

Joint Public Health Board

**Bournemouth, Poole and Dorset councils
working together to improve and protect health**

Date of Meeting	24 September 2018
Officer	Acting Director of Public Health
Subject of Report	Clinical Treatment Services Performance Monitoring
Executive Summary	<p>This report provides a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices.</p> <p>A report on clinical treatment services performance will be considered every other meeting, with a report focused on health improvement services considered at the next meeting.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Equality impact assessments are considered as part of the commissioning of our clinical treatment services.</p>
	<p>Use of Evidence: This report has been compiled from a range of local and national information, including the National Drug Treatment Monitoring System (NDTMS), Public Health Outcomes Framework (PHOF) and other benchmarking data where possible.</p>
	<p>Budget: Services considered within this paper are covered within the overall Public Health Dorset budget. Most of the Clinical Treatment Services are commissioned through block contract arrangements, with some elements commissioned on a cost and volume basis. None of these contracts currently includes any element of incentive or outcome related payment, however good performance will ensure that we achieve maximum value from these contracts.</p>

	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: As noted in the report</p>
<p>Recommendation</p>	<p>The Joint Board is asked to consider the information in this report and to:</p> <ol style="list-style-type: none"> 1. Comment on the approach to performance monitoring reports; 2. Note performance in relation to drugs and alcohol; 3. Note performance in relation to sexual health.
<p>Reason for Recommendation</p>	<p>Close monitoring of performance will ensure that clinical treatment services deliver what is expected of them and that our budget is used to best effect.</p>
<p>Appendices</p>	<p>Appendix 1: Drug and Alcohol Performance Report Appendix 2: Sexual Health Performance Report</p>
<p>Background Papers</p>	
<p>Report Originator and Contact</p>	<p>Name: Nicky Cleave and Sophia Callaghan Tel: 01305 224400 Email: n.cleave@dorsetcc.gov.uk; s.callaghan@dorsetcc.gov.uk</p>

1. Background

- 1.1 At the Joint Public Health Board in June it was agreed to stop the Drugs and Alcohol Governance Board, with the remaining governance functions now carried out by the Joint Public Health Board. The principal remaining governance function is monitoring of performance, and the Board requested a report every six-months, starting with the September meeting.
- 1.2 Given this request, it seemed timely to review our overall approach to performance monitoring, with regular reports focusing on our other high value contracts in turn. This first report therefore includes drugs and alcohol and sexual health, our clinical treatment services. At the next meeting we will consider our health improvement services, including our 0-19 services.
- 1.3 Alongside this the Board will also receive regular updates against the 2018/19 Business Plan to monitor progress against agreed deliverables.

2. Drugs and Alcohol

- 2.1 Many different organisations are responsible for different elements of substance misuse services:
 - Public Health Dorset commissions all services for adults and young people in Dorset and Poole, and the prescribing services for Bournemouth.
 - Bournemouth Borough Council continues to commission the psychosocial service and services for young people in Bournemouth
 - Poole Hospital offers a well-developed alcohol liaison service and an assertive outreach service for those unwilling or unable to access mainstream community treatment, as part of their efforts to reduce unnecessary admissions/attendance at the hospital; our other hospitals are developing a similar approach.
 - Other partners provide additional resources to support people who have less complex issues with alcohol or drugs locally, including primary care and LiveWell Dorset; or have related issues such as housing needs etc.
- 2.2 All Public Health Dorset services were re-commissioned during 2017, with the new service starting in November 2017. We took a whole family approach to commissioning, recognising the harm caused to young people from substance misuse. Our target groups are defined as:
 - Under 18s;
 - 18-24s;
 - Pregnant women;
 - Service users living with children;
 - Individuals with an identified safeguarding risk to themselves or others.
- 2.3 The procurement delivered a saving of £0.9M (from £5.8M to £4.98M). There have been no major changes in performance and there are no critical concerns with service delivery.

- 2.4 More detail on latest performance data is available in appendix 1. This has identified some key issues:
- Drug-related deaths (generally overdoses from opiates such as heroin) have been rising over the past seven years. Engaging in opiate substitution treatment, as provided by the commissioned services, is known to reduce the risk of drug-related death. However, over the same period there has been a considerable decline in the number of service users engaged in opiate treatment particularly in Bournemouth.
 - There are also many people drinking at a dependent level locally who are not engaged in any form of structured support.
- 2.5 This has led to three priorities for the treatment system in 2018/19; making sure:
- Community-based drug treatment is accessible and engaging, including reviewing dosages of opiate substitution medication;
 - Community-based detoxification from alcohol is accessible;
 - Wider health needs (e.g. smoking) are addressed through treatment, given the influence these have on morbidity and mortality of service users.

3. Sexual Health

- 3.1 Historically sexual health services have been provided by different organisations, working in isolation, and with 'test and treat' as the predominant model of care. Public health services are not easily disaggregated from wider services commissioned by the Dorset Clinical Commissioning Group and NHS England.
- 3.2 Following support from the Board in 2017 there has been significant progress in joint working and relationships over the last year, with system wide agreement of a lead provider approach and a two-year contract arrangement with Dorset Healthcare University NHS Trust commencing 1 May 2018. The contract will run to 2020, and is supported by a clear agreement between the three providers about how they will work together. The agreed contract envelope will reduce from £6M in 17/18 to £5.6M in 19/20.
- 3.3 Latest information for key national metrics is shown in appendix 2 (graphs 1-9). Data is only reported annually at a national level so will not reflect any impact from the new arrangements. It shows that:
- overall trends in sexually-transmitted infections (STIs) have been relatively stable, with some small fluctuations relating to specific STIs in line with the national picture;
 - HIV prevalence is also static, and late HIV diagnosis has fallen over time.
- 3.4 National data on long-acting reversible contraception (LARC) is based on prescribing data and dates to 2016. Regional data also uses prescribing data, with most up to date figures showing a fall across pan-Dorset. However, as part of our development work we now use a different model, and local activity data (graph 10, appendix 2) shows an increase in activity.
- 3.5 A refreshed comprehensive scorecard is in development that will give a timelier picture in support of planned changes towards a more integrated model of working as well as national outcomes. This year will provide a baseline to identify issues and

support ongoing development and monitoring, with a focus on positive outcomes for people rather than just activity and numbers.

- 3.6 Progress in service improvement to date has included launching a single phone line and more interactive website, with improved online testing, and a more effective triage process to help ensure priority access for vulnerable groups. This helps ensure that the needs of patients are met first time. This is releasing capacity for a greater focus on prevention and resilience work, targeting priority groups.

4. Conclusion

- 4.1 This paper provides a high-level summary in narrative form. Appendices include supporting data and information, with more in-depth information available on request.
- 4.2 The Joint Board is asked to consider the information in this report and to:
- Comment on approach to performance monitoring reports;
 - Note performance in relation to drugs and alcohol; and
 - Note performance in relation to sexual health.

Sam Crowe
Acting Director of Public Health
September 2018