



Joint Public Health Board

Date: Thursday, 15 July 2021
Time: 11.00 am
Venue: MS Teams / Virtual - with Outside Broadcasting
Membership: (Quorum 1 – from each Authority)
Karen Rampton, Nicola Greene, Graham Carr-Jones and Laura Miller

Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please telephone Democratic Services on 01305 or David Northover 224175 david.northover@dorsetcouncil.gov.uk



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Members of the public are invited to access this meeting with the exception of any items listed in the exempt part of this agenda.

MS Team OBS Virtual meeting – <https://youtu.be/CIVGGj2KYHI>

Members of the public are invited to make written representations provided that they are submitted to the Democratic Services Officer no later than **8.30am on Tuesday 13 July 2021**. This must include your name, together with a summary of your comments and contain no more than 450 words.

If a Councillor who is not on the Board wishes to address the Board, they will be allowed 3 minutes to do so and will be invited to speak before the applicant or their representative provided that they have notified the Democratic Services Officer by **8.30am on Tuesday 13 July 2021**.

Please note that if you submit a representation to be read out on your behalf at the committee meeting, your name, together with a summary of your comments will be recorded in the minutes of the meeting. Please refer to the guide to public participation at committee meetings for general information about speaking at meetings included as part of this agenda (see agenda item 4 - Public Participation).

Using social media at virtual meetings

Anyone can use social media such as tweeting and blogging to report the meeting when it is open to the public.

At the Annual Meeting of Dorset Council on 4 May 2021 it was agreed that all council meetings that were not executive in nature, would continue to be held virtually from 7 May 2021 until such time as social distancing requirements were removed (currently scheduled to be lifted on 19 July 2021).

Where a decision was required, committee members would express a 'minded to' decision in respect of recommendations set out in officer reports, with decisions being taken under officer delegated authority in the light of 'minded to' decisions expressed by members in the virtual meetings.

Accordingly, this meeting has those arrangements in place.

A G E N D A

Page No.

1 ELECTION OF CHAIRMAN

To elect a Chairman for the meeting from the Dorset Council representatives.

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the meeting from the BCP Council representatives.

3 APOLOGIES

To receive any apologies for absence.

4 DECLARATIONS OF INTEREST

To disclose any pecuniary, other registrable or non-registrable interests as set out in the adopted Code of Conduct. In making their decision councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

5 MINUTES

5 - 10

To receive and **note** the minutes of the meeting held on 20 May 2021.

6 PUBLIC PARTICIPATION

11 - 12

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

7 FORWARD PLAN

13 - 16

To note and discuss the Forward Plan.

8 PRESENTATION UPDATING ON DORSET PUBLIC HEALTH ACTIVITIES

To receive a presentation from the Director of Public Health on Dorset Public health activities relating to the current health protection issues; COVID-19 response and interventions; and how the Business Plan is being progressed.

9 RECOVERY OF PREVENTION SERVICES FOR NHS HEALTH CHECKS AND COMMUNITY HEALTH IMPROVEMENT SERVICES 17 - 26

To consider a report by the Director of Public Health.

10 FINANCE UPDATE 27 - 32

To consider a report by the Director of Public Health.

11 CLINICAL SERVICES PERFORMANCE MONITORING 33 - 48

To consider a report by the Director of Public Health.

12 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.



DORSET'S JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 20 MAY 2021

Present: Cllrs Karen Rampton, Graham Carr-Jones and Laura Miller

In observer capacity: Cllr Jane Kelly (BCP)

Apologies: Cllrs Nicola Greene

Officers present (for all or part of the meeting): Sam Crowe (Director of Public Health), Sian White (Finance Manager), Clare White (Accountant), Vanessa Read (Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

79. **Election of Chairman**

Resolved

That Councillor Karen Rampton be elected Chairman for the meeting.

80. **Appointment of Vice-Chairman**

Resolved

That Councillor Laura Miller be appointed Vice-Chairman for the meeting

81. **Apologies**

An apology for absence was received from Councillor Nicola Greene (BCP).

82. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

83. **Public Participation**

No statements and questions from Town and Parish Councils or public statements or questions were received at the meeting.

84. **Forward Plan**

The Board's Forward Plan was noted and, what was due to be considered over the coming months, accepted.

85. **JPHB Annual Report 2020/21**

The Board received the Annual Report which was designed to play its part of the renewed agreement for the shared service the Director of Public Health Dorset: reflecting on the achievements of the service, and identifying any areas for development and set out what still had been achieved - despite the need to respond to and address the needs of the Covid 19 pandemic – and the means by which this had been done in terms of:- preventative work, partnership working, drug and alcohol interventions, Sexual health, LiveWell Dorset; Children and Young People’s Public Health Service, Community Health Improvement Services (CHIS), NHS Health checks, Integrated care system, prevention at Scale and the Dorset Offer

Appendix A summarised the work of the public health service in the financial year 2020/21, with the Board being asked to acknowledge the overwhelming nature of the work being focused on the response to the coronavirus global pandemic, but that achievements had still been made on delivering on objectives in our annual business plan during the year.

The Board were assured that the team had endeavoured to deliver as far as possible against their statutory responsibilities, provided essential public health services in line with Government guidance at the time, and above all protected and responded to the health threats arising from the unprecedented pandemic.

The Board expressed its appreciation for what the whole Public Health Dorset team had done in addressing the Covid-19 pandemic and commented that this was a credit to the team, to local councils and their partners and to the residents of Dorset. They commented that this demonstrated the importance of our public health service and that Dorset and its residents were benefitting from the robust response being shown. They hoped this positive response could be maintained and improved upon and looked forward to seeing what positive achievements the future held.

Resolved

That in reviewing the Annual report of the shared service for 2020-21 the objectives achieved and the way this was done were noted and endorsed.

Reason for Decision

Production of an annual report setting out the work of the shared public health service was agreed as condition of the renewed service agreement between BCP and Dorset Councils.

86. Finance Report

The Board received an update on the use of each Council’s grant for public health, including the budget for the shared service, Public Health Dorset, and the other elements of grant used within each Council outside of the public health shared service. The report described how the funding was being applied and to what services and in what proportion.

The final outturn for the Public Health Dorset 20/21 budget, after £1M was returned to local authorities in 2020/21, was £27.742M, against a budget of £28.748M. Reserves now stand at £1.940M. Grant allocations for public health were published 16 March and included an uplift. This provided the opportunity to meet the original commitment of £1M to be retained by Councils in 2021/22 for investment in public health outside of the shared service.

Agreement has also been reached on the financial impact of the shift of BCP drug and alcohol contracts. This means a change in the recommended contributions for each local authority, set out in Appendix 2 for approval. This will form the revised financial annex to the shared service partnership agreement for 2021/22. The public health ring-fenced conditions apply equally to these elements of the grant and the use of the Grant in each council outside of the shared service will continue to be monitored through the JPHB.

The opening revenue budget for Public Health Dorset in 21/22 is £25.036M. There will continue to be COVID-19 impacts throughout 21/22, with financial impacts remaining hard to gauge, however a first provisional forecast is included in appendix 1 and shows a potential overspend.

Plans in support of COVID-19 local outbreak management plans are developed through the COVID-19 Health Protection Board, chaired by the Director of Public Health. Additional funding from the Test and Trace Grant and Contain Outbreak Management Fund (COMF) to support these plans are overseen by each local authority. Some of the additional costs to the shared service in supporting this work are met through these additional funds.

The current contract with REACH for the Dorset Council area is due to expire at the end of October 2022. Taking the current context and advice from procurement into account it is recommended that this is extended to the end of October 2023.

Whilst it was acknowledged that the continued interventions needed to address the issues associated with Covid-19 were unprecedented and represented a unique challenge both in financial and practical terms, the Board recognised that the available funding was being used as efficiently as it could be and appropriately prioritised to continue to optimise outcomes.

Resolved

- 1) That the recommendation in 4.2 of the Director's report around governance of decision making for drug and alcohol services, and monitoring of performance be supported and endorsed.
- 2) That Appendix 2 of the report, forming an updated financial annex to the shared services partnership agreement for 2021/22 and giving a budget for the shared service of £25.036M, be approved.
- 3) That an extension of the current REACH contract for a further year until the end of October 2023 be approved.

Reasons for Decisions

The public health grant is ring-fenced, and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

At the November 2020 meeting the Board approved a continued shared service partnership agreement, and a financial annex was agreed at the February 2021 meeting, setting out the agreed contributions to the public health service. On 16 March the public health allocations were published, resulting in a change to the grants and hence the contributions. This will support better financial planning and use of the Public Health Grant to improve outcomes in partner Councils, as well as through the shared service.

87. Health Improvement Performance Update

This report provides a high-level summary of performance for LiveWell Dorset, Smoking Cessation, weight management services, health checks and Children and Young People's Public Health Service (CYPPHS) performance, and service developments in light of COVID, with supporting data in appendices.

The Board was pleased to see the progress being made and the success being seen with the Services delivered and the health service improvements. Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

Resolved

That the information in the report and the performance on health improvement services and children and young people's services and the services developments due to the impact of COVID be noted.

Reason for Decision

To update the Joint Public Health Board and to note performance, and ensure that Councils have oversight of the mandated public health services provided through the ring-fenced Public Health Grant.

88. Public Health Dorset Business Plan 2021/22

The report set out the 2021/22 Business Plan for Public Health Dorset and proposed what was to be done, how it was to be done and the reasons for why it was to be done.

Despite uncertainty during the pandemic, Public Health Dorset commissioned and provided essential public health services which need to be brought back

up to full delivery. In learning about how we live with COVID-19, there was a need to consider how resources can be used to support health protection work: being clear about priorities will help us develop and deliver so we are well placed for the future.

The health and wellbeing impacts of COVID-19 will be with us for a long time and public health is at the heart of the public sector response to this. We will continue to provide essential public health services while developing new programmes working with partners and communities, in line with local strategy, and Government policy.

The report highlighted the main priorities from the Business Plan, and how these would be progressed, what the priorities were and what partnerships were in place, along with some of the risks and issues of delivery; programmes and services – including LiveWell Dorset, substance misuse, sexual health and children and young people -, prevention at scale and what this entailed and organisational arrangements compatible with the integrated care system, Prevention at Scale and partnership arrangements.

The Board expressed its appreciation for what the whole Public Health Dorset team had done in addressing the Covid-19 pandemic and commented that this was a credit to the team, to local councils and their partners and to the residents of Dorset. They understood and acknowledged what PHD was trying to do, how it was doing it and why it was doing it and were satisfied that this demonstrated the importance of our public health service and that Dorset and its residents were benefitting from the robust responses and interventions being shown. They hoped this positive progress would be maintained, with the Business Plan showing the commitment towards addressing the relevant issues, how it would be done so as to achieve those outcomes.

Resolved

The Board were satisfied with how the services provided were to be managed, noted the Plan and agreed with the approach to monitoring in

future meetings.

89. Urgent items

There were no urgent items for consideration.

Duration of meeting: 10.00 - 11.30 am

Chairman

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Dorset Council

Covid-10 Pandemic – Addendum to the Guide to Public Speaking Protocol for Committee meetings – effective from 29 July 2020

Due to the Covid-19 pandemic the council has had to put in place measures to enable the council's decision making processes to continue whilst keeping safe members of the public, councillors and council staff in accordance with the Government's guidance on social distancing by applying new regulations for holding committee meetings from remote locations.

The following procedures will apply to planning committee meetings until further notice, replacing where appropriate the relevant sections of the Guide to Public Speaking at Planning Committees:

1. While planning committee meetings are held remotely during the Coronavirus outbreak public participation will take the form of written statements (and not public speaking) to the Committee.

2. If you wish to make a written statement it must be no more than 450 words with no attached documents and be sent to the Democratic Services Team by 8.30am, two working days prior to the date of the Committee – **i.e. for a committee meeting on a Wednesday, written statements must be received by 8.30am on the Monday**. The deadline date and the email contact details of the relevant democratic services officer can be found on the front page of the Committee agenda. The agendas for each meeting can be found on the Dorset Council website:-

<https://moderngov.dorsetcouncil.gov.uk/mgListCommittees.aspx?bcr=1>

3. During this period the council can only accept written statements via email and you should continue to bear in mind the guidance in the public speaking guide when preparing your representation.

4. The first three statements received from members of the public for and against the application (maximum six in total) will be read out together with any statement from the town and parish council, by an officer (but not the case officer), after the case officer has presented their report and before the application is debated by members of the Committee. It may be that not all of your statement will be read out if the same point has been made by another statement and already read to the Committee. This is to align with the pre-Covid-19 protocol which limited public speaking to 15 minutes per item, although the Chairman of the Committee will retain discretion over this time period as she/he sees fit. All statements received will be circulated to the Committee members before the meeting.

5. This addendum applies to members of public (whether objecting or supporting an application), town and parish councils, planning agents and applicants. **The first three statements received from members of the public, for and against the application, (maximum six in total) will be read out, together with any statement from the Town and Parish Council, in its own right.**

6. Councillors who are not on the Planning Committee may also address the Committee for up to 3 minutes by speaking to the Committee (rather than submitting a written statement). They need to inform Democratic Services of their wish to speak at the meeting two working days before the meeting – by the 8.30 am deadline above - so those arrangements can be put in place.

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**Joint Public Health Board Forward Plan
For the period JULY 2021 – FEBRUARY 2022
(publication date – 17/21 JUNE 2021)**

Explanatory Note:

This Forward Plan contains future items to be considered by the Joint Public Health Board. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions

Key decisions are defined in Dorset Council's Constitution as decisions of the Joint Public Health Board which are likely to -

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Private/Exempt Items for Decision

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Update on PHD activities	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority	N/A	Presentation	Sam Crowe
Recovery of Prevention Services	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Sophia Callaghan
Business Plan Monitoring	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Health Protection Function	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority	N/A	Presentation	Sam Crowe
Finance report	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	10 Feb 2022	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Clinical Services Performance Monitoring	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Nicky Cleave
Business Plan Monitoring	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe

Joint Public Health Board

Recovery of Prevention Services for NHS Health Checks and Community Health Improvement Services 15 July 2021

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sophia Callaghan

Tel: 01305 224400

Email: sophia.callaghan@dorsetcouncil.gov.uk,

Report Status: Public

Recommendation:

The Joint Public Health Board is asked to note the performance on CHIS services in this report, and consider the next steps for the NHS Health Checks programme.

Reason for Recommendation:

To update the Joint Public Health Board, to consider the future design of the NHS Health Checks programme and to note performance

1. Executive Summary

This report provides an overview of the current performance of Community Health Improvement Services, including the NHS Health Checks programme – currently paused. It provides some initial ideas for future recovery of the NHS Health Check programme for discussion and

agreement on the way forward this year. The Board is asked to note the recovery of most CHIS services as we progress through the roadmap and out of COVID-19 restrictions.

2. Financial Implications

Services considered within this paper are covered within the overall Public Health Dorset budget. Most of the Community Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements. None of these contracts currently includes any element of incentive or outcome related payment. Monitoring of performance ensures that we achieve maximum value from these contracts.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

7. Appendices

Appendix 1: Community Health Improvement Services Performance dashboard

8. Background Papers

None

1. Background

- 1.1 This report provides an overview of the current performance of Community Health Improvement Services, including the NHS Health Checks programme – currently paused. It provides some initial ideas for future recovery of the NHS Health Check programme for discussion and agreement on the way forward this year. The Board is asked to note the recovery of most CHIS services as we progress through the roadmap and out of COVID-19 restrictions.

2. NHS Health Checks

Current position

- 2.1 Local Authorities are mandated to provide the NHS Health Check (NHS HC) programme under the 2012 Health and Social Care Act. This year the programme has ceased delivery since the start of the COVID 19 pandemic, as the programme was a face to face cardiovascular risk assessment and health improvement programme, which could not be offered or delivered because of COVID restrictions. In addition to this, primary care and pharmacy providers of Health Checks have been focusing on the delivery of the COVID vaccination programme.
- 2.2 PHE has agreed that there will be no performance management of NHS HC delivery this year. Instead councils are being encouraged to consider alternative models of delivery when making future decisions about provision, due to the COVID impact. The original mandate that required all 40-74 year olds in the local population to be invited for a check will no longer apply.

Next steps

- 2.3 The Public Health Dorset business plan for 2021-22 contains a commitment to review the current NHS Health Checks model, and develop options for future delivery of the programme.
- 2.4 There are several opportunities that could be considered going forwards, particularly because the ability of primary care providers to re-engage with the previous contract is unknown currently. It is also unclear for how long COVID secure restrictions will be in place for health and care settings. Finally, the development of the Integrated Care System by April 2022 presents a

chance to re-think cardiovascular disease prevention in the context of the current priority to reduce health inequalities.

- 2.5 Primary care was delivering around 90 per cent of checks under the programme before COVID-19. The requirement in the current contract for a 30-minute face to face intervention would need to be re-examined to ensure COVID safe activity.
- 2.6 There is an opportunity to fully review and develop a new Health Checks delivery model, that is COVID safe, and more integrated, working with ICS providers. This will enable a collaborative and shared approach to develop a more responsive local NHS HC delivery model, that is in line with emerging government guidance, addresses local priorities and ensures a programme that is delivered using COVID safe ways of working.

Ideas and Concepts

- 2.7 One element of delivery could use innovative **digital approaches**, especially with the innovative online programme developments over the past year, with progress of local on-line services such as LiveWell Dorset, which could support the programme follow up to improve lifestyle health.
- 2.8 Alongside digital innovation, **community engagement** could be maximised with a well-communicated know your number type approach, working with communities to engage awareness and uptake and key communities. Co-design and production with communities will be key to the success of this approach.
- 2.9 A **General offer** could be designed and developed with Partners using digital invites, online risk calculators to engage people in heart health and understanding cardiovascular risk (CVD) and what the numbers mean to them, using community engagement approaches.
- 2.10 A **Targeted offer** could be developed, utilising NHS HC funding, that could offer a more in-depth risk assessment in primary care, in areas where cardiovascular disease is greatest, as an overall CVD prevention opportunity for local communities rather than a stand-alone nationally commissioned public health programme.

3. Other Community Health Improvement services

- 3.1 During the peak of the pandemic, a number of community health improvement services were interrupted, and significant changes had to be made in response to national guidance, including revised opening hours, social distancing measures, staff absences and the prioritisation of essential services in March 2020. From July 2020 services started a recovery process to look at how they could be provided differently. This section looks at performance since that time – with further details in the appendix.

Emergency Hormonal Contraception (EHC)

- 3.2 The EHC service followed the expected trajectory of a decrease in activity in April and May as pharmacy providers adapted to COVID-19. Activity levels have since improved and followed a similar pattern to 2019/20 but with slightly less EHC provided than the previous year. Activity is greatest in central areas of Bournemouth, Poole and Weymouth. Change in activity is likely to be due to a possible shift in population behaviours in response to the pandemic and a decrease in demand, as opposed to issues with provider delivery.

Long-Acting Reversible Contraception (LARC)

- 3.3 LARC has been another priority service for continued delivery that we anticipated would be affected by COVID-19 measures. Given the nature of LARC procedures and inability to socially distance, we were not surprised to see significantly lower levels of activity in quarter one 2020 in GP practices. Following engagement with providers, as part of recovery, all LARC providers are now delivering services and activity is now similar to the same period in 2019/20.

Smoking Cessation

- 3.4 Stop smoking services have been impacted by COVID and subsequent restrictions. Most of our commissioned providers are now back delivering services and reported quit rates for 2021 (31%) are only marginally lower than 2020 (34%). Smoking cessation enrolments by locality remain lower in 2021 than the previous year. The next quarter for activity data will give a clearer recovery picture. The inclusion of support by LiveWell Dorset has provided additional resilience for the local stop smoking offer.

Needle Exchange

- 3.5 Local needle exchange provision has been offered through two routes: specialist services and community-based locations (typically pharmacies). All localities are delivering; however numbers are lower than the previous year. Commissioners are keen to ensure there remains access to needle exchange, and to some extent the use of pharmacy-based needle exchange is dependent on the choice of service users. PHD continues to monitor activity and consult with pharmacies, specialist services and people who use drugs to ensure that the offer is accessible and appropriate.

Supervised Consumption

- 3.6 Prior to COVID-19, most people receiving opioid substitution treatment (OST) took their medication under supervision in community pharmacy. Supervision helps ensure people are taking precisely the prescribed dose of medication and allows regular checks by a trained professional to help ensure they are responding well to treatment and assess other safeguarding risks.
- 3.7 In-line with PHE guidance, in March 2020, supervision consumption requirements were reviewed and often reduced, where this was considered safe. These metrics have seen no significant change, despite a considerable shift in supervision arrangements. In January 2020, 63% of those who were prescribed methadone in BCP were on regular supervision, whereas this is now closer to 30%. Therefore, the activity seen by pharmacies is considerably less than previously and is likely to continue at this level.

4. Conclusion and recommendations

- 4.1 This paper provides a high-level summary about recovery for NHS Health Checks and Community Provider Services (CHIS). NHS Health Checks has an opportunity to be reviewed and updated in line with national changes to the programme, primary care recovery, and the formation of the ICS. CHIS services following the recovery plan are all delivering albeit with some at a slightly lower level than the previous years. The Appendix include supporting data and information, with more in-depth information available on request. The Joint Public Health Board is asked to consider the information in this report and consider the next steps for NHS Health Checks and to note the performance on CHIS services.

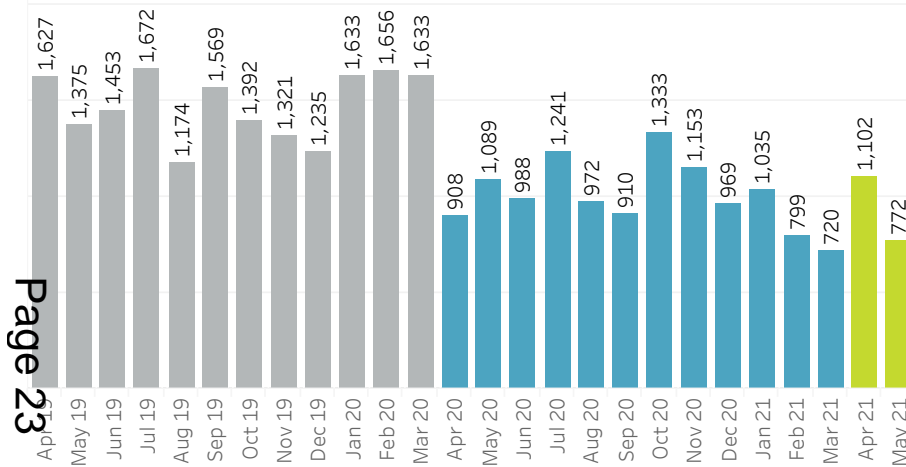
Sam Crowe
Director of Public Health

JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

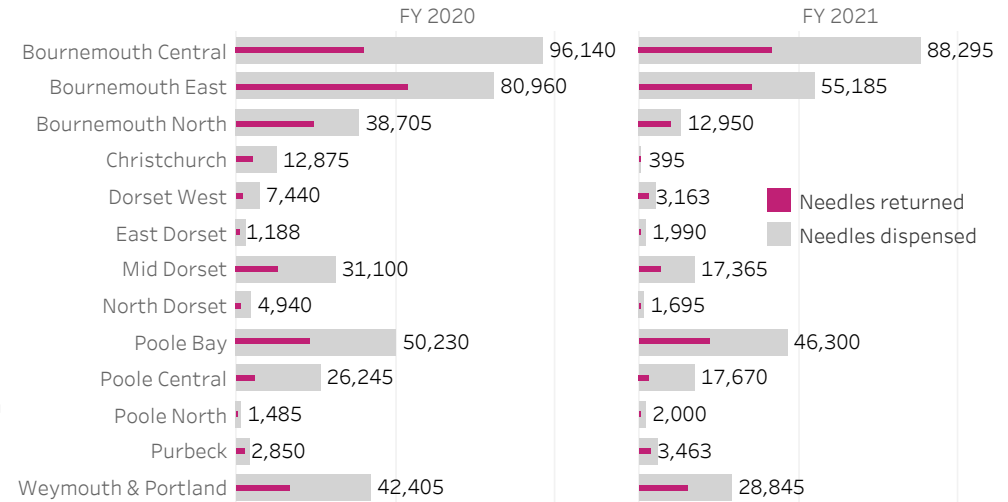
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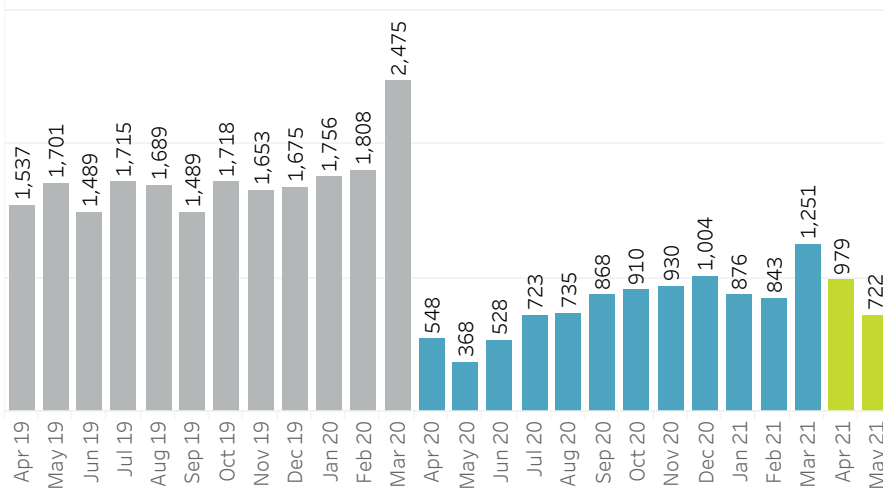
Needle Exchange Interactions by month



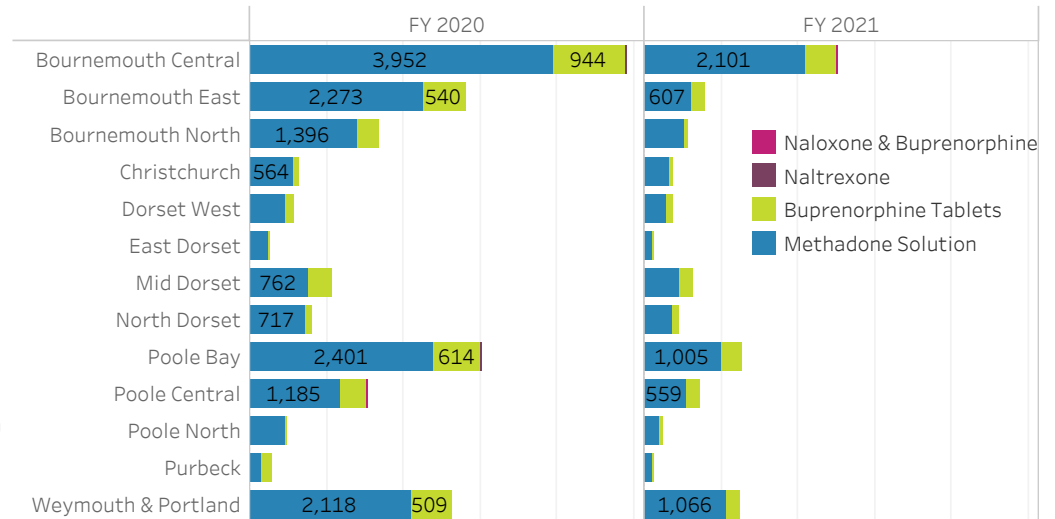
Needles dispensed and returned by Locality 2019-20 and 2020-21



Supervised Consumption Interactions by month



Supervisions and drug type by Locality 2019-20 and 2020-21

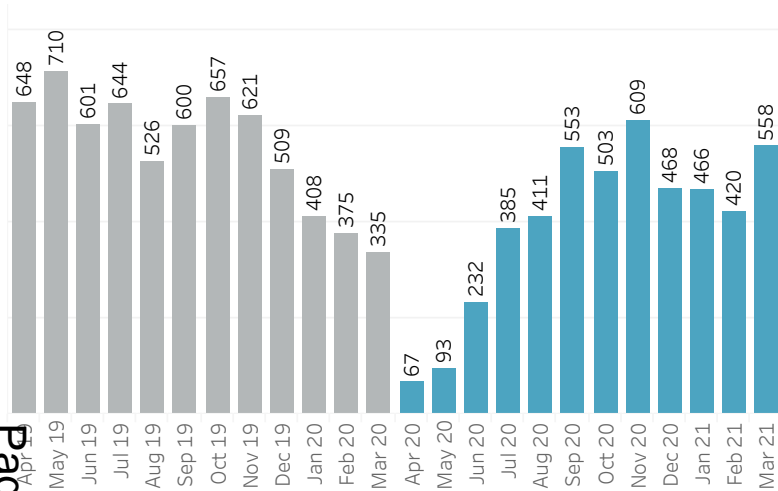


JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

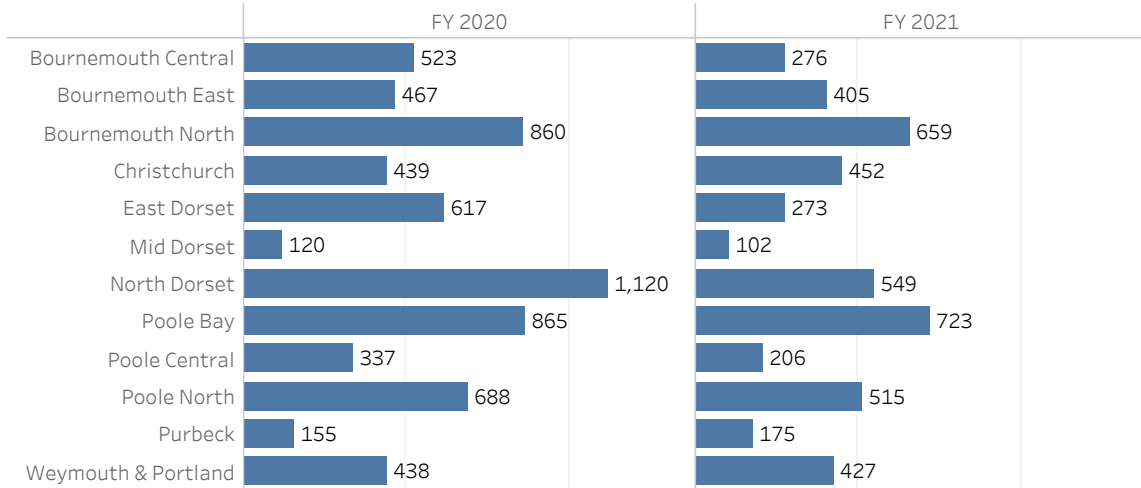
July 2021



No. of LARC procedures per month

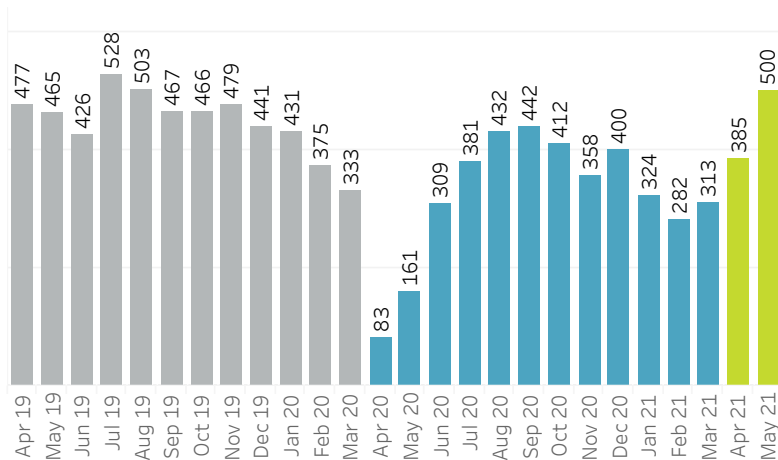


No. of LARC procedures delivered by locality 2019-20 and 2020-21

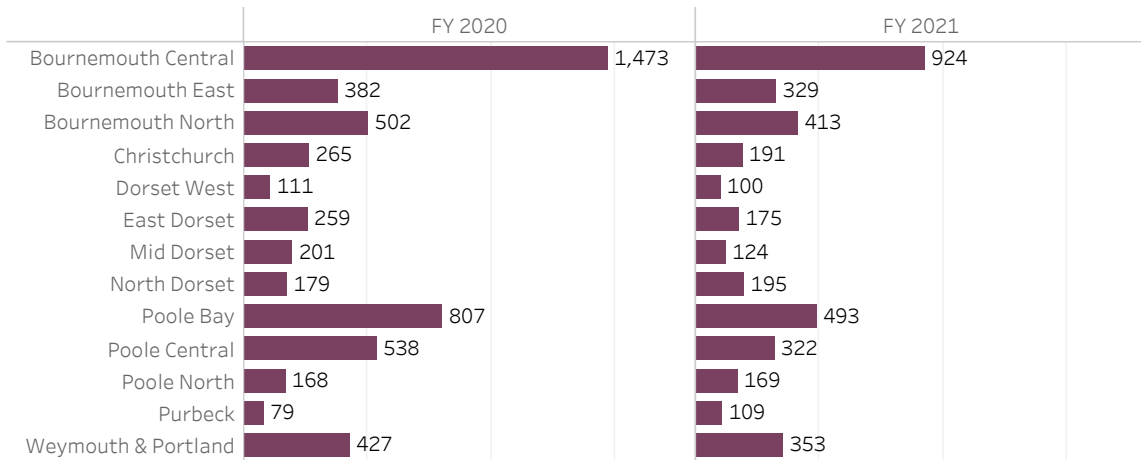


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No. of EHC consultations per month



No. of EHC consultations by locality 2019-20 and 2020-21

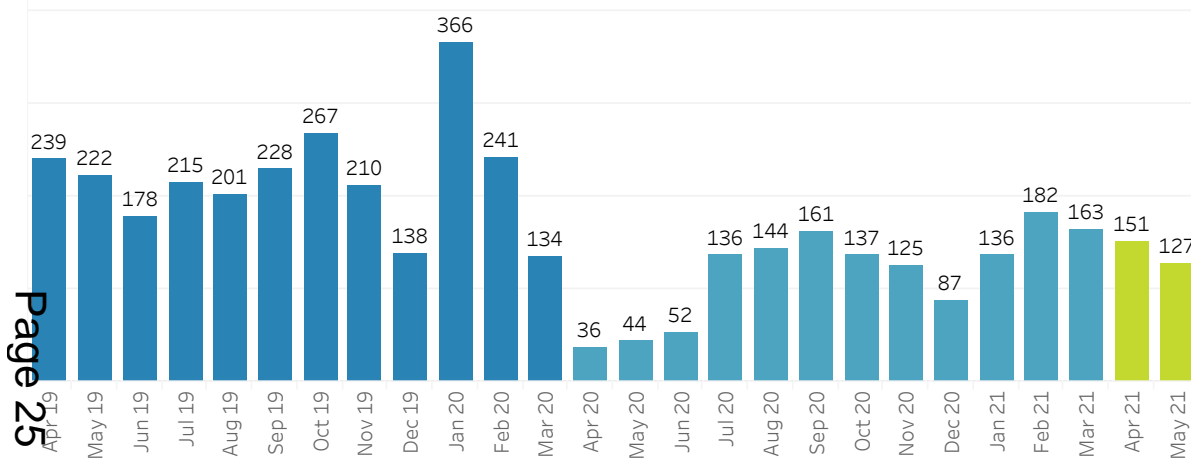


JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

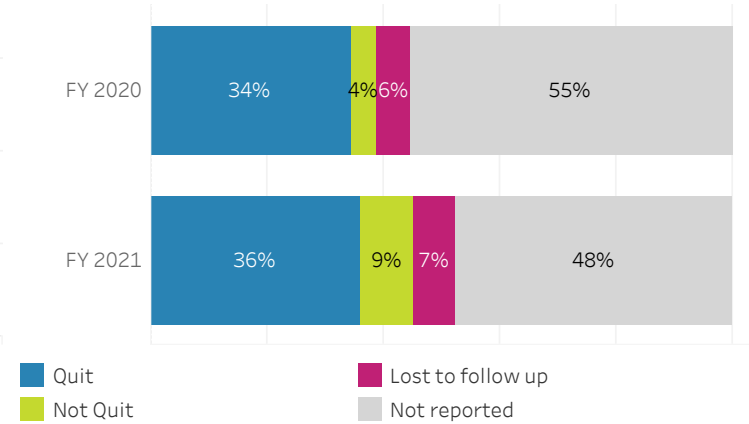
July 2021



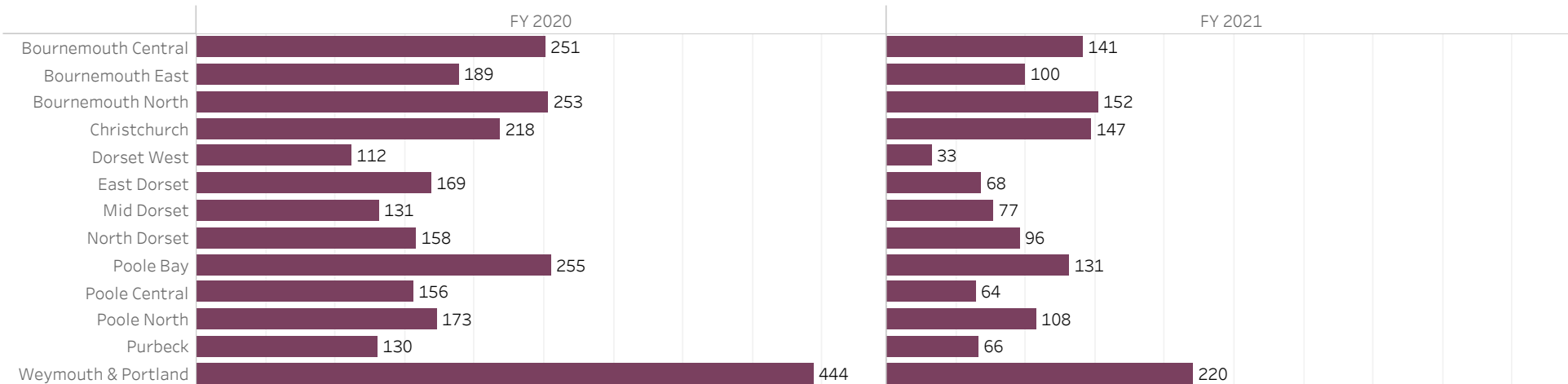
No. of smoking cessation enrolments per month



Treatment outcome at 4 weeks 2019-20 and 2020-21



No. of smoking cessation enrolments by locality 2019-20 and 2020-21



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Joint Public Health Board 15 July 2021 Finance Update

Choose an item.

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Jane Horne
Title: Consultant in Public Health
Tel: 01305 224400
Email: jane.horne@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

The Joint Public Health Board is asked to note the finance report.

Reason for Recommendation:

The public health grant is ring-fenced, and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

Monitoring spend against the grant will support better financial planning and use of the Public Health Grant to improve outcomes in partner Councils, as well as through the shared service.

1. Executive Summary

- 1.1. This report provides a regular update on the use of each council's grant for public health, including the budget for the shared service Public Health Dorset, and the other elements of grant used within each council outside of the public health shared service.
- 1.2. Grant allocations for public health were published 16 March and the contributions from each local authority were agreed at the May Board meeting. This gives an opening revenue budget for Public Health Dorset in 21/22 of £25.036M. Current forecast outturn is £146K underspend, with more detail set out in section 9 below and appendix 1.
- 1.3. Each local authority retains a portion of the grant to deliver other services with public health impact. The public health ring-fenced conditions apply equally to these elements of the grant and the use of the Grant in each council outside of the shared service will continue to be monitored through the JPHB. Planned spend on these elements is set out in section 10 below, and shows that overall, both BCP and DC are forecasting break even on their retained grant.
- 1.4. Plans in support of COVID-19 local outbreak management plans are developed through the COVID-19 Health Protection Board, chaired by the Director of Public Health. Additional funding from the Test and Trace Grant and Contain Outbreak Management Fund (COMF) to support these plans are overseen by each local authority. Some of the additional costs to the shared service in supporting this work are met through these additional funds.

2. Financial Implications

- 2.1. The shared service model was developed to enable money and resources to be used efficiently and effectively, whilst retained elements allow for flexibility for local priorities. Financial implications are covered throughout this paper

3. Wellbeing and health implications

- 3.1. The work of Public Health Dorset and the local authorities supported by the public health grant will have wide-ranging health and wellbeing implications. Any specific implications are highlighted where relevant in the report.

4. Climate implications

- 4.1. Public Health Dorset and the public health grant support a range of work that will have impacts on climate change, however there are no specific implications identified in this report.

5. Other Implications

- 5.1. None identified in this paper.

6. Risk Assessment

- 6.1. Having considered the risks associated with this financial monitoring, the level of risk has been identified as:

Current Risk: MEDIUM
Residual Risk: MEDIUM

7. **Equalities Impact Assessment**

7.1. This is a monitoring report therefore EqIA is not applicable.

8. **Appendices**

Appendix 1. Finance Tables July 2021

9. **Background Papers**

Previous finance reports to the Board

[Public health grants to local authorities: 2021 to 2022 - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/public-health-grants-to-local-authorities-2021-to-2022-gov-uk.pdf)
(www.gov.uk), published 16 March 2021

[Shared Service Partnership agreement November 2020](#)

[Financial annex to the 20/21 agreement, updated May 2021](#)

10. **21/22 shared service budget**

10.1. Grant allocations for public health in 21/22 showed an uplift, in part to cover costs of PrEP (pre-exposure prophylaxis treatment for HIV) funding within sexual health services. The Board agreed contributions from each local authority in May, and these are shown in table 1 in the appendix. This gives a 21/22 opening revenue budget for Public Health Dorset of £25.036M.

10.2. Our provisional forecast shared with the Board in May assumed a return to usual activity for most of our activity-based services throughout 21/22. We now have nearly 3 months of activity data and a better understanding of the potential enduring impacts from COVID, which shows that changes in activity are different for our different community health improvement contracts (CHIS). Our current understanding is that:

- we may see additional costs on long-acting contraception as normal services resume and catch up on a backlog of patients, although this could be delivered through the sexual health service rather than GPs in areas where GPs remain stretched
- supervised consumption and needle exchange costs have changed to reflect the shift of BCP contracts, with limited recovery of activity; it is unlikely that activity will fully return to normal due to changes in risk assessment around supervised consumption
- smoking cessation activity through GPs and pharmacies is assumed to continue at the same levels as seen in the last 3 months, which remains below usual activity level. This is being supplemented by developments within LiveWell Dorset to provide additional support including Nicotine Replacement Therapy, but overall community health improvement services activity and costs remain down.
- At present we expect only a small spend on NHS Health Checks during 21/22. These remain paused at present and we plan to review how we provide the service due to changing national expectations. Forecasts

may change further as plans and timescales become clearer through that review.

- 10.3. Based on the above we have not agreed any plans for kickstarting our Community Health Improvement services post-COVID using the £340k of reserves as previously agreed.
- 10.4. The current forecast outturn is £146k underspend, with detail set out in table 2, appendix 1. Along with the changes outlined in 10.2 above, other changes since the provisional forecast presented to the last Board include:
- more detail on potential PrEP costings
 - resilience and inequalities – an assumption that any specific spend in this area will be picked up through reserves or income
 - improved understanding of balance of additional team costs against COMF funding.

11. Grant allocation retained by the Local Authorities 21/22

- 11.1. Alongside the shared public health service, each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways. The public health ring-fenced conditions apply equally to the whole grant and is therefore also covered in this report.
- 11.2. BCP council will retain £8.112M in 21/22. Based on their use of retained grant in 20/21 and the shift in drugs and alcohol contracts, this will be set against the following budget areas in their medium-term financial plan:
- Drugs and alcohol services for adults and children (£4.981M). This now covers the whole of BCP drug and alcohol commissioning.
 - Children's centres and early help (£2.494M) and early intervention around 'adolescent risk' agenda (£20k).
 - A central overheads element – (£117k, 2.7% of total retained grant).
 - Additional £500k recurrent, use still to be determined.
- 11.3. Dorset Council will retain £1.117M in 21/22. Within Dorset Council this is set against the following budget areas:
- Community safety (£170k). This supports the Dorset Council Community Safety team, including some of the work that they deliver on behalf of both councils.
 - Community development work (£333k). Previously the POPPs service, this supports community development workers across Dorset with building community capacity, but also has a specific focus on supporting vulnerable individuals who have suffered from or are at risk of financial scams.

- Children's early intervention (£114k). This includes support around Teenage Pregnancy, and work through HomeStart.
- Additional £500k recurrent, to support children's services although detail is still to be determined.

11.4. Both councils are currently forecasting breakeven against these retained elements.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 1. Finance Tables July 2021

Table 1. Agreed Partner contributions 21/22

2021/22	BCP	Dorset	Total
	£	£	£
2021/22 Grant Allocation	20,052,506	14,214,073	34,266,579
Less retained amounts	-8,112,288	-1,117,400	-9,229,688
Joint Service Budget Partner Contributions	11,940,218	13,596,673	25,036,891
Public Health Dorset Budget 2021/22			£25,036,891

Table 2. Opening budget and forecast outturn 2021/22

2021/22	Budget 2021-2022	Forecast outturn 2021-2022	Forecast over/underspend 2021/22
Public Health Function			
Clinical Treatment Services	£8,929,500	£8,922,670	£6,830
Early Intervention 0-19	£11,248,000	£11,288,000	-£40,000
Health Improvement	£2,503,043	£1,841,999	£661,044
Health Protection	£35,500	£62,260	-£26,760
Public Health Intelligence	£120,000	£97,700	£22,300
Resilience and Inequalities	£80,000	-£23,855	£103,855
Public Health Team	£2,120,848	£2,701,360	-£580,512
Total	£25,036,891	£24,890,134	£146,757

Joint Public Health Board

15 July 2021

Clinical Services Performance Monitoring

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Nicky Cleave and Sophia Callaghan
Title: Assistant Director of Public Health
Tel: 01305 224400
Email: nicky.cleave@dorsetcouncil.gov.uk;
sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

The Joint Board is asked to consider the information in this report and to note the performance and changes 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.

1. 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 is considered every other meeting.

- 2. Financial Implications**
None
- 3. Climate implications**
No direct implications.
- 4. Other Implications**
N/A
- 5. Risk Assessment**
Having considered the risks associated with this decision, the level of risk has been identified as:
Current Risk: LOW
Residual Risk: LOW
- 6. Equalities Impact Assessment**
An Equalities Impact Assessment is not considered necessary for this agreement.
- 7. Appendices**
Appendix 1 – Substance Misuse Dashboard July 2021
Appendix 2 – Sexual Health Dashboard July 2021
- 8. Background Papers**
Previous reports to the JPHB.

1. Background

- 1.1 The Joint Public Health Board reviews performance of commissioned services on a six-monthly basis. This report focuses on our core treatment services for drugs and alcohol and for sexual health and associated services commissioned from pharmacies.
- 1.2 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 Since the last report BCP Council has taken on the responsibility for commissioning all of its drug and alcohol services, with the exception of pharmacy services for needle exchange and supervised consumption. Detail on latest performance is available in the appendix.
- 2.2 Drug-related deaths continue to be a priority locally and are being closely monitored to assess the impact of changes resulting from COVID-19. Figures on deaths in 2020 are similar to those from 2019.
- 2.3 There is still work to do to improve Naloxone distribution, particularly in relation to people not currently in treatment. We are exploring delivering this through other partners but are limited by the current regulations which mean that housing support providers for example, cannot generally distribute this medicine.
- 2.4 Key issues presented for each of the councils separately follows:

BCP Council

- The number of opiate users engaged in treatment in the BCP Council area continues to increase, in line with priorities set by commissioners.
- There has been considerable success in retaining individuals in treatment, particularly the homeless and those in temporary accommodation and this can be attributed to the Drug and Alcohol Homeless team which started in June 2020 with 2 staff and now has 7 staff.
- These increased numbers continue to put services under considerable pressure. These challenges will be addressed through the recommissioning of the treatment system by BCP commissioners in 2021.
- Opiate completion rates in BCP Council remain low but stable as the overall number of people in treatment increases, though the number of individuals

completing remains consistent. Long waiting times for detoxification is having an impact on alcohol successful completion rates.

- The proportion of those in long term treatment remains below the national average as a result of the large influx of new clients in the last 18 months. Alcohol related hospital admissions continue to rise.
- Bournemouth shows good and improving performance in relation to delivering blood borne virus interventions, particularly in relation to Hepatitis C tests. This is likely to be due to specific targeted work to engage more people in new treatments.

Dorset Council

- Overall numbers of people in treatment remains stable although there has been a drop in those presenting to treatment and this will be monitored.
- Successful completion rates for opiates are comparable to national figures, although there has been a steady decline both locally and nationally over the last 7 years.
- For alcohol, we would expect performance around the national average. Completion rates have fallen as access to detoxification services has been limited throughout the pandemic period.
- The proportion of those in long-term treatment mirrors the national picture, and whilst hospital admissions remain lower than the national average they are increasing.
- There has been a negative impact on bloodborne virus testing and hepatitis B immunisation rates as a direct impact of the pandemic. As services stabilise improving rates back to pre-pandemic levels is a priority.
- Young people have been adversely affected by the pandemic and Dorset has seen a decline in the numbers of young people accessing tier 3 services. The provider is exploring ways to improve access for young people.

3. Sexual Health

- 3.1 Detail on performance is available in the appendix and there has been no new published data since the last report except for HIV. The overall summary remains that all new sexually transmitted infections (STIs) (excluding Chlamydia in the under 25s) per 100,000 aged 15 to 64 years in 2019 infection diagnoses are lower than England average.
- 3.2 For chlamydia screening Sexual Health Services in Dorset have adopted a targeted approach in directing screening to areas of greater need to increase

positivity rates and subsequent treatment to prevent onward spread. So, the proportion of those 15-24 year olds screened in Bournemouth, Christchurch and Poole are shown as higher than England average. Dorset rates are much lower due to a lower prevalence. The latest contract management performance data for Sexual Health Dorset (SHD) show that both screening and detection rates for 15-24 year olds remain higher than average in Bournemouth, Christchurch and Poole.

- 3.3 The rate of gonorrhoea remains lower than the England average with figures of 82.4 and 36.5 per 100,000 population respectively compared to 123.5 in England. Nationally rates of syphilis diagnoses have been steadily rising, rates in Bournemouth, Christchurch and Poole have risen from 2017 onwards, and are now above the rate for England (14.42 and 13.85 per 100,000 population respectively). Updated more recent data shows that rates have started to fall.
- 3.4 Nationally, under-18 conception rates have fallen over time from 22.8 to 16.72 per 1,000 females aged 15-17. Bournemouth, Christchurch and Poole were slightly above the England rate in 2017 and are now below England (13.10 from 19.09) and Dorset remain below the England rate (12.11).
- 3.5 The prevalence rate for HIV in 2019 was 2.769 per 1000 population in Bournemouth, Christchurch and Poole, which was higher than the England rate (2.391). Trends have remained higher, which is largely due to vulnerable groups residing in the area. This gives an amber ranking against the PHE goal of less than 2 per 1000 population. Rates for Dorset (0.82) were below average and ranked green.
- 3.6 In 2019 data showed that HIV new diagnosis rates fell overall and are now below England (8.15) in Bournemouth, Christchurch and Poole, (7.55). Dorset remain low (2.17) and were decreasing. Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.
- 3.7 Sexual health services in Dorset now offer a new Pre-Exposure Prophylaxis (PrEP) service, which is a way for people to reduce their risk of acquiring HIV. HIV PrEP forms part of combination HIV prevention alongside health promotion, condom use, regular testing and swift initiation of HIV treatment where indicated. Active risk reduction provides a major opportunity to control

HIV transmission. In addition, the regular sexually transmitted infection (STI) testing which forms part of the PrEP package of care provides opportunities to test and treat STIs, thereby supporting the control of STIs.

- 3.8 After a successful PrEP pilot programme, with a 90 strong patient cohort, the funded programme has been set up and established in Dorset over the last year. The PrEP service is open access and could open up significant demand. Therefore, a phased approach has been set up, to enable the existing patients to continue treatment (Phase 1), and prioritise current OTR (Over the Rainbow) waiting list patients and self-funders who have attended SHD review appointments. SHD will develop communication strategies to raise awareness and encourage access for other key groups who can benefit from a PrEP initiation, as part of phase two.
- 3.9 Schools are playing a key part in improving sexual health for young people. In Dorset, the Police and Crime Commissioner is keen to develop approaches in schools and an external Police review of education offers is being undertaken across Dorset to better understand challenges and needs for young people. In Dorset, as part of the recovery programme, work with schools is now underway following a pause during COVID. The Children and Young People's Public Health Service works with Sexual Health Dorset to identify priority schools each year to assess needs and educational support for sexual health. A core sexual health offer goes out to all schools and a targeted offer to priority schools. This year 15 priority schools have been identified and all have been contacted to engage for support by quarter 4 2021. Of those who were contacted in quarter 3, which were 8, all have engaged with the SHD targeted education programme.

4. Conclusion and recommendations

- 4.1 This paper provides a high-level summary in narrative form. Appendices include supporting activity data and information, with more in-depth information available on request. The Joint Public Health Board is asked to note the performance date in this report and to note the changes in commissioning for drugs and alcohol.

Sam Crowe
Director of Public Health

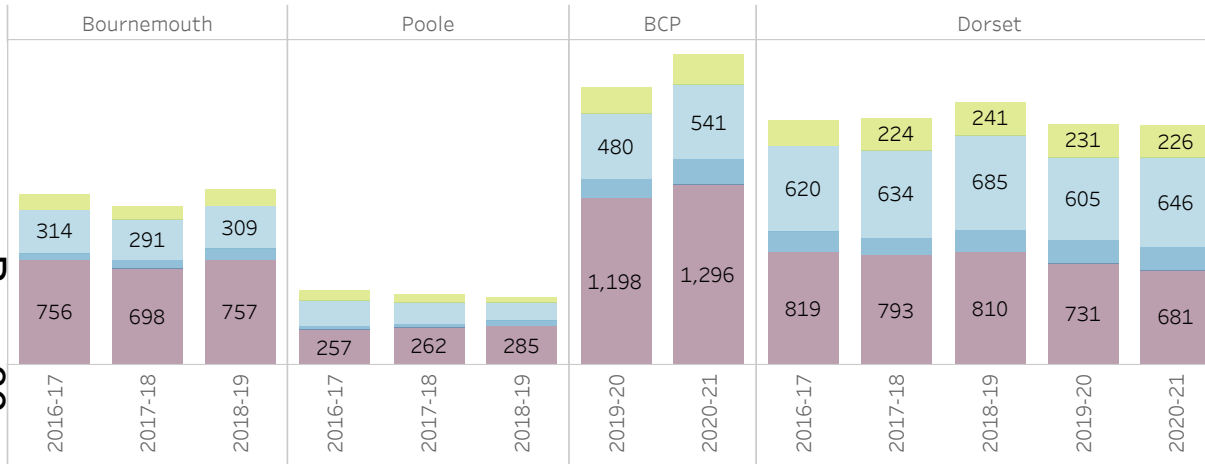
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

July 2021

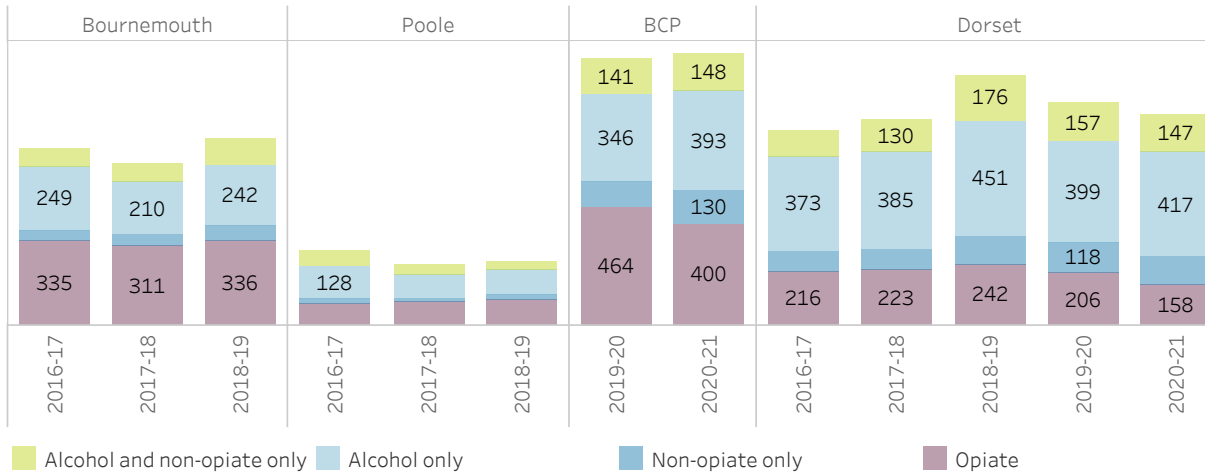


Number of Clients in Structured Treatment

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Number of New Presentations to Structured Treatment



Estimates of Unmet Need

The estimated proportion of people in each area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

		2015-16	2016-17	2017-18	2018-19
Bournemouth	Alcohol	87.2%	86.1%	87.0%	84.9%
	Opiates and/or crack..	49.7%	57.8%	60.9%	59.2%
Poole	Alcohol	85.7%	83.7%	85.9%	87.8%
	Opiates and/or crack..	52.9%	51.1%	49.8%	55.2%
Dorset	Alcohol	77.9%	77.0%	75.4%	72.9%
	Opiates and/or crack..	46.9%	48.6%	50.0%	43.7%
National	Alcohol	81.3%	78.1%	82.9%	82.6%
	Opiates and/or crack..	49.2%	49.6%	51.7%	54.0%

Dorset: Numbers remain fairly stable, although the drop in opiate clients in treatment and accessing treatment will need to be monitored.

BCP: Numbers continue to rise particularly for opiates and alcohol misuse. Individuals are being retained in treatment especially those in the homeless / people in temporary accommodation co-hort due to the drug and alcohol homeless team which commenced June 2020 (2 staff in 2020 now 7 staff 2021) Services in BCP remain under significant pressure particularly in the Bournemouth locality.

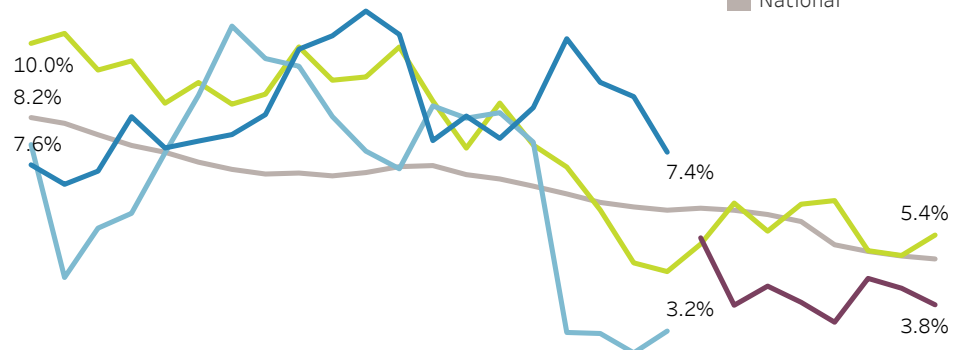
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Successful completions as a proportion of all in treatment

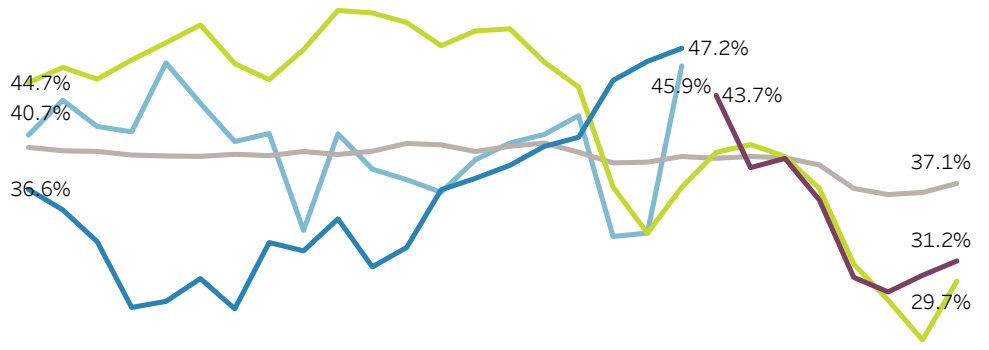


- Bournemouth
- Poole
- BCP
- Dorset
- National

Opiate Successful Completions

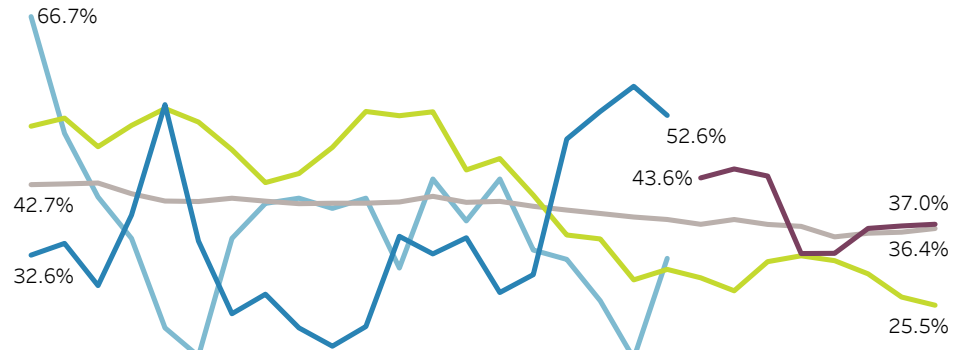


Alcohol Successful Completions

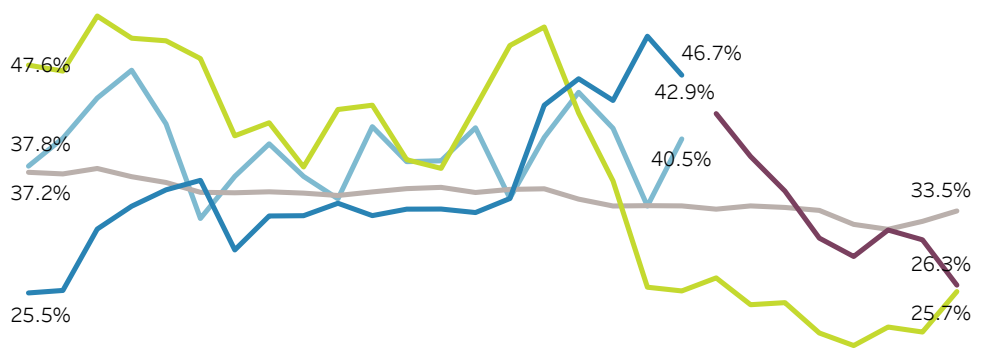


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Non-Opiate Successful Completions



Alcohol & Non-Opiate Successful Completions



Dorset: Covid 19 continues to affect the overall successful completion rates; mainly due to the impact of reduction / speed / offer of detoxification and compromise of aftercare support.

BCP: Opiate successful completions remain low as more opiate users enter into treatment which keeps successful completions low. Alcohol completions are starting to improve slightly now that detoxification options are available. Long waiting times for detoxification impacts on completions

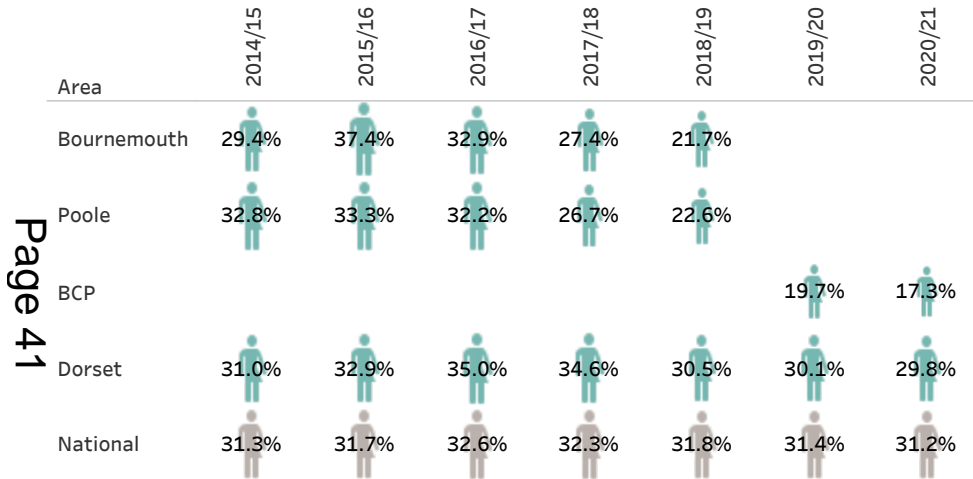
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Time in treatment & alcohol related hospital admissions



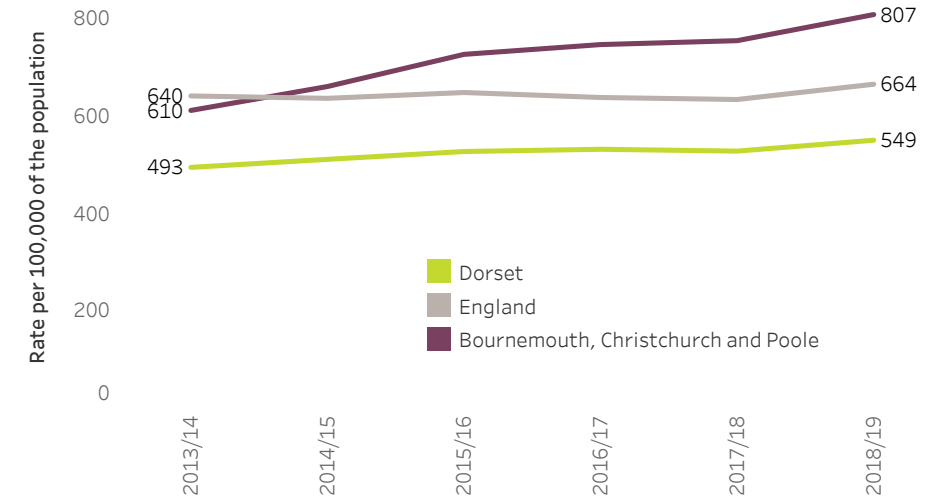
Opiate Clients in treatment for 6 years or more

Number of clients in treatment for stated time period / all clients in treatment at the end of the period

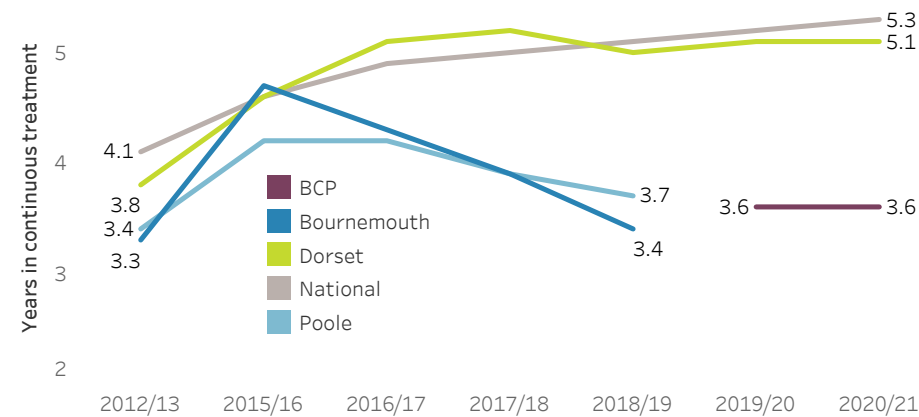


Alcohol Related Hospital Admissions

Rate per 100,000 of the population all ages - Narrow (Local Alcohol Profiles for England Indicator 10.01)
Where an alcohol-related illness was the main reason for admission or identified as an external cause



Opiate Clients - Average Time in Continuous Treatment (in years)



Dorset: Generally mirrors the national average for opiate clients in treatment. Hospital admissions continue to increase and need to be monitored. Exploration of an alcohol related death panel is being explored between CCG / PHD and acute hospitals.

BCP: Individuals in long term treatment remain below the national average. BCP have had a lot of new people in treatment over the last 18 months. Complexity and lifestyle also impacts on long term treatment. BCP have seen an increase in homeless / complex individuals starting to engage. Alcohol related admissions continue to rise significantly- possibly due to little or no detoxification available over last 15 months.

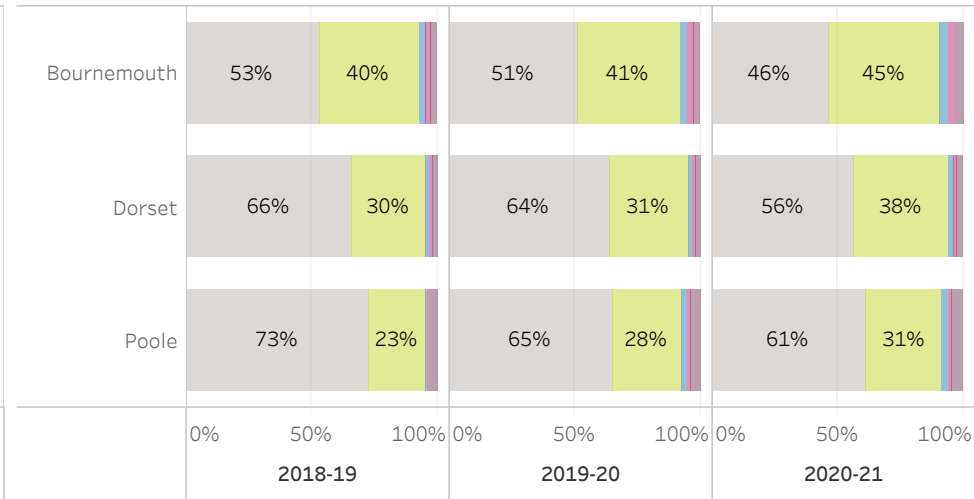
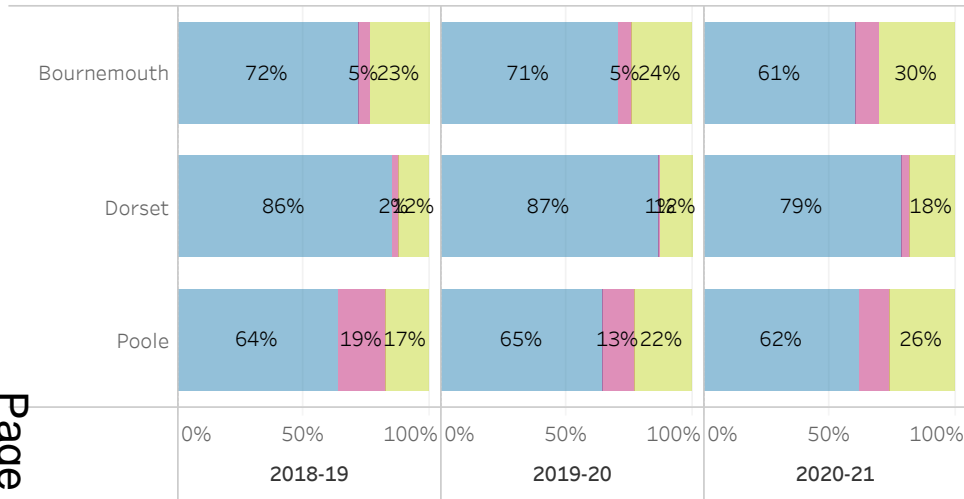
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Blood Borne Viruses



Percentage of Clients in treatment who accepted Hep B immunisation

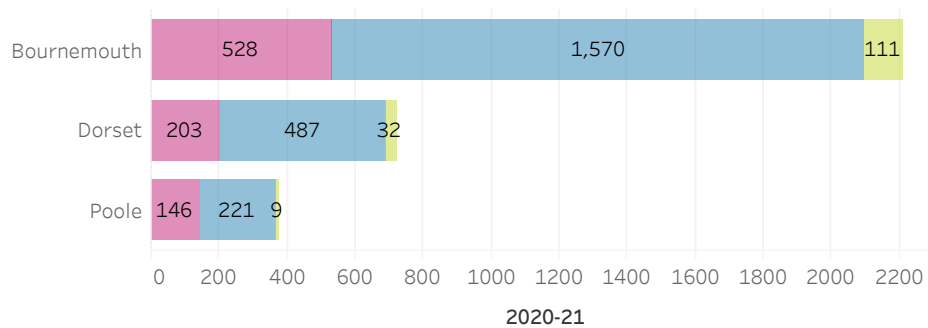
Percentage of clients in treatment who have completed Hep B course



Hep B immunisation status
 Acquired Immunity / Immunised already / not appropriate
 Not offered
 Offered

Hep B Course status
 No vaccination recorded
 Course completed
 One vaccination
 Two vaccinations
 Three vaccinations

Hep C latest test date for clients who currently or have previously injected



Hep C Date within last year
 Hep C test within 1 year
 Hep C tested over 1 year ago
 No Hep C test date recorded

Dorset: Immunisations and testing has been adversely affected by the consequences of Covid 19. As services stabilise, improving these numbers back to pre Covid percentages is imperative.

BCP: Continue to improve. Specific targeted work has been undertaken during covid especially with people in temporary accommodation and council HMOs. Improved awareness undertaken with staff working in housing provision. Priority now is re-testing individuals who have continued or re-started injecting, and re-testing people known to have Hep C to encourage them into Hep C treatment.

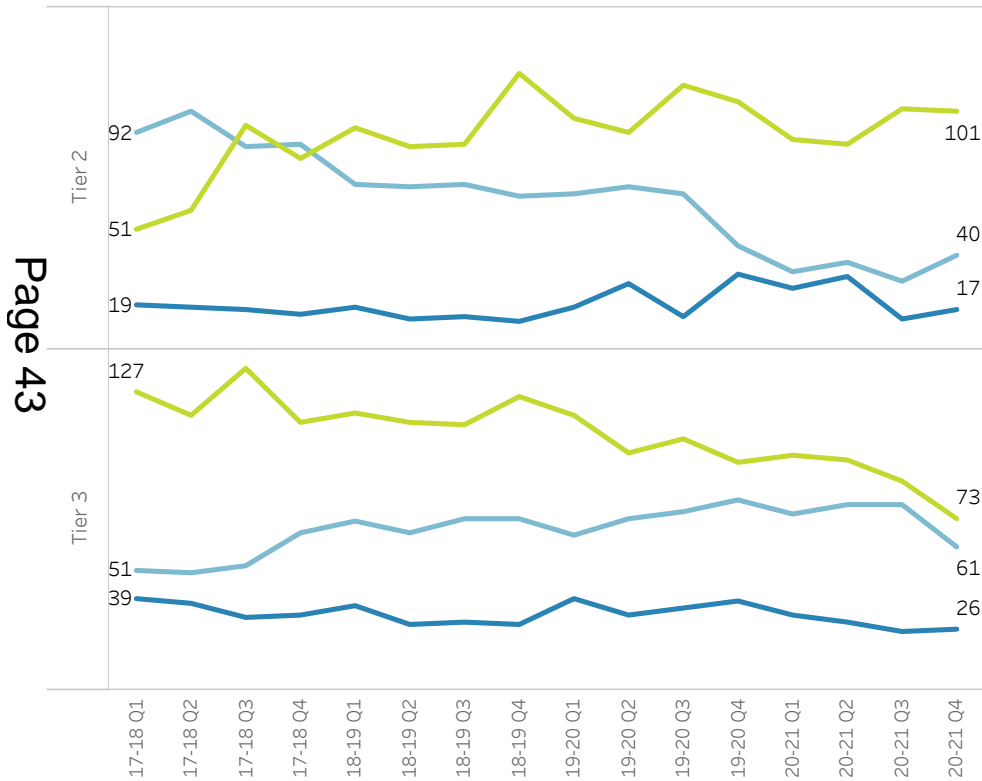
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Young people in treatment

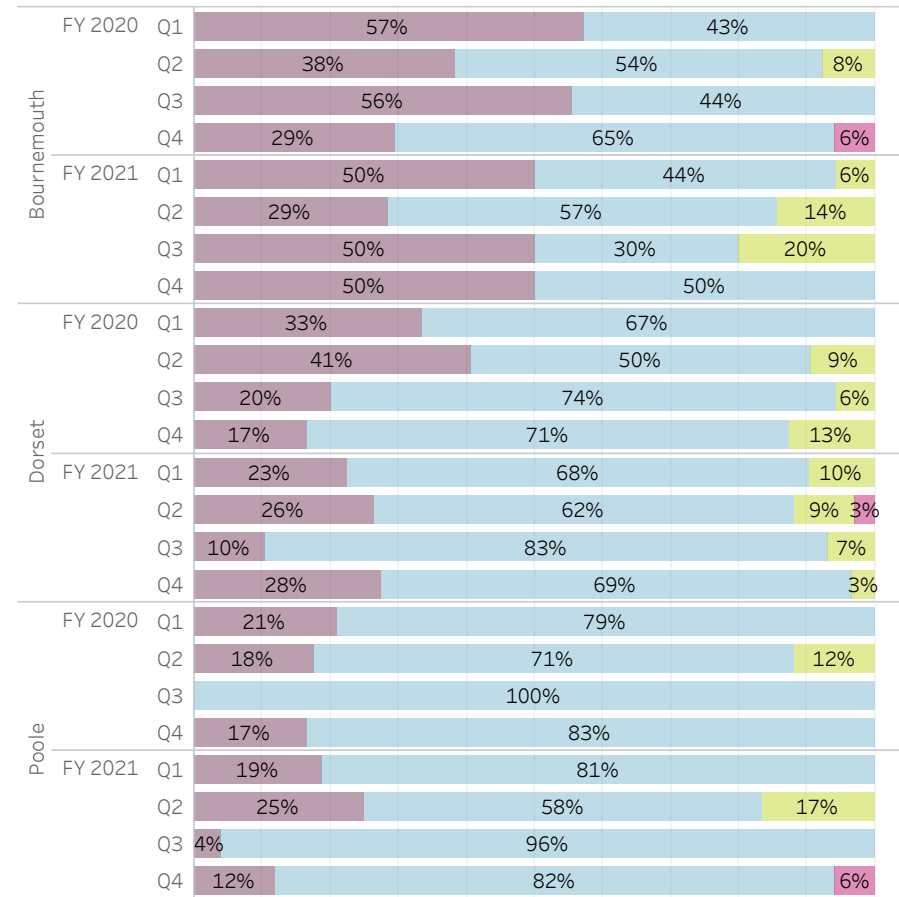


Young People in Structured Treatment

■ Bournemouth
■ Dorset
■ Poole



Young People - Closures



Closure Reason

■ Unplanned Exit
■ Planned Exit
■ Transferred not Custody
■ Transferred in Custody

Dorset: Young people's lives have been particularly adversely affected by Covid 19. Dorset has seen a continued reduction of young people in tier 3 with providers working to find more engaging ways to work with young people.

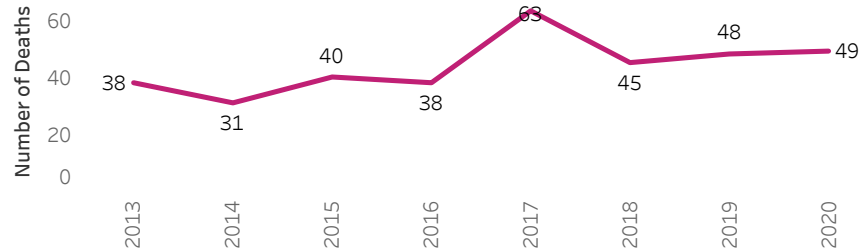
BCP: Tier 2 young people are increasing in service now schools are allowing access. Tier 2 treatment reduced in Poole due to access to young people during covid, but Bournemouth remains steady.

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Drug related deaths and Naloxone provision



Drug Related Deaths Pan-Dorset



Drug Related Deaths Locations

	2013	2014	2015	2016	2017	2018	2019	2020
Bournemouth	20	21	19	19	27	18	21	24
Weymouth and Portland	8	4	8	3	12	7	4	11
Poole	6	5	3	7	7	9	8	3
West Dorset	3	1	2	3	4	4	5	3
North Dorset	1		3	3	6	5	3	3
Purbeck			2		2		2	3
Christchurch			2	2	4	2	1	1
East Dorset			1	1	1		4	1
Grand Total	38	31	40	38	63	45	48	49

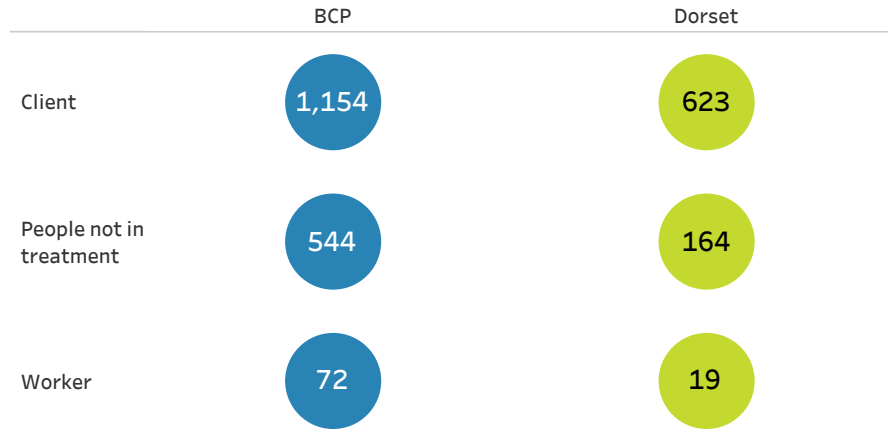
Please note 2020 figures are draft and subject to coroners conclusions.

Dorset: Drug related deaths continue to be a priority locally and are being closely monitored. 2020 figures are generally in line with 2019. April 2020 being the only major outlier. There is still work to do to improve Naloxone distribution particularly in relation to people not currently in treatment.

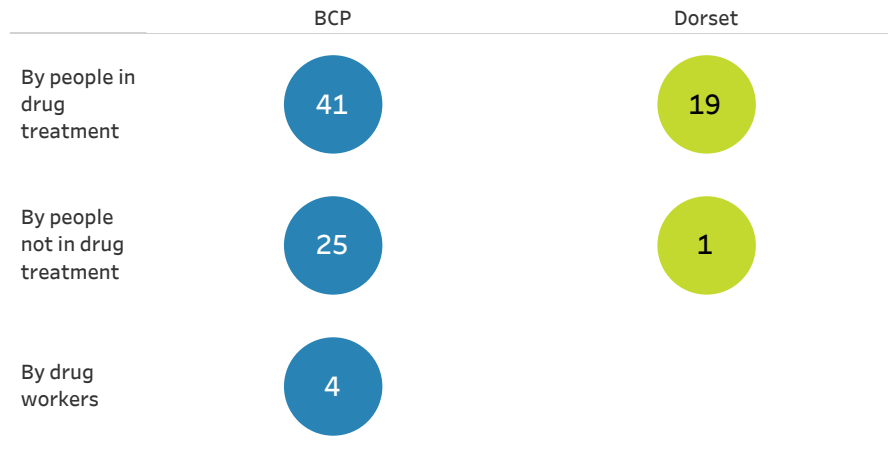
BCP: Drug related deaths remain a priority and are being monitored. Issuing of Naloxone continues to increase with services targeting homeless / people in temporary accommodation and also housing staff.

Naloxone Provision

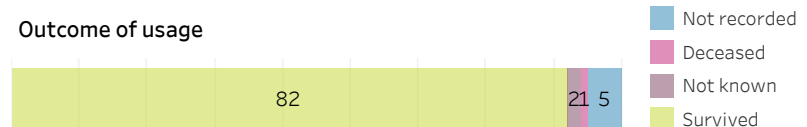
Number of kits issued to date



Naloxone kits used since start of project



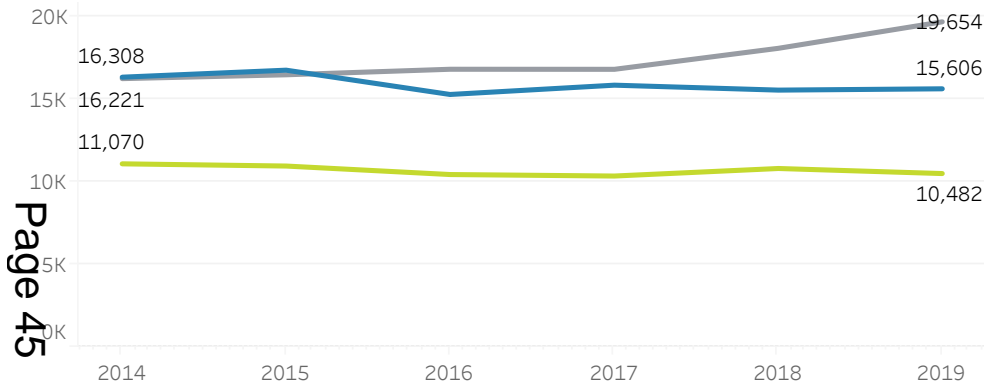
Outcome of usage



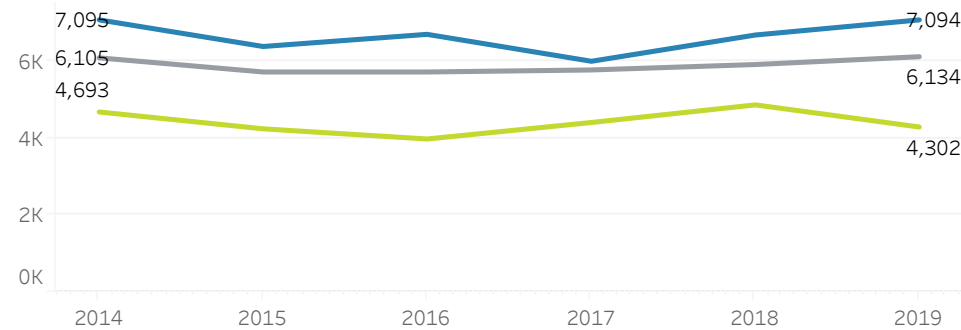
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



1. New sexually transmitted infections diagnoses in under 25 year olds per 100,000 population



2. Rate of Chlamydia diagnoses for age 15-25 years

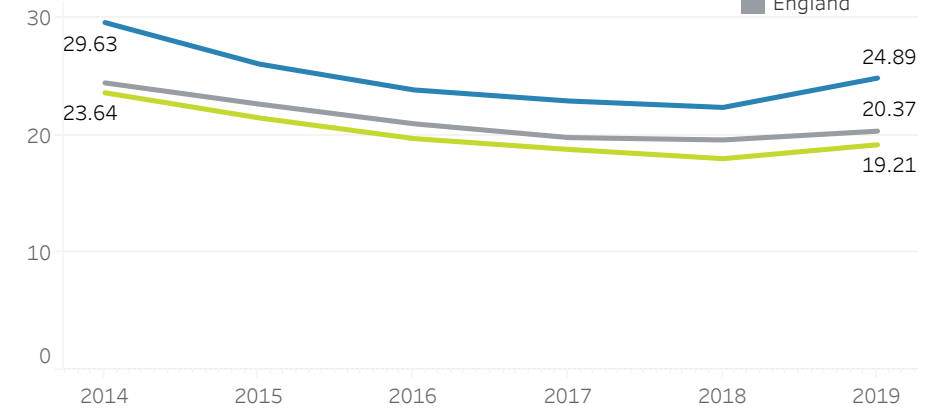


No new data for this indicator has been published since the last report.

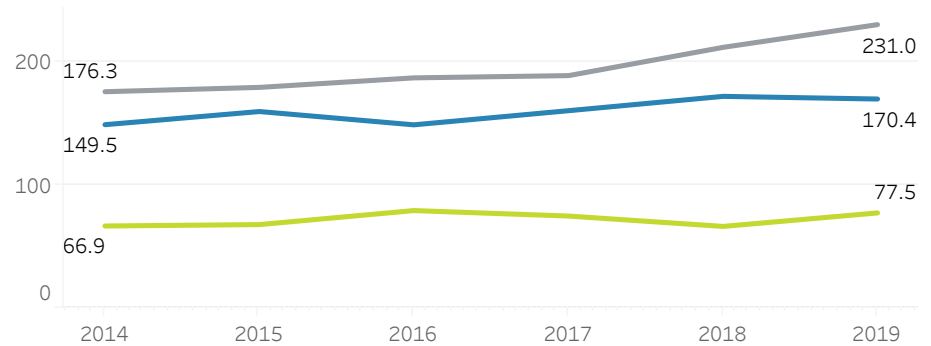
All new STIs (excluding Chlamydia in under 25s) per 100,000 aged 15 to 64 years showed that in 2019 infection diagnoses are lower than England average in Bournemouth, Christchurch and Poole combined and lower in Dorset. A longer-term trend shows a rise for 2014/5 in Bournemouth, Christchurch and Poole and a fall in 2016 but relatively static overall since 2012 to 2019 compared to a rise nationally.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips

3. The proportion of 15 to 25 year olds screened in Dorset



4. Rate of Chlamydia diagnoses for age 25 years and over



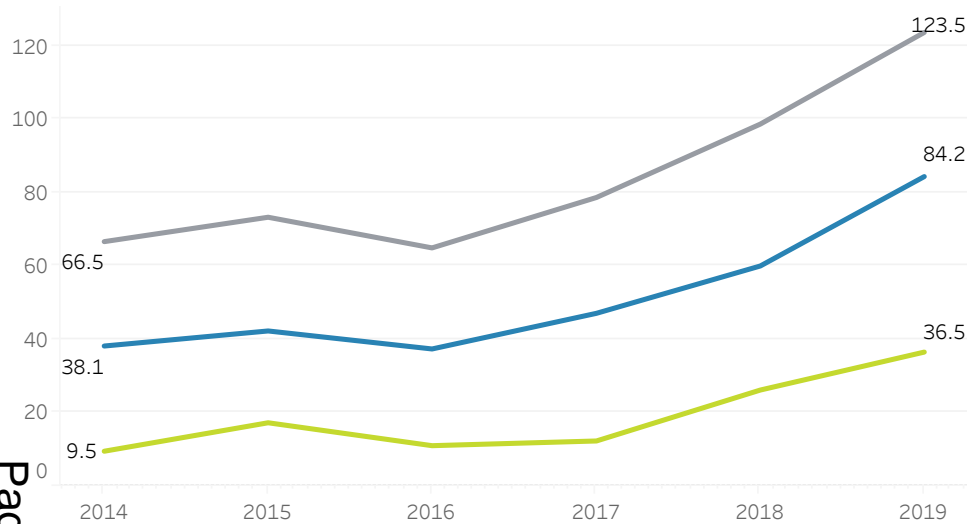
No new data for this indicator has been published since the last report.

For chlamydia screening Sexual Health Services in Dorset have adopted a more targeted focus in directing screening to areas of greater need to increase positivity rates and subsequent treatment. So, the proportion of those 15-25 years olds screened in higher prevalence areas are higher. The numbers screened aged between 15-25 in Bournemouth, Christchurch and Poole combined are shown as higher than England average and Dorset are much lower. The diagnoses for those over 25 are lower than England average across both council areas.

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



5. The rate of Gonorrhoea diagnoses per 100,000 population



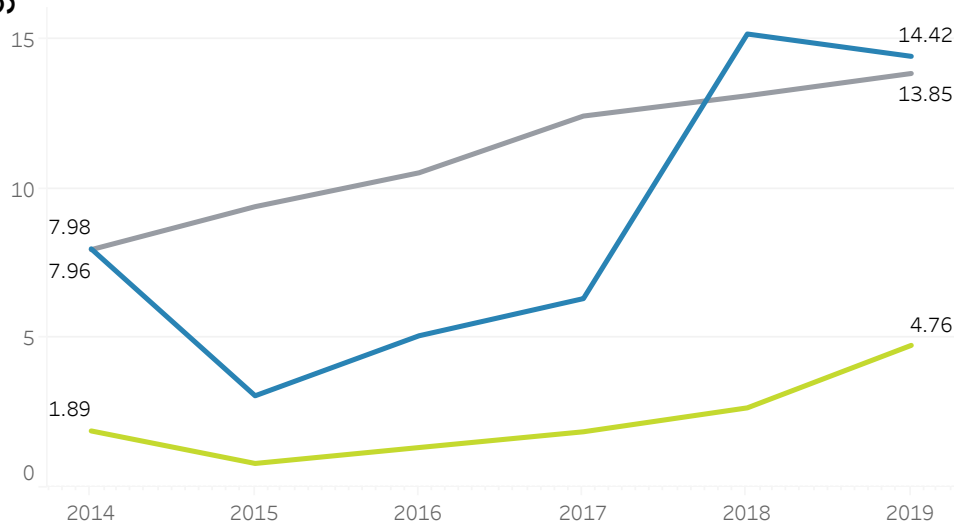
No new data for this indicator has been published since the last report.

The rate of Gonorrhoea has increased since 2016 in Bournemouth, Christchurch and Poole and Dorset but remains lower than the England average with figures of 82.4 and 36.5 per 100,000 population respectively compared to 123.5 in England.

- BCP
- Dorset
- England

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6. Rate of syphilis diagnoses per 100,000 population



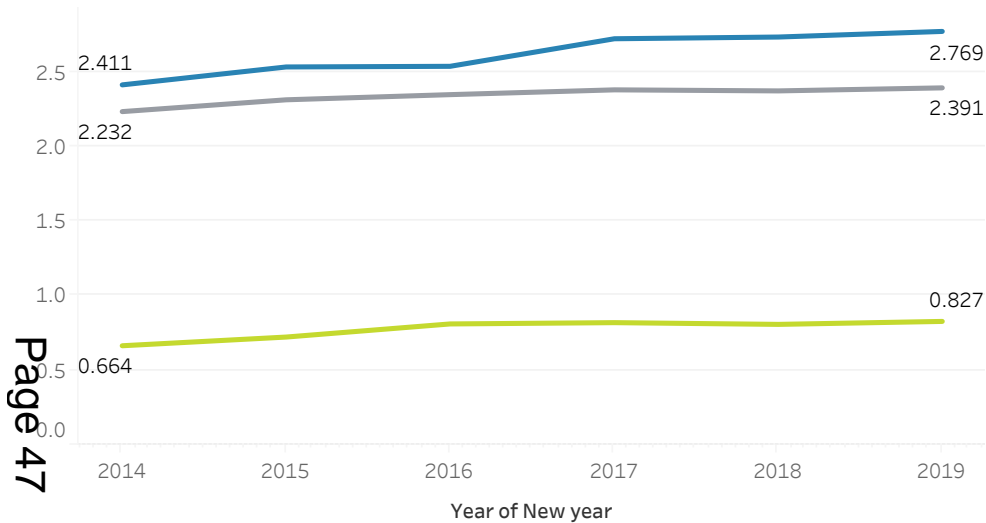
No new data for this indicator has been published since the last report.

Nationally rates of syphilis diagnoses have been steadily rising, rates in Bournemouth, Christchurch and Poole have peaked again from 2017 following a decline since 2014 and are now above England average (14.42 and 13.85 respectively). Updated data shows that rates have started to fall again in Bournemouth, Christchurch and Poole.

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



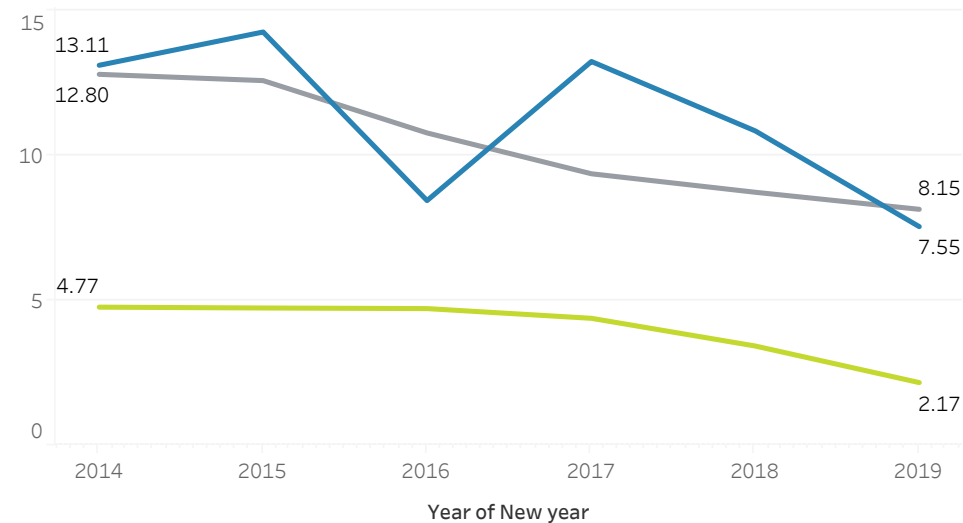
7.HIV Diagnosed prevalence 15 -59



The prevalence rate for HIV in 2019 was 2.769 per 1000 population in Bournemouth, Christchurch and Poole, which was higher than the England average (2.391). Trends have remained higher, which is largely due to vulnerable groups residing in the area. This gives an amber ranking against the PHE goal of less than 2 per 1000 population. Rates for Dorset (0.82) were below average and ranked green.

- BCP
- Dorset
- England

8.HIV new diagnosis rate per 100,000 15 plus years.



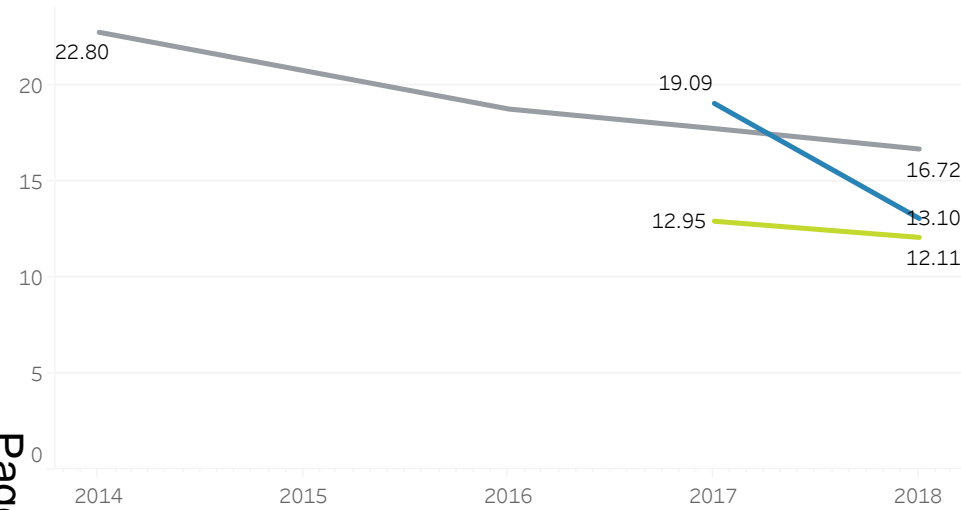
In 2019 data showed that HIV new diagnosis rates fell overall, but not significantly and are now below England average (8.15) in Bournemouth, Christchurch and Poole, (7.55). Dorset remain low (2.17) and were decreasing. Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT



9. Under 18 conception rates per 1000 population in females 15-17 years

Note: only 2017 figures provided for new LA areas



- BCP
- Dorset
- England

No new data for this indicator has been published since the last report.

Nationally conception rates have fallen over time from 22.8 to 16.72. Bournemouth, Christchurch and Poole were slightly above England average in 2017 and are now below average (13.10 from 19.09) and Dorset remain below average (12.11).