Client feedback suggests that the virtual delivery methods have been a welcomed option and will remain alongside face to face provision. Making Every Contact Count (MECC) training<sup>1</sup> will start to be delivered from the end of 2021 to further establish referral pathways for front line staff. We will ensure community provision is aligned to inpatient stop smoking pathways as part of the tobacco Integrated Care System Long Term Plan commitment where necessary.

### **Supportive Communities**

44. Supportive Communities is a programme empowering and encouraging communities to be able to better access:

- a. high quality information, advice and guidance
- b. options for better self-help
- c. community based support

45. With a view to reducing the need for people to access formal adult social care.

46. Covid-19 has had a significant impact on people receiving and providing adult social care, with demand for new assessments increasing. Supportive communities has worked with partner organisations, voluntary sector organisations and local communities to help people to retain their independence, reduce loneliness and isolation, identify assistive technology and support healthy lifestyles.

47. Overall, we can estimate that around 140,000 people have been helped to find support in their local community. Much of this has come from increased access to digital information, advice and guidance tools, including Staffordshire Connects, Entitled To (Benefits calculator) and the Happy At Home website.

48. Volunteer numbers and activity increased overall and working with the voluntary sector local communities and groups have benefited from £4.57m. Much of this has been short term and one-off in support of the pandemic.

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<sup>1</sup> MECC is an approach to behaviour change that uses the many day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

49. The successful Supportive Communities training designed to support the launch of 18 Community Help Points (CHPs) has been delivered to nearly 700 staff and volunteers.
50. Many citizens, organisations and communities provided innovative solutions to reach communities during the pandemic. However, the community and volunteering sector are now seeing volunteering numbers return to pre-covid numbers and some organisations are struggling to return to their previous levels of activity. This has impacted on the new Community Help Points which has seen a decline in activity in the last quarter.
51. Covid-19 has exacerbated issues such as loneliness and social isolation and has highlighted new concerns, for example access to community activities and groups for adults with learning disability and autism.
52. We have plans in place with voluntary sector partners to increase investment and activity into loneliness and social isolation, and increasing voluntary sector capacity support for adult learning and disability. We are also working with Parish Councils to continue to deliver the successful loneliness and social isolation campaign. We are reviewing CHPs to get the best out of the approach and increasing workforce confidence in the access and use of assisted living tools.
53. The initial stages of the Community Champions programme have been a huge success and it is now incrementally being rolled out across Staffordshire to design solutions to local issues. This work will help inform strength-based working across Health and Care.

## **Warm Homes**

54. The Staffordshire Warm Homes (SWH) programme aims to better insulate and heat homes to reduce fuel poverty, ensure more sustainable housing and work towards carbon net zero by 2050.
55. Over 44,000 homes in Staffordshire are in fuel poverty, and we have an ageing population likely to result in less independence, lack of comfort and poorer quality of life. Cold homes can lead to an increase in long term illness and excess winter deaths.
56. The Warm Homes programme is supported by a wider partnership, which includes the County Council, District and Borough councils, housing, energy and utility providers, as well other public sector agencies (e.g., NHS, Fire service) and the voluntary sector.



57. The Programme is supported by external funding from the Government (Dept of Business, Energy, and Industrial Enterprise or BEIS) and the National Grid (Warmer Homes Fund). Successful bids for funding have been formally supported by the District and Borough Councils and Registered Social Landlords to enable a cost effective and at scale Staffordshire-wide approach, providing consistent access to the scheme for those most in need across the County.
58. Residents can access Staffordshire Warmer Homes (SWH) via a website and helpline. Scheme eligibility relates to the home (e.g., distance from the gas grid) and personal circumstances (e.g., Household income less than £30k, benefits status) and Local Authority (LA) Flex (a discretionary power held by lower tier Authorities) which can be used to identify other vulnerable households. The most vulnerable households have also been targeted via traditional and geo-tagged social marketing.
59. To date 292 homes have received first time central heating, 126 homes have had their boilers repaired, 53 have received loft insulation, and 22 have received cavity wall insulation.
60. Nationally the Covid-19 pandemic had a significant impact on fuel poverty programmes, particularly during lockdown, largely due to the fact that installation requires entry to people's homes, and that the install process is dependent on generating customer interest. Despite this Staffordshire performed well during lockdown compared to LAs in the Midlands and nationally
61. As well as the pandemic there have been several challenges to delivery. These have included effectively managing timely delivery for short term programmes (the government funded programmes were only 6-9 months long, aiming to stimulate local economies post Covid-19); generating interest in new technology (e.g. Air Source Heat Pumps or ASHPs); the significant rise in the prices of materials since the SWH programme began; and the capacity of installers to deliver as many schemes began simultaneously nationwide.
62. Following the pandemic all local authorities were offered the opportunity to re-profile their targets to ensure delivery. Staffordshire did so and is recovering well to the new targets (e.g. 500 FTCH systems). Future funding timelines for programmes are longer, the supply chain of installers is developing, and marketing approaches have been adapted to target specific measures (e.g. ASHPs).

### **Children and Young People's Public Health**

63. The children's public health team has three main priorities:

- a. Reducing childhood obesity
  - b. Reducing Infant Mortality
  - c. Improving mental health & emotional wellbeing
64. The Families Health & Wellbeing (0-19) service is commissioned from the Midlands Partnership NHS Foundation Trust.
- a. This service offers families of under 5's the (statutory) five mandated Health Visitor contacts i.e. the new birth visit within 14 days.
  - b. The service also enables parents / carers and children and young people to access support from School Nurses via school drop-ins (middle & secondary schools) and community drop-ins.
  - c. The Hub and the ChatHealth anonymous text messaging service also provide additional ways for families to access information, advice & guidance.
65. The Emotional Health & Wellbeing service, delivered by Action for Children, is jointly commissioned with the five Staffordshire Clinical Commissioning Groups.
- a. The service commenced in April 2020.
  - b. It is aimed at children and young people with low to moderate mental health needs.
  - c. The service provides children and young people with 1-to-1 and group support.
  - d. A preventative offer provides support to schools and the community i.e. whole school / year group support.
66. A Stop Smoking in Pregnancy service is delivered by Everyone Health.
- a. This service provides pregnant women across Staffordshire with a 12-week programme of support to stop smoking.
  - b. The service also supports other members of the household to stop smoking.
67. A Family Weight Management service is delivered by Time4Sport Ltd.
- a. This service supports overweight & obese children & young people from age 2 up to 18 years (and their families).

b. The service offers 1-to-1 or group support.

68. In addition to the commissioned services outlined above, the children's public health team also work with partners to take a whole system approach. Activities include:

- a. Being an active member of the Integrated Care System (ICS) Children & Young People's Mental Health System Improvement Board; supporting the development of the delivery plan, reviewing risks and issues, and establishing specific task and finish groups including a group focussed on Care Experienced Children and Young People.
- b. Development of the half-termly Kind Minds e-newsletter and termly network meetings for Senior Mental Health Leads in schools.
- c. The roll out of the Anna Freud School & College Links Programme; to improve communication and joint working between education and mental health professionals.
- d. Hosting staff to support the Children's ICS; whose priorities are:
  - i. Reducing infant mortality
  - ii. Reducing childhood obesity
  - iii. Reducing avoidable hospital admissions (in relation to asthma, epilepsy and diabetes)
- e. Working with partners on Better Health Staffordshire; a whole system approach to healthy weight (all age).
- f. Working with partners on the implementation of ICON; an evidence-based programme to prevent abusive head trauma in infants.

**Link to Strategic Plan**

N/A

**Link to Other Overview and Scrutiny Activity**

N/A

**Community Impact**

N/A

## **List of Background Documents/Appendices:**

N/A

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