



## JOINT PUBLIC HEALTH BOARD

### Clinical Treatment Services Performance Monitoring

Date of Meeting: 25 November 2019

Portfolio Holder: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council,  
Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Local Member(s):

Director: Director of Public Health

**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.

**Equalities Impact Assessment:**

This is a performance report therefore EqIA is not applicable. Equality impact assessments are considered as part of the commissioning of our clinical treatment services.

**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, the level of risk has been identified as:

Current Risk: LOW

Residual Risk LOW

**Climate implications:**

There are no climate change implications arising directly as a result of this report.

<b>Other Implications:</b> See report
<b>Recommendation:</b> 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.
<b>Reason for Recommendation:</b> 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.
Appendix 1: Drug and Alcohol Performance Report Appendix 2: Sexual Health Scorecard Appendix 3: Community Health Improvement Services Report
<b>Background Papers:</b> Previous performance reports to Board
<b>Officer Contact:</b> Name: Nicky Cleave and Sophia Callaghan Tel: 01305 224400 Email: <a href="mailto:nicky.cleave@dorsetcouncil.gov.uk">nicky.cleave@dorsetcouncil.gov.uk</a> and <a href="mailto:sophia.callaghan@dorsetcouncil.gov.uk">sophia.callaghan@dorsetcouncil.gov.uk</a>

## 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 through.
- 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 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 Council. For Bournemouth, Christchurch and Poole, it commissions the prescribing service and all psychosocial services and services for young people other than in the former Bournemouth unitary area;

- BCP 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, combined with previous savings delivered on the substance misuse budget, has increased pressures within the treatment system, some of which are now being seen in performance and budgets.
- 2.3 Detail on latest performance is available in appendix 1 and 3. This has identified some key issues:
- There has been a welcome increase in the number of people engaged in treatment. This has been a priority in the Bournemouth area where numbers engaged had been declining. However, the increased numbers have put additional pressure on services.
  - Drug-related deaths (generally overdoses from opiates such as heroin) have been rising over the past seven years. Services have improved performance in the number of naloxone kits given to service users at risk.
  - There is considerable fluctuation in successful completion rates. The latest performance within the new unitary council geographies shows rates that are comparable in Dorset and BCP for opiate clients, although this is slightly lower than the national average. For alcohol the rates in BCP are higher than those in Dorset and the national average.
  - There was a sustained increase in supervised consumption activity in the first five months of 2019/20 although there are some signs that this is reaching a plateau. This increase is likely to reflect the new clients presenting for treatment for opiate dependence, leading to higher overall numbers in treatment, with those early in treatment more likely to require supervision. Activity is being carefully monitored by commissioners to assess impact on the budget.
- 2.4 In the last year there has been a focus on improving the wider health needs of those in treatment:
- Not all service users who could benefit from interventions to vaccinate against or treat blood borne viruses are receiving these. NHS England has made the elimination of hepatitis C a priority and commissioners are working closely with NHS services locally to increase access to treatment for hepatitis C positive clients;

- Service users in drug and alcohol treatment services are more likely to die of diseases not directly related to drugs including COPD – and much earlier than the general population. A smoking cessation offer has now been implemented as a pilot in the substance misuse service in Poole as part of a phased implementation across the county. Service providers are stocking supplies of nicotine replacement therapy and have been trained to provide this to service users alongside their normal treatment offer.

### **3. Sexual Health**

- 3.1 Sexual health services are one of the programmes that local authorities are mandated to provide under the 2012 Health and Social Care Act. Public Health Dorset Commissions sexual health and reproductive services on behalf of Dorset and BCP Councils, which includes:
- Contraceptive services (including prescribing costs);
  - Young people's sexual health;
  - HIV prevention, sexual health promotion, services in educational settings and pharmacies;
  - Sexually transmitted infections (STI) testing and treatment at Genitourinary medicine (GUM) clinics;
  - Chlamydia screening and HIV testing.
- 3.2 Following support from the Board in 2018 progress with service integration continues with ongoing joint working and integrated service development over the last six months. The current service contract is due to end in March 2020 and a procurement process is in development to invite providers to bid via open competitive tender. This is now scheduled for mid-December following purdah.
- 3.3 The agreed contract envelope has reduced from £6M in 17/18 to £5.6M in 19/20 and a further reduction to £4.8M in 2020/21.
- 3.4 Detail on latest performance for sexual health is included in Appendices 1 and 3 and has identified some key findings.
- 3.5 All new sexually transmitted infections (excluding Chlamydia) per 100,000 population aged 15 to 64 years are lower than England average in Bournemouth, Christchurch and Poole, and lower in Dorset. A longer-term trend shows a peak during 2014/5 in Bournemouth, Christchurch and Poole and a fall during 2016 but relatively static overall since 2012.
- 3.6 However, rates of infection with gonorrhoea have increased since 2016 in the BCP Council area, and also Dorset, but remain lower than the England average.
- 3.7 Nationally rates of syphilis diagnoses have been steadily rising. Rates in BCP Council have risen from 2017 (following a decline since 2014) and are now

above the rate for England. There has been a recent syphilis outbreak across the South West, which is being managed by Public Health England.

- 3.8 The prevalence rate for HIV in BCP Council is higher than the rate for England. This is related to a higher prevalence of the infection in some core groups such as men who have sex with men (MSMs), injecting drug users, and sex workers.
- 3.9 Nationally conception rates have fallen over time in the BCP Council area, remaining slightly above the rate for England, while the rate in Dorset Council is below the England rate.
- 3.10 There has been an increase in access to Emergency Hormonal Contraception (EHC) with 120 sites delivering the service. There have been a relatively consistent number of monthly consultations, largely in areas of higher need such as in Bournemouth, Poole and Weymouth and Portland.
- 3.11 Long—acting reversible contraception access is similar to last year and also shows delivery in areas of higher need.
- 3.12 One key contract management issue that has emerged this year are a high number of people turned away from same-day appointments. The challenge with a complex appointment system with people of varying needs is that there are only so many appointments per day, which quickly become booked up. Many people turned away successfully access services within 48 hours.
- 3.13 The challenge with this system is to ensure that vulnerable people are seen the same day. Further investigation into some of the mitigating actions the provider has put into place will help to ensure same day appointments are offered to those most in need. The following steps are being re-inforced with providers:
- Ensuring referral pathways are in place for vulnerable patients at high risk – teenage pregnancies, paediatric inpatients, psychiatric inpatients, sexual assault;
  - Prioritising appointments for people referred by outreach services i.e. Dorset Working Women's Project, Sexual Assault Referral Centre, social services, people with learning disability;
  - The new online booking system with triage will identify under 18s and MSMs and allocate a suitable appointment for them;
  - A one stop shop is being developed for under 18s in the east, as is available in the west of the county.
  - Where vulnerable people are assisted by relevant agencies, same day access is improved, so having strong partner links and clear, accessible website information is important.
  - Once someone is identified as vulnerable either in person or via the phone, they will not be turned away without an appropriate appointment.

- 3.14 In the last year there has been a focus on improving the wider health needs as part of contract management and case study submissions show more in-depth accounts of services working with health and social care, safeguarding or housing services to support vulnerable people.

#### **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:
- Note performance in relation to drugs and alcohol; and
  - Note performance in relation to sexual health.

**Sam Crowe**  
**Director of Public Health**  
November 2019