

COVID 19 IMPACTS ON PUBLIC HEALTH COMMISSIONED SERVICES

To: Health Committee

Meeting Date: 25 June 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: Not applicable **Key decision:** No

Outcome: The Committee is asked to consider the impacts that the COVID 19 emergency has had upon the Public Health commissioned services indicated in the report.

Recommendation: The Committee is asked to support:

- a) The changes to the delivery of commissioned Public Health services necessitated by the COVID 19 emergency and the implications for ongoing service delivery;
- b) The financial implications arising from the revised procurement and new service implementation schedule; and
- c) Payments to providers in line with the Cabinet Office Policy Procurement Note (PPN) 02/20.

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1. BACKGROUND

1.1 This COVID 19 emergency has affected the commissioning process and service delivery of commissioned Public Health services. This report describes impact and consequential responses arising from the emergency along with how services are moving into the recovery or “new normal” stage of the pandemic.

- Impacts on current and planned procurements: At the start of the emergency there were three procurements at various stages. These have experienced delays in procurement initiation, new service implementation and some financial impacts.
- The impacts upon the following services: Sexual and Reproductive Health, Prevention of Sexual Ill Health, Drug and Alcohol Treatment, Lifestyle, Primary Care, Healthy Schools, Healthy Workplaces and the Healthy Fenland Fund.

The management of the pandemic through the public health mitigation measures, social distancing and quarantine, have required services to adapt and develop new approaches to ensure that service user needs are met as far as possible. This also has applied to newly commissioned services being implemented where timeframes have been extended to accommodate these pressures, the planning of new delivery models and provider staff capacity.

1.2 Wherever possible service changes and development have reflected national guidance from government or professional bodies.

1.3 Sexual and Reproductive Health Services

The Faculty of Sexual and Reproductive Health (FSRH), British Association for Sexual Health and HIV (BASHH) and British HIV Association (BHIVA) have produced information and guidance that aims to maintain service delivery and have the following common key elements.

- Services for high risk symptomatic conditions and vulnerable groups where face to face clinical consultations are critical, should be maintained.
- The use of telephone or video consultations should be adopted for low risk asymptomatic conditions.
- Longer prescribing timelines for contraception provision by increasing the time period between clinical checks.
- Access to contraception and antibiotics though for example “click and collect” or by post.
- Those with HIV who have a low CD4 count (immune response), recent illness and co-morbidities should be advised to “shield”.

1.4 Drug and Alcohol Treatment Services

Public Health England (PHE) produced guidance for commissioners of Drug and Alcohol Treatment services with the following key recommendations

- People who misuse or are dependent on drugs and alcohol may be at increased risk of becoming infected, and infecting others COVID 19. They may also be more vulnerable to poor health outcomes due to underlying conditions and may fall into the COVID 19 defined shielded or vulnerable groups.
- Services should be maintained wherever possible but contact should be minimised. Additional support should be given to those asked to self-isolate and the homeless and rough sleeper groups.
- Ensure that there is access to any medication include Opioid Substitution Therapy (OST) and needle exchange schemes. Services were recommended to work with community pharmacies to develop a local response to ensure supplies are maintained.
- Drug treatment was revised to accommodate decreased access including a risk assessment process for those on daily supervised OST moving to less frequent visits to pharmacies to collect their prescriptions.

1.5 Lifestyle Services

This refers to all the services supporting lifestyle behaviours and includes health trainers, weight management services, community nutrition and physical activity programmes (Integrated Lifestyle Services and Let's Get Moving), smoking. These services have had to cease face to face contact with service users in line with public health measures.

- The Government and PHE have issued guidance around physical activity which restricts any group activities but strongly endorses certain activities especially cycling and walking and has allocated funding for the development of local schemes.
- Currently there is research being undertaken in both areas. PHE has published guidance for smokers and vapers that highlights the use of video and telephone support. PHE has also commissioned research that is currently looking at the impact of COVID 19 upon obesity and interventions as services have moved to remote forms of support.
- The National NHS Health Check Programme, which is commissioned locally from the GP practices and the Integrated Lifestyle Service has advised that there will be postponement of any data returns as a recognition of challenges to delivery and it has effectively been suspended.

1.6 School Based Services

- There is vast amount of Guidance for schools and it is a fast moving evolving situation. The key message is that learning and training should be virtual whenever possible.
- The National Childhood Measurement Programme which weighs and measures children in reception and year 6 has been halted nationally.

1.7 The COVID 19 impacts upon procurement has had limited financial implications that are described below along with national policy in relation to ongoing contract payments.

2. MAIN ISSUES

2.1 Impacts upon Procurement

The three services being re-procured are all joint procurements with Peterborough City Council. The main effects of the emergency upon the procurement are as follows.

- Staff transfers (TUPE) and client handovers
- Staff in the incumbent and incoming services are being redeployed to assist with the COVID 19 situation.
- Staff capacity to deliver services due to sickness
- Staff and legal capacity to process the new contracts

2.2 Integrated Sexual and Reproductive Health (SRH) Services Procurement.

These services are to be jointly commissioned with Peterborough City Council along with the Clinical Commissioning Group (CCG) CCG and NHS England. The procurement was due to be launched in March with the new service scheduled to start 1 October 2020. This procurement has been postponed and the process will start in July/August if market testing suggest that this is feasible, with the new service commencing in 1 April 2021.

Consequently, the current SRH service contract with Cambridgeshire Community Services has been extended until 31 March 2021.

Financial implications: None for SRH services but the delay will impact upon the Prevention of Sexual Ill Health Services funding.

2.3 Prevention of Sexual Ill Health Service.

This procurement was completed and the new contract had been awarded to the Terence Higgins Trust with the new Service scheduled to start 1 April 2020. The start of the new Service has been delayed until 1 October 2020. The current prevention contract with DHIVERSE has been extended until 30 September 2020.

Financial implications arise from the delay in the procurement of the Integrated SRH which will release funding for prevention services and will create a shortfall of £35,000.

The funding shortfall will be met either for Public Health Reserves or COVID 19 funding.

2.4 Integrated Lifestyle Services.

This procurement was nearing completion at the start of the emergency and the new Service was scheduled to start on June 1 2020. The procurement of the new service was divided into three Lots.

- Lots 1, Core Service (Health Trainer and lower level weight management services, outreach NHS Health Checks, National Child Measurement Programme and Behaviour Change Training)
- Lot 2, Tier 3 Weight Management services.
- Lot 3 Community Tier 1 Prevention Service (physical activity and nutrition).

Under the existing contract Lots 1 and 2 are provided by the Integrated Lifestyle Service provider, Everyone Health and its contract has been extended until 30 September 2020. The new contract was also awarded to Everyone Health and this will commence on 1 October 2020.

Lot 3, the Community Prevention Service however will commence on 1 July 2020. This is because the current services are funded from Public Health Reserves which will end in June 2020. Consequently, the current staff will not be able to TUPE and there will be a loss of skilled and experienced staff if the contract starts on 1 October 2020. The contract was awarded to a consortium with the contract lead being Cambridge City Council.

Financial implications for the implementation delays are as follows.

- Loss of savings allocated to the new service amount to £16, 667
- The funding for the Tier 1 service will be released from the main Lifestyle Contract and this will not be available until 1 October 2020. This amounts to £62,500.

The shortfall will be met either from Public Health Reserves or from COVID 19 funding.

2.5 Cabinet Office Procurement Policy Note

In response to the emergency the Cabinet Office issued a Procurement Policy Note (PPN) - Supplier relief due to COVID-19 Action Note PPN 02/20. This sets out information and guidance for public bodies on payments to their providers to ensure service continuity during the COVID 19 emergency. Organisations were advised to continue to pay their provider in line with their contracts, initially to the end of June 2020, when this PPN ends. This policy note has been followed and they are being paid in line with contract values.

The primary care contracts operate on a 'payment by result' payments system. The PPN advises that these provider payments should be made on the basis of a calculation of the average of the last three months. However, the PPN also states that payments should not be made to providers where there is no agreed contractual volume. The current primary care contracts do include target activity levels but payments reflect actual activity. It is proposed that these payments are made for quarter 1 2020/21 and that they are based on the comparable time period for 2019/20 to reflect differences in seasonal activity. The total 2019/20 costs for quarter 1 are as follows

GPs - £148,233

Community pharmacies - £21,265

2.6 Service Response: Integrated Sexual and Reproductive Health Services

Since mid-March 2020, the Service provided by Cambridgeshire Community Services (CCS) in response to national directives has moved towards reduced face to face clinic provision of sexual health, contraception services and HIV care and treatment

The Service is currently working on 75% of the full staffing complement through staff members shielding or sickness. This level of absence was anticipated as part of CCS's pandemic continuity planning, and managed through its business continuity plan.

Fortnightly meetings have been held with CCS when updates on the service were provided. Overall a good level of service has been maintained and there have not been any clinic closures. The following changes have been made to service delivery.

- The increased use of telephone triage/ consultation for patients to determine whether they need to come into the clinic for further interventions.
- All asymptomatic patients are referred to the online service from where they can secure testing kits which they return to the laboratory for analysis.
- An online platform has also been developed for symptomatic patients that is currently being tested.
- Oral contraception and antibiotics for the treatment of sexually transmitted infections are now mailed to patients.

The services paused are the following.

- Non-emergency insertions of long acting reversible contraception
- Walk in and wait appointments in sexual health clinics. Booked appointments are only available for patients whose online clinical assessments indicate they need face to face appointment.

However, for patients from high risk vulnerable groups normal access to service has been maintained.

The only dip in performance has been in the percentage of women who have access to long acting reversible contraception within 10 working days of contacting the service, this has dropped to 71% compared to 85%.

CCS report that these changes have been well received and there have not been any Complaints.

2.7 Service Response: Prevention of Sexual Ill Health Service

This Service is provided by DHIVERSE and the following activities have been provided during the emergency

- Postal condoms to high risk vulnerable groups.
- Video and telephone support for service users living with HIV that are feeling isolated
- Telephone counselling service
- Use of social media platforms such as Instagram, Twitter and Facebook to disseminate information on maintaining safe sexual health practice during COVID-19 lockdown
- Provision of virtual Relationships and Sex Education training to teachers during the lockdown in preparation for when schools reopen.

2.8 Service Response: Drug and Alcohol Services

These services are provided by Change Grow Live (CGL). The immediate response was the maintenance of services with a focus upon basic harm reduction, safety and wellbeing of individuals and family and this is now changing to recovery and returning to securing successful completions.

The immediate measures included the following responses.

- The fixed site clinics were maintained, satellite clinics were suspended
- All patients on supervised consumption moved to unsupervised and provided with a longer take home supply to ensure access to medication, limit movement during lockdown and to reduce undue pressure on community pharmacies.
- Opiate detoxifications and dose reductions were deferred to maintain stability.
- Alcohol home detoxification was initially suspended until national guidance was released.
- Prescribing appointments and initial assessments were conducted via telephone or video consultation and buprenorphine offered as first choice.
- Drug treatment was changed in response to national guidance.
- Safe storage boxes and take home naloxone kits delivered to the homes of all prescription patients.
- All patient keyworking contacts moved to telephone/online where possible and all group work transferred online via 'Zoom'.
- Specialist staff roles (e.g. hospital/prison) were moved into the community.
- Blood Borne Virus (BBV) testing was suspended but Hepatitis C treatment was continued.
- The majority of tier 4 inpatient detoxification settings have temporarily closed or not accepting referrals in the local region.
- Mobile telephones were distributed to those patients who were 'uncontactable'.
- Services were made available to the street homeless and vulnerable who had been housed in hotels/B&B's.

There are a number of positive impacts to date with lower drug related death numbers, less illicit drug use on top of prescription medication, increased levels of support and engagement. There has been more group work made accessible through the strengthened digital offer, for example there are 20 zoom groups a week across Cambridgeshire.

Greater opportunities to engage the homeless cohort housed in response to their COVID 19 risks have been well received by partner organisations along with evidence of, in general, strengthened coordinated partnership working. Staff report more contact with clients and enjoy flexible working arrangements.

Peer support has increased with support groups and a newsletter written on a weekly basis with advice, encouragement and signposting information. Prisons are now providing bridge prescriptions to enable treatment continuity on release of prisoners until services can pick them up.

There have been negative impacts however with a decrease in referrals/presentations particularly in non-opiate and alcohol cohorts and in numbers accessing needle exchange equipment. The initial focus was on opiates and organising prescriptions rather than alcohol dependent patients; this is now being addressed. Concerns have also been raised regarding access to secondary mental health provision for those with co-occurring conditions which has become more challenging.

Feedback information coming internally from services and externally from the independent SUN network is that service users feel more supported, appreciate the easy access to online groups, feel more in control of their recovery and treatment and feel 'trusted', 'empowered' and treated like a 'grown up'. Online surveys are planned for service users across Cambridgeshire

2.9 Service Response: Lifestyle Services

This includes Integrated Lifestyle Services provided by Everyone Health and Let's Get Moving provided by the district councils and Living Sport. The immediate response was as follows.

- Weekly meetings have been held with Service leads to support them with COVID 19 related Service delivery changes.
- All face to face delivery was suspended for stop smoking, health trainers, NHS health checks, National Child Measurement Programme, weight management, physical activity programmes and services.
- All provider staff are now working from home and alternative virtual methods of delivery were established through 1:1 phone / video calls, group sessions delivered via appropriate platforms such as "star leaf".
- Outreach NHS Health Checks and Behaviour Change Training has stopped.
- Initially Tier 3 weight management services provided by Cambridge University Hospital Foundation Trust (CUHFT) stopped taking new patients, in line with national policy. It has now re-commenced.
- Verification of behavioural changes, weight loss and CO verification for stop smoking services has stopped and there is a reliance on client self-reports.
- However, telephone stop smoking services have proved to be popular and stop service referral activity has remained close to target.

The positives from the service changes have been the development of existing and creation of new resources for service users. There has been a focus upon the development of online technologies that have increased accessibility/choice for service users through online offers e.g. creating and sharing 'live' activities online through social networks. Staff have had more opportunity to complete training and their continuing professional development.

Overall there have been fewer referrals into services as some clients are not engaging with virtual services. Although the proportion of Service users accessing these virtual services has increased. Feedback from service users indicates a willingness amongst many to continue more home-based or individual as opposed to group activity going forward. Hard to reach groups are finding it more difficult to engage in these new approaches and more tailored support has been required.

2.10 Service Response: Primary Care

Both GP practices and community pharmacies were diverted to meet the immediate pressures of the emergency. All non-essential face to face activity was suspended. Patients wanting to stop smoking were referred to the Integrated Lifestyle Virtual Service. Health Check activity was suspended and long acting reversible contraception is only provided in exceptional circumstances or if person is an especially high risk. Those requiring chlamydia screening from the 15 to 24-year age group are referred to online services. Emergency Hormonal Contraception provided by pharmacies has been maintained.

Overall activity has decreased in primary care, although the impact on quarter 4 for 2019/20 was limited. Data was available for health checks, long acting reversible contraception and chlamydia screening and was overall comparable to the previous year. Smoking data is not yet available.

Some practices have struggled with capacity, which will affect ongoing service delivery and data returns.

2.11 Service Response: Healthy Workplace Service

COVID 19 has affected the workplaces with many of the employers involved in the Service network closing or limiting their business activities. Those workplaces still active have reported that the emergency has created considerable mental health pressures amongst the workforce. The Service has developed virtual support packages and is expanding its virtual mental health training.

2.12 Service Response: Health Schools Service

The closure of schools has necessitated the Healthy Schools Service to re-design its offer to focus upon its website as a source of information and support to schools along with on line training.

The Healthy Schools Steering Group is currently leading an initiative with internal local authority leads and external partners in developing a coordinated response and offer to schools as they grapple with needs of more vulnerable children that have been exacerbated by the emergency.

2.13 Service Response: Healthy Fenland Fund (HFF)

The HFF has responded to demands from communities in Fenland for support during the emergency. It has worked to provide information about available support for different communities and groups. In line with the HFF ambition it has supported groups that have been formed in response to the emergency to help their own communities. They are providing support to these groups and ensuring that they and the people they helping remain safe.

2.14 Recovery /New Normal

As indicated there has been regular communication with providers to monitor COVID 19 impacts in terms of service delivery responses; their impact on users and staff along with implications for ongoing development of services. The situation is currently being monitored and documented on an ongoing basis focusing on the following key areas

- The status of services that were stopped and need to resume. To date where face to face services have not resumed it has reflected national guidance that wherever possible virtual approaches should be used. Although all services are exploring how its services will be delivered in the longer term in the context of long term social distancing and the minimisation of face to face service delivery. The national National Child Measurement Programme (NCMP) has indicated that it would consider the Programme re-starting at the end of 2020, but this would depend on schools re-opening and the wider emergency situation. There is evidence that those who are obese and/or smoke and acquire the virus have a higher risk of poorer outcomes. Discussions are currently taking place with local health services and commissioner leads on how these groups can be targeted by the lifestyle services.
- Service innovation is being evaluated to assess outputs and service user acceptability. This may lead to the new approaches being integrated into service delivery in the longer term with those service elements that stopped during lockdown not resuming when conditions allow.
- The evaluation of the impact of COVID 19 on services includes the identification of the negative or positive effects upon the more vulnerable or hard to reach groups and any indication of overall impact on health inequalities.
- The financial impact of COVID 19 upon services is also being monitored, although this will take time to fully assess as the service transition from emergency into recovery or a new normal.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10

3.2 Thriving places for people to live

The report above sets out the implications for this priority in 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9,

3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in 2.9

3.4 Net zero carbon emissions for Cambridgeshire by 2050

The following bullet points set out details of implications identified by officers:

- The shift in service delivery across all of the Public Health commissioned services described in this paper will contribute to decreasing the level of carbon emissions if some of this shift is maintained going forward.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in 2.1, 2.2

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications identified by officers:

- Any implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- Any equality and diversity implications are will be included in the assessment of the impact of service responses to COVID 19.

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- The ongoing assessment of the services changes in response to COVID 19 includes consultation with service providers and users.

4.6 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- The ongoing response to COVID 19 will involve working with service users and communities to ensure that services are addressing their needs.

4.7 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- The services' responses to COVID 19 have been designed to ensure that services continue to address needs.
- Creatively develop new approaches to delivery that can improve services going forward and improve outcomes for service users.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Fiona McMillian
Have the equality and diversity implications been cleared by your Service Contact?	Yes Liz Robin
Have any engagement and communication implications been cleared by Communications?	No Response Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Liz Robin

Source Documents	Location
Essential Services in Sexual and Reproductive Healthcare. During the COVID 19 outbreak. Faculty of Sexual and Reproductive Health (March 24 2020)	https://www.fsrh.org/home/
Pandemic COVID 19: Contingency planning for out-patient Genitourinary Medicine, Contraception and	https://www.bashh.org/about-bashh/publications/

Sexual Health Services (including online) and HIV services
British Association for Sexual Health and HIV (March 2020)

Coronavirus (COVID-19) and HIV - BHIVA Statements from February 2020

COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol Public Health England (updated May 29 2020)

Reallocating road space in response to COVID-19: statutory guidance for local authorities
UK GOV and Public Health England (May 9 2020)

Tobacco smoking and COVID-19 infection. Richard N van Zyl-Smit, Guy Richards, Frank T Leone. The Lancet. (May 25th 2020)

COVID-19: advice for smokers and vapers. Public Health England (May 29 2020)

RESEARCH TO SUPPORT WEIGHT MANAGEMENT SERVICES DURING COVID-19. Public Health England (May 2020)

<https://www.bhiva.org/Coronavirus-COVID-19>

<https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>

<https://www.gov.uk/government/publications/reallocating-road-space-in-response-to-covid-19-statutory-guidance-for-local-authorities>

<https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930239-3>

https://www.gov.uk/government/publications/covid-19-advice-for-smokers-and-vapers?utm_source=9092ac87-ab02-4607-8e64-2630f47fed60&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

<https://www.gov.uk/government/organisations/public-health-england>