Public Health Dorset

Joint Public Health Board

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

Date of Meeting	4 February 2019
Officer	Acting Director of Public Health
Subject of Report	**Clinical Treatment Services Performance Monitoring**
Executive Summary	This report provides a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices. A report on clinical treatment services performance will be considered every other meeting.
Impact Assessment:	Equalities Impact Assessment: Equality impact assessments are considered as part of the commissioning of our clinical treatment services.
	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.
	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.
	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: Current Risk: LOW Residual Risk LOW
	Other Implications: As noted in the report
Recommendation	The Joint Board is asked to consider the information in this report and to note the performance in relation to drugs and alcohol, and sexual health.
Reason for Recommendation	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.
Appendices	Appendix 1: Drug and Alcohol Performance Report
Background Papers	Clinical Treatment Services Performance Monitoring Sept 2018
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1. Background

1.1 At the Joint Public Health Board in June 2018 it was agreed that the future Governance functions for Drugs and Alcohol would be carried out by the Joint Public Health Board. The principal function is monitoring of performance, and the Board requested a report every six months, starting with the September 2018 meeting.

1.2 Given this request, it seemed timely to review our overall approach to performance monitoring, and we now have a regular cycle of reporting against our high value contracts. This report focuses on our clinical treatment services for drugs and alcohol and for sexual health.

1.3 Alongside this the Board also receives regular updates against the Public Health Dorset Business Plan to monitor progress against agreed deliverables.

2. Drugs and Alcohol

2.1 Many different organisations are responsible for commissioning and providing 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 The recommissioning exercise undertaken during 2017 for community-based treatment services delivered a saving of £0.9M (from £5.8M to £4.98M) to the Public Health Dorset budget, as well as savings elsewhere in local authority budgets (e.g. social care). This has, however, increased pressures within the system, some of which are now being seen in increased cost and volume activity.

2.3 More detail on latest performance 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.
- Completion rates for treatment in Dorset and especially Poole have declined in the past two quarters, reflecting a sustained pattern. Commissioners will therefore investigate this with providers, conducting a brief review to report back to the Lead Commissioning Officers group.

- Not all service users who could benefit from interventions to vaccinate against or treat blood borne viruses are receiving these. Commissioners will analyse the data and work with providers on a performance improvement plan.

2.4 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 for alcohol dependency is accessible;
- Wider health needs (e.g. stopping or reducing smoking, blood-borne viruses) 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, updated annually, was presented to the Board in September 2018. As there has been no further update since then we have not repeated them for the Board today.

3.4 We are in the process of developing a performance scorecard for use with the provider. This aims to give a timelier picture as to how well the planned changes are working, and providing information to judge how well the integrated service impacts outcomes. The scorecard during 2018/19 will provide a baseline for performance, and quality, and identify issues and development required within different service areas. The contract management covers progress towards planned outcomes for integration in year two, ongoing development as well as overall activity monitoring.

3.5 During this year the lead provider is focusing on further improving data intelligence across services, increasing roles in prevention within the service and have a focus on positive outcomes for people rather than just activity counting and numbers monitoring. Part of the performance reporting now includes case studies and two examples include outreach services for young people and vulnerable women. These examples highlight for commissioners where the services have supported people to meet both their sexual health needs as well as wider support, through signposting to outreach or other services, that the vulnerable user may need.

3.6 The latest progress in service improvement to date includes establishing the single phone line and a more interactive single website, which has had very positive feedback from GPs. Improving online testing with a pilot that provides a wider range of testing availability, and there is 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 can release capacity to work in different ways with a greater focus on prevention and resilience work with outreach services engaging schools, and targeting priority groups. Over the Rainbow service for gay men has now linked with other services such as Drugs and alcohol services to meet the wider needs of vulnerable groups more effectively and are now running in Bournemouth and Weymouth to improve service accessibility across Dorset.

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
January 2019