From: DHSC
To: Directors of Public Health

Funding for LA public health services to address the impact of Covid-19

Introduction

On the 18th April, the Communities Secretary announced an un-ringfenced £1.6bn funding package for local government to support the delivery of local authority services during the Covid-19 pandemic.

In his letter of 30 April to councils which accompanied the published funding allocations, the Communities Secretary outlined adult and children's social care, public health services, shielding, rough sleeping, supporting the NHS, and managing excess deaths as priority areas (a copy of this letter is attached). Given the spread of the virus in care homes, and the severe pressures that social care providers are facing, it is expected that councils will use the funding to give immediate and vital support to providers who need help in dealing with their Covid-related costs. We recognise that this is likely to be a top priority for local authorities, including public health teams. We are planning to provide local authorities and care providers more detail around the support offer for care homes shortly.

The Government also recognises that some public health services are under pressure because of social distancing measures, infection control requirements, staff absences and increases in demand, which mean that services cannot be delivered in the usual way. Funding is also intended to support local authorities to continue delivering routine, essential public health services, as well as protecting payments to existing providers of services that stop or partially stop (as per Government guidance), during this outbreak.

Working with PHE and local government, we have identified four main areas of public health services where there are likely to be significant pressures on local government front-line public health services at this time. This note sets out some of the specific needs that have been identified and of which you will be aware through your day to day work. The funding announced on 18th April can and should be legitimately used to address these important public health demands. The use of the announced funds is not restricted to these pressures, nor is the funding ring-fenced for specific purposes, as the level and nature of need will vary locally. Any spend on public health pressures is therefore discretionary, recognising the serious challenges that are facing the adult social care sector.

Children and Families Services

We are aware that there has been a reduction in support for 0-19-year olds through the loss of some universal health visitor reviews, wider nursery/child care closures and other specialist community public health nurse support for older children being re-deployed to acute trusts. There is also a pressure on usual opportunities to detect the needs of children, young people and their families with teachers, healthcare workers and police having less frequent routine contact as a result of social distancing measures. At the same time, safeguarding obligations remain a statutory requirement. There may be a need for

alternative means to provide help, with the prospect of increased demand for support from families due to isolation (e.g. mental health support, general advice etc).

The funding that has been announced is available to maintain ongoing parental support and community contact, especially with those families not already known to services. The funding could be used to:

- boost availability of online advice, guidance and support or other community capacity in lieu of face-to-face service contacts;
- begin preparations for later year pressures, which require immediate effect, including any “catch up” arrangements in future where previously scheduled service contacts, school-based support or other targeted support to help children’s physical health, social or emotional development has been missed;
- support other measures that may be needed to compensate for less frequent contact with families by safeguarding partners, help families with higher needs or increased numbers of vulnerable children including young carers.

Drug and Alcohol Services, including support to rough sleeper accommodation sites

We are aware that drug and alcohol treatment services, which are treating a significantly vulnerable population, are facing challenges as a result of staff shortages caused by self-isolation, sickness and the re-deployment of staff to support the response to Covid-19. These are occurring alongside changes to the illicit drug market, depleted inpatient detoxication and hospital capacity to respond to alcohol dependence, changes in alcohol consumption and alcohol supply issues which have the potential to increase the demand for services. It is also the case that a significant proportion of drug and alcohol services may not have the reserves to absorb unfunded pressures putting the sector at significant risk.

Social distancing measures mean that services are being delivered in a different way. For example, services are moving some patients off daily supervised consumption of methadone and buprenorphine, to weekly or fortnightly collections to reduce contact and ease pressure on pharmacies. Access to needle and syringe programmes through pharmacies may be also be limited.

There are likely to be additional costs associated with such a change in delivery model and an increase in demand for help. LAs will need to balance the risks of overdose and of the diversion of Opioid Substitution Therapy medicines into the illicit market, against the risk of Covid-19 infection. PHE has published guidance which provides more information and advice about the delivery of drug and alcohol services during the Covid-19 outbreak.

We are aware of feedback from services that there has been a general increase in new referrals of both drug and alcohol users; in addition, the prison early release programme is likely to increase demand for services in order to meet the substance misuse needs of prisoners as they return to the community.

Additional demand for drug and alcohol treatment (as well as support around smoking) will also be generated through the need to provide a service to those who had been sleeping rough and are now being accommodated in emergency accommodation

The announced funds may be used to support new ways of delivering services and additional demand, including covering the costs of:

- additional and alternative medicines -to enable new patients to safely start treatment and to prevent drug related deaths (e.g. naloxone and buprenorphine);
- bank staff to cover absences;
- additional equipment for staff (including PPE), IT, lockboxes etc;
- providing more online support;
- expanded Needle and Syringe Programmes;
- alcohol and drug treatment and rehabilitation continuation for prisoner release;
- smoking cessation support, including e-cigarettes for those housed in emergency accommodation.

Sexual and Reproductive Health Services

Whilst the majority of sexual and reproductive health services will have significantly scaled back face to face provision over the last few weeks, in response to Covid-19 in line with the Community Health Services prioritisation guidance and guidance published by professional bodies and APDH, there is recognition that there is a need to continue delivering at least a minimum level of sexual and reproductive health services.

One way of maintaining access to services is through scaling up of online services. This could be achieved through a variety of routes including increasing services and/or eligibility through current online provision; utilising a neighbours' service for residents of another local authority; purchasing additional capacity through the PHE HIV and syphilis national self-sampling programme; or rapid procurement using the Digital marketplace. In addition, PHE is seeking to establish a national framework for online SRH services that local areas can choose to commission for their residents. Further information will be provided to local areas as this becomes available.

The announced funds may be used to support the continued minimum delivery of services. This funding could be used to ensure appropriate provision for higher risk groups and to cover the costs of scaling up online sexual and reproductive health provision such as sexually transmitted infection (STI) testing and treatment, and contraception including emergency hormonal contraception and condoms.

There are some key services that require clinic attendance (such as treatment for gonorrhoea); and some key groups that are disproportionately disadvantaged by a move to remote delivery of services. These groups include young people, those who are homeless, commercial sex workers, those experiencing domestic and/or sexual violence and those who are engaging in chemsex (mainly gay and bisexual men). It is particularly important that appropriate provision is made for these higher risk groups and this may involve working more closely with other professionals already in contact with these populations.

NHS Staff Terms and Conditions

Recently published NHS Guidance on Staff Terms and Conditions sets an expectation that staff delivering NHS services should receive full pay when self-isolating or taking Covid-related sick leave. The aim is to manage infection control among staff who have to be physically present at an NHS facility to carry out their duties or provide direct care outside of NHS facilities. The guidance also sets out existing flexibilities available to providers (on leave and additional hours) where services operate on national employment contracts such as Agenda for Change.

Where public health services are commissioned from NHS providers, the specific costs associated with implementing this guidance will not be re-charged to LA commissioners during the exceptional period of the COVID-19 outbreak, as funding will be provided directly to NHS providers to cover these costs. The Department is encouraging non-NHS providers delivering local authority commissioned public health services who have direct contact with patients to observe the same arrangements for sick pay and isolation pay where they operate on national contracts or analogous terms. Correspondingly there may be an associated funding pressure on local authorities where they commission services from non-NHS providers.

The announced funds are available to local authorities to address financial pressures that arise as a result of the guidance on Terms and Conditions, so that the pay of staff working in LA-commissioned health services can be maintained if they need to self-isolate or are sick with a COVID-related illness.

Financial Reporting

MHCLG issued a monitoring return for the initial tranche of grant funding of £1.6bn to local authorities on 7 April. This is intended to obtain an overview of how the additional funding is being used by local authorities and of the pressures councils are facing. These are not formal returns but best estimates to inform work in Government on supporting local authorities.

MHCLG intends that these returns will be submitted on a monthly basis, and from the second return the monitoring returns will cover the latest tranche of grant funding as well as the initial allocation. MHCLG will review the form ahead of issuing the second return to ensure it captures the information needed as clearly and easily as possible.

Feedback

Any feedback or queries on this note can be routed through your contacts in PHE Centres. DHSC and PHE are also in close contact with the LGA and ADPH to help ensure LAs receive the advice and support they need.

Public Health Systems and Strategy
Department of Health and Social Care
4 May 2020