

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

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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