Report No.
CS15924

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**
Date:	
Decision Type:	Non-Urgent Executive Non-Key
Title:	**PUBLIC HEALTH PROGRAMMES UPDATE**
Contact Officer:	Mimi Morris-Cotterill, Assistant Director, Public Health Email: mimi.morriscotterill@bromley.gov.uk
Chief Officer:	Dr Nada Lemic, Director of Public Health
Ward:	All Wards

1. Reason for report

1.1. This report provides an update the performance of Public Health commissioned services in 2014-15.

2. RECOMMENDATION(S)

2.1 Care Services PDS is asked to note and comment on the activity and performance of the Public Health programmes during 2014/15.

Corporate Policy

1. Policy Status: Existing Policy

2. BBB Priority: Children and Young People; Excellent Council; Quality Environment; Supporting Independence.

Financial

1. Cost of proposal: All covered under existing Public Health Grant.

2. Ongoing costs: Recurring Cost. Contract management and financial support for Public Health will be part of 'Business as Usual' and will be covered through a general support recharge to Public Health.

3. Budget head/performance centre: Director of Public Health.

4. Total current budget for this head: £12.9 million (2014/15).

5. Source of funding: Department of Health; Public Health Grant.

Staff

1. Number of staff (current and additional): 25 FTE.

2. If from existing staff resources, number of staff hours:

Legal

1. Legal Requirement: Statutory Requirement

2. Call-in: Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): No impact on services delivered by these contacts.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

3.1 This paper provides an update on the contractual arrangements and provider performance of Public Health programmes in 2014/15. While the contractual arrangement of Substance Misuse is mentioned briefly, its performance is not reported in this paper as it has been the subject of recent scrutiny by Members (Report CS14134 - Gateway Review of Substance Misuse Services, 20/5/15).

3.2 The remaining Public Health programmes are currently organised in three broad areas in Bromley:

Adult Public Health Services

- NHS Health Checks
- Tier 2 Adult Weight Management
- Exercise on Referral
- Stop Smoking
- Diabetes Prevention
- Health Improvement

Children and Young People Public Health Services

- National Childhood Measurement Programme (NCMP)
- Childhood Weight Management
- School Nursing

Sexual Health Services

- Control of Sexually Transmitted Infections
- Reduction of Unplanned Pregnancies including Teenage (Under 18) Conception Rate

3.3 Delivery of these programmes is commissioned from third party organisations using a range of contracting approaches which are divided into four categories, as authorised by the Executives in July and November 2014 (CS14067 and CS14101).

- Category A: Standard Contracts
- Category B: Bromley CCG Community Block Contract with Bromley Healthcare
- Category C: Sexual Health Clinical Contracts with acute hospital providers
- Category D: Service Level Agreements with General Practitioners

Details about individual programmes and performance of relevant contracts are set out in the attached appendices.

Category A: Standard contracts

3.4 There are currently 35 standard contracts in place with a total value of £2.18m. The most significant proportion of this expenditure is made up from five substance misuse contracts with KCA and Crime Reductions Initiatives who provide substance misuse intervention services for adults and young people. These contracts were awarded in 2010 by Bromley PCT as three year contracts with provision to extend by a further two years. Executive has in May 2015 approved proposals to commission reconfigured substance misuse services. In 2014/15, spend on substance misuse in this category was £1.6m.

3.5 In 2014, the Council put in place the Public Health Services Framework with an

estimated annual value of £800,000. During the year, 21 contracts were awarded with a total value of £502K. All these Framework contracts have been awarded for a maximum period of one year with provision to extend by a further year to ensure maximum flexibility in response to any budgetary pressures. The actual spend was £503K.

3.6 The majority of the remaining 9 contracts have been put in place as short term projects in support of key Public Health outcomes. All have been awarded in line with the requirements of the Council's Contract Procedure rules. The total spend on these was £80K.

Table 1. Standard Contracts

Contract	Value	Spend
Substance Misuse (5)	£1,600,390	£1,596,945
Framework Agreement (21)	£501,650	£503,292
Other Standard Contracts (9)	£78,780	£79,605
Total	**£2,180,820**	**£2,179,842**

Category B: Clinical Commissioning Group Community block contract

3.7 Bromley Clinical Commissioning Group (CCG) commissions a range of community services for Bromley residents through block contract with Bromley Healthcare (BHC), which includes 5 Public Health Programmes with a total annual value of £3m.

Table 2. PH Contracts with BHC

Contract	Service	Value/Spend
Bromley Healthcare	Sexual Health - Contraception and reproductive health	£739,326
	Sexual Health - Sexual health improvement	£234,069
	Sexual Health - HIV Community Nurse Specialist Service	£170,158
	Adult - Health improvement*	£179,988
	Adult - Smoking cessation	£385,755
	Children & Young People - School Nursing	£960,066
	Children & Young People -National Childhood Measurement Programme (NCMP)	£120,746
	Children & Young people - Childhood weight management	£187, 820
Total		**£2,977,928**

*Health improvement consists of a bundle of different enabling interventions designed to support performance in the main contracts.

3.8 The contract is managed by the CCG through the section 75 agreement with the Council. The overall community contract expires on 31 March 2017. These services are tightly performance monitored directly by Public Health. There is an option to review and pull individual service lines out of the current block contract if performance problems are identified and appropriate notice is given.

3.9 In additionl Oxleas NHS Foundation Trust was commissioned to provide a Dual Diagnosis Service with a block value of £64,000 per annum.

Category C: Sexual Health Clinics (acute)

3.10 Part of the Council's prescribed functions for Public Health is the delivery of sexual health services – Sexually Transmitted Infection (STI) testing and treatment. Bromley residents can currently go for a check-up at a sexual health clinic anywhere in the country. That clinic invoices LBB based on a nationally agreed tariff. The open access nature of these 'contracts' continues to make this the most difficult of the budgets to manage.

3.11 For 2014/15, the budget for sexual health services totaled £3,623,040 with £1,579,790 allocated specifically for GUM services. These services are commissioned from the major South East London acute providers, King's College Hospital NHS Foundation Trust and Guy's and St. Thomas' NHS Foundation Trust as part of Bromley CCG's acute contracts and managed through the CCG using section 75 agreement. Both Trusts provides the majority of GUM services for the borough, with contract values totaling £1,156,730. In 2014/15, spend on these two contracts was £1,142,740.

3.12 Three other providers offer GUM services (Barts & The London NHS Trust, Chelsea & Westminster Hospital NHS Foundation Trust and Imperial College Healthcare NHS Trust) with estimated values that would require formal contracting arrangements were exempt from tendering for these services by the Portfolio Holder of Care Services in accordance with the Council's Contract Procedure Rules. In the event, none of these providers entered into a formal contract with the Council. Nevertheless, commissioners were able to secure more favorable prices than the standard rates available through the annual National Tariff.

3.13 The Council is still obliged to cover costs from providers who offer GUM services to any attending Bromley resident across the country. Outside of those providers identified above, the estimated contract values with all other providers (most outside London) negate the need for formal contracting arrangements. Service provisions without these arrangements are subject to Non-Contractual Arrangement (NCA) rates which are based on an annual National Tariff proposal.

3.14 During 2014/15 significant growth was seen in GUM activities provided by some major London NHS Trusts, resulting in an additional spend of £40K.

Table 2. Sexual Health contracts – acute GUM service

Contract	**Service**	**Value**	**Spend**
King's College Hospital	GUM	£1,032,210	£989,985
Guy's and St Thomas' NHS Trust	GUM	£124,520	£152,755
Other acute hospital providers	GUM	£423,060	£497,418
Total		**£1,579,790**	**£1,620,158**

3.15 Despite this level of growth in GUM activities which is in trend with other London Boroughs, a balanced budget was achieved for 2014/15. This was partly due to, a negotiated reduction in rates with some GUM providers, over provision from previous year's budget and the close scrutiny and robust validation process for payment by the Public Health team.

Category D: Service Level Agreements with General Practices

3.16 In 2014 the Council successfully implemented Service Level Agreements (SLAs) with all 45 borough GP practices. The SLAs allow GPs to voluntarily put

themselves forward for one or more of three different service types (Sexual Health, NHS Health Checks and Substance Misuse service). The total value of the SLAs for 2014/15 was £565k, with actual spend of £428K.

Table 3. Service Level Agreements with GPs

Contract	Service	Value	Spend
GP SLA	Sexual health	£237,350 *(Plus £120,000 Prescribing costs of contraception devices)*	£238,828 *(Plus £91,738 prescribing costs)*
GP SLA	NHS Health checks	£302,000 *(This budget is designed to be flexible. Where Primary Care underperforms it is used to commission Alternative Providers)*	£155,344
GP SLA	Substance misuse	£26,000	£33,857
Total		**£565,350**	**£428,029**

4. POLICY IMPLICATIONS

4.1. This report is in relation to the business processes established to administer the existing contracted services. Authorisation to commissioning these services remains with Members working within the stipulations and statutory responsibilities set out in the Grant. The work is in accordance with the Health and Social Care Act 2012.

5. FINANCIAL IMPLICATIONS

5.1. The Public Health Grant has been set by the Department of Health using estimates of public health baseline spending in 2011, along with a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.

5.2. The Public Health Grant is a central government grant which is ring-fenced until 2016/17. The Department of Health grant allocation announced for Bromley was £12,953,600 in 2014/15.

5.3. The grant conditions require quarterly financial reporting to the Department of Health against a set of standardised budget reporting lines and the expenditure must be explicitly linked to the Health and Wellbeing Strategy, Public Health Outcomes Framework and the Joint Strategic Needs Assessment. The Council will need to show that it spends £12.9m on Public Health related expenditure. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. The Grant can be used for both revenue and capital purposes.

5.4. The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any under spend this can be carried over, as part of a Public Health Reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.

5.5. There is also a statement of assurance that needs to be completed and signed off by the Chief Executive and Director of Public Health at year end. The expenditure for Public Health services will be included within the overall audit of the Council's statement of accounts and the Council needs to evidence that it spends the Grant on public health activities across the Council.

6. LEGAL IMPLICATIONS

6.1. This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.

6.2. The need to follow the guidance in paragraph 13 of the Ring Fenced Public health Grant letter is key:

(13) "*In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities."*

6.3. As are condition 3 and 9 of the grant:

"*the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the 2006 Act")".*

6.4. There is independent audit and provision for claw back if the money is not spent appropriately.

6.5. Education, care and health services are subject to the application of the "light touch" regime under the Public Contracts Regulations 2015.

7. PERSONNEL IMPLICATIONS

None

Non-Applicable Sections:	**PERSONNEL IMPLICATIONS**
Background Documents: (Access via Contact Officer)	Report CS14067 – Public Health Contracts – Annual Update July 2014. Report CS14101 – Public Health Commissioning 15/16 Report CS14134- Gateway Review of Substance Misuse Services

Appendix 1. Adult Public Health Services

NHS Health Checks Programme

Brief Service Description

The NHS Health Check programme aims to prevent vascular diseases including: heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The programme uses various tests (blood pressure, cholesterol, body mass index) to assess individual's risk of developing CVD. Relevant lifestyle and medical approaches are then used to manage patients' risk factors, such as, diabetes prevention programme, smoking cessation, life prescription of medication to reduce blood pressure and cholesterol.

Evidence

Epidemiological studies show that a small number of well-known risk factors contribute the bulk of the population attributable risk for non-communicable diseases. These are poor diet, smoking, high blood pressure, obesity, physical inactivity, alcohol use and high cholesterol. Their contribution to ill health and premature mortality is so large that unless the numbers in the raised risk categories for these factors change substantially, national outcome measures cannot be expected to improve by much.[1]

In Bromley, the main causes of death are cardiovascular disease and cancer, with inequalities in life expectancy in key population and geographic areas. Based on strong evidence, NICE guidance recommends identification of individuals with the key risk factors for these diseases, and the use of evidence based interventions to manage them [4,5,6,7]. Early identification and intervention to reduce risk can prevent, delay and in some circumstances reverse the onset of cardiovascular diseases. The NHS Health Checks is the delivery model designed to address these seven risk factors.[2]

References

1. Murray CJL et al (2013) UK health performance: findings of the Global Burden of Disease Study 2010 The Lancet 381 No. 9871 p997-1020 23 March 2013 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60355-4/abstract
2. Public Health England (2015) NHS Health Check Best Practice Guidance. February 2015 http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/
3. NICE (2014). Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (CG67) http://www.nice.org.uk/guidance/cg181
4. NICE (2011) Hypertension. Clinical management of primary hypertension in adults CG127 http://publications.nice.org.uk/hypertension-cg127
5. NICE (2012) Preventing type 2 diabetes: risk identification and interventions for individuals at high risk http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38

Epidemiology

The population of 40 -74year olds in Bromley is 133,164 with 93,511 of those eligible for an NHS Health Check. Modelling of this population would expect to find:

Expected findings in total 40-74year old population	Number	Percentage total
Ineligible for NHS Health Check due to pre-existing conditions	45,608	34%
Diagnosed with hypertension	23,719	18%
High risk of CVD >20% 10 year risk score	20,016	15%
Diagnosed with high risk of diabetes with high glucose result	3063	2%
Diagnosed with diabetes	1931	1%
Ref: National ready reckoner tool for NHS Health Checks		

It is estimated that each year of the first five years of the NHS Health Checks programme assuming a 40% uptake the programme should find:

- 225 people found to have hypertension
- 363 people at high risk of CVD with a risk score >20%
- 155 found to be at high risk of diabetes with raised blood glucose.
- 64 people found to have Type 2 diabetes

Commissioning and contracting arrangements

Eligible patients are identified through GP registers and GP Practices provide the majority of the NHS Health Checks, n=6328 (73%) 2014-15. However there are other providers to ensure accessibility.

For 2014-15 the commissioned Providers of NHS Health Checks were:

- 44 out of a possible 45 GP Practices in the London Borough of Bromley.
- 20 Community Pharmacies:
  - Boots UK Ltd (6 pharmacies),
  - Paydens Group Holdings Ltd (5 Pharmacies),
  - Pharmabbg LLP (9 pharmacies)
- Community Outreach Service: ToHealth Ltd

In addition, blood testing for cholesterol and HbA1c is provided through Point of Care Testing. A company called Alere is procured through the PH Framework to ensure delivery of this service in Bromley.

Contract History and Value

*As NHS Health Checks Providers are paid per Check completed, there is no absolute contract value as it varies depending on activity of the Providers. Underperformance by one Provider can be picked up by the other Providers. There is a maximum number of NHS Health Checks set which Providers should not exceed which is 20% of Bromley's eligible population.

Contract History	Estimated Contract Value*	Spend 2014-15
Community Outreach Service: ToHealth Ltd	Payment per NHS Health Check completed	£83,043 (net)
44 GP Practices –Service Level Agreements began on 01 April 2014 and expire on 31 March 2015 with an option to extend	estimated value • £302,000 per annum (between GP's and Pharmacists and for underperformance of these to top up Community Outreach)	£155,344
Community Pharmacies – contracts began on 01 April 2014 and will expire on 31 March 2016,		£11,841
Alere – Point of Care Testing – Contract began on 01 April 2014 and will expire on 31 March 2016	• estimated value: £100,000 per annum (dependent on volumes)	£69,884
Total spend on contracts	£402,000	£320,112

Performance

National targets		Bromley 2014-15
Total eligible population		93,215
The number and percentage of eligible population aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check	20%	21,400 (23%)
The number and percentage of eligible population aged 40-74years offered an NHS Health Check who received an NHS Health Check	50%	8,533 (39.9%)
The percentage of eligible population aged 40-74years who received an NHS Health Check	10%	9.2%

Key Outcomes Measures

1. Identification of people with undiagnosed risk factors for CVD:

- Hypertension: ➢ Current prevalence in Bromley is 13.8%, expected prevalence is 24.4%.[6]
- Type 2 diabetes and people at high risk of developing diabetes
- Increased cholesterol ≥7.5mmol/l

2. Identification of patients with 10 year risk of CVD ≥20%

3. Reduction in CHD mortality for people <75years.

Results

In 2013-14** From analysis of 8843 NHS Health Checks the findings were as follows:

- Hypertension: 827 (9.4%) people were diagnosed with hypertension following their NHS Health Check.
- Type 2 diabetes: 531 (6%) people had a raised blood glucose test indicating them to be at high risk of developing Type 2 Diabetes whilst 42 (0.5%) were found to have undiagnosed diabetes at the time of the NHS Health Check.
- High cholesterol: 167 people had a cholesterol ≥7.5mmol/l
- High risk of CVD: 482 (5.5%) people were assessed to have a 10year Qrisk score of 20% or more. Of these, 131 (27%)were receiving statin therapy at the time of data collection (may have increased subsequently as not done at the time of the NHS Health Check, requires re-audit.)
- In 2013, the premature mortality rate for CHD in NHS Bromley CCG was 30.5 per 100,000. This is a decrease of 46% since 2003.

**** 2014-15 data not yet available

References

[6] National cardiovascular intelligence network (2015) Cardiovascular disease profiles www.ncvin.org.uk.

Tier 2 Adult Weight Management

Brief Service Description

The service delivers a 12 week evidence-based community weight management programme in a range of settings and venues which are available to patients with a BMI ≥35 (BMI ≥33 with comorbidities), who are motivated to change and registered with a GP practice in Bromley.

This service is an identified exit route from the statutory National Health Check Measurement Programme, for any patient with an increased health risk due to being overweight. There is a duty of care to offer a service to address a patient's condition if identified through screening.

Epidemiology

In Bromley, obesity has been identified as one of the four health priorities in the Joint Strategic Needs Assessment (JSNA) and in the Health & Wellbeing Strategy. It is a key risk factor for cardiovascular disease, diabetes and cancer. Bromley is the third fattest borough in London with 65% of the population either overweight or obese (approximately 205,820 residents), this is higher than the prevalence for London (57.3%) and for England (63.8%). The estimated prevalence of obesity is 21.8%, which represents approximately 54,200 adults.

Evidence

NICE Public Health Guidance 53 recommends referral of overweight and obese adults to a lifestyle weight management programme.

A randomised controlled trial of weight loss programmes of 12 weeks' duration showed significant weight loss at both twelve weeks and at one year for both Weight watchers and Slimming World, and showed that commercially provided weight management services are more effective and cheaper than primary care based services led by specially trained staff.

References

[1]. NICE Public Health Guidance PH53

[2]. Comparison of range of commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity: Lighten Up randomised controlled trial : *BMJ* 2011. Jolly K, Daley A, Adab P et al.

Commissioning and contracting arrangements

- **Current Commissioning**

This Tier 2 weight management service forms part of a healthy weight pathway. Tier 1 (covers universal services such as health promotion and primary care) and Tier 2 (covers lifestyle interventions) are commissioned by the Local Authority. Tier 3 (covers specialist weight management services) and Tier 4 (bariatric surgery) are the responsibility of the CCG and NHS England respectively.

This service was competitively tendered, new contracts were awarded to Slimming World and Weight Watchers providers, which started on 01 April 2014. These contracts are due to expire on 31 March 2015 but include an option to extend for a further period of up to one year (31 March 2016).

Contract History

- **Contract Value**

Annual Contract Value (2013/14)	£113,750
Re-commissioned Annual Contract Value (2014/15)	£53,930
Re-commissioned Annual Contract Value (2015/16)	£53,930
Whole Life Contract Value	£107,860

- **Actual Spend (2014/15)** £94,208 (includes £45,000 additional vouchers)

Provider contractual performance of the Weight Management Service.

There were 804 referrals in 2014-15, 354 completed the programme (44% attended (≥10 sessions), 257 did not complete the programme (32% attended <10 sessions) and 193 are still active (24%).

Of those who have finished the programme, achievement is shown in the table below.

The service providers surpassed the performance target of 35% of participants achieving a reduction in at least 5% of original body weight. Performance: 44.7% achieved over 5% reduction in body weight, and 6.2% of people achieved over a 10% reduction in body weight. A 5% body mass reduction is clinically associated with improved health outcomes.

Tier 2 Weight Management Service Performance, 2014-15.

	No. of people	No. of people that lost >10% body weight	No. of people that lost ≥5% and <10% body weight.	No. of people that lost <5% body weight.
Slimming World Number of Completers (≥10 sessions)	229	26	149	54
Slimming World Number of Defaulters (<10 sessions)	173	0	17	156
Weight Watchers Number of Completers (≥10 sessions)	125	11	61	53
Weight Watchers Number of Defaulters (<10 sessions)	84	1	8	75
Total number of people	**611 & 193 still active = 804**	**38 (6.2%)**	**235 (38.5%)**	**338 (55.3%)**

Key Population Outcomes

- Evidence suggests that a moderate weight loss of between 5-10% of initial body weight is associated with substantial health benefits (improvements in lipid profile and blood sugar control, reduction in blood pressure). Severely obese people are 3 times more likely to need social care than those of a healthy weight.
- Obesity reduces life expectancy by an average of 3 years, severe obesity reduces life expectancy by 8-10years.
- Annual cost of obesity: Social Care £353 million and obesity attributed sick days £16 million. Every 1 person on this programme saves £230 over a lifetime.

Exercise on Referral

Brief Service Description
The service promotes physical activity as a treatment for existing medical conditions. Healthcare Professionals refer physically inactive patients with one or more existing medical conditions to the Exercise Referral Hub which signposts patients to a 12 week prescribed programme of supported exercise. Or alternative activities in the borough (e.g. walking and cycling) if medically appropriate.

Evidence
Exercise on referral is restricted to inactive patients who suffer from one of a list of conditions known to benefit from physical activity.
The summary of evidence below is from a review of the evidence by the PH team (Physical Activity and Long-term Conditions: The Evidence. Dr Mohammed Wahed, 2013).
Regular moderate physical activity has been shown to help prevent the development of osteoarthritis (OA) as well as reducing pain and loss of function in patients with hip or knee osteoarthritis.
Several studies have also shown that physical activity can improve quality of life as well as survival, pre- and post-cancer diagnosis.
Physical activity is the best predictor of mortality in patients with COPD and pulmonary rehabilitation (exercise training) can improve functional capacity and therefore quality of life and mortality.
There is significant evidence that aerobic training helps to reduce blood pressure (BP).
There is a large body of evidence on the motor benefits of physical activity for Parkinson's Disease and multiple sclerosis patients.
In patients with osteoporosis, physical activity improves muscle strength, mobility and balance, resulting in a significantly reduced risk of falls and therefore osteoporotic fractures. In addition, regular aerobic and resistance training has been shown to have a positive effect on bone mineral density.
Once a patient has established type 2 diabetes, physical activity improves blood glucose control by improving insulin sensitivity, which may lead to a reduction and in some cases a discontinuation of medication.
A study has demonstrated that by attending a cardiac rehabilitation program 5-year mortality is reduced by 34% in patients with coronary heart disease.
There is evidence that cognition in stroke patients is improved by a combination of aerobic and resistance training, and that lower limb resistance training improved strength in the legs and had a positive effect on walking in chronic stroke patients.

Epidemiology
Physical inactivity is the fourth largest cause of disease and disability in the UK. If everyone in England met the guidelines for activity, nearly 37,000 deaths a year could be prevented. Many of the leading causes of ill health in today's society, such as coronary heart disease, cancer and type 2 diabetes, could be prevented if more inactive people were to become active.
In addition to reducing premature death and the incidence of disease, participating in physical activity also has benefits for mental health, quality of life and wellbeing and maintaining independent living in older age. It can also play a key role in reducing health and social inequalities.
In 2013, 24.1% of Bromley's residents were physically inactive. In 2014, over a quarter of Bromley residents are inactive, achieving less than 30minutes of exercise per week (25.6%).

Commissioning and contracting arrangements

- **Commissioning intentions**

This service has been provided for many years under an NHS Contract and subsequently in the Local Authority after PH transition. The service was competitively tendered and a new contract was awarded to MyTime Active, which started on 01 April 2014. This contract is due to expire on 31 March 2016.

- **Contract Value**

Annual Contract Value (2015/16): £45,000
Whole Life Contract Value (2014/16): £90,000
This service is funded jointly through the PH Grant (£30,000) and from Environment and Community Services (£15,000).

- **Spend for 2015/16** £30,000 MyTime Active plus
£10,000 Evaluation and Gym programme

Provider contractual performances to include outcome measures and trends

Exercise on Referral Service Performance, 2013-15.

Year	No. of people referred	Number of people starting the programme	Number of people completing the programme
2013-14	839	567 (68%)	232 (41%)
2014-15	508	278 = Freshstart 109 = Alternative exercise Total = (76%)	104 = Freshstart 109 = Alternative exercise Total = 42%
Total number of people	**1,347**	**954 (71%)**	**445 (47%)**

- Due to the reduction in funding in 2014-15, there is a decreased capacity for people to start the programme.
- 62% of participants are now meeting the physical activity guidelines (150minutes per week of moderate intensity exercise or 75minute of vigorous intensity) who were previously inactive, therefore now achieving health benefits through activity.
- There is a mean increase in moderate intensity physical activity by 136 min/wk and vigorous physical activity by 34 min/wk.

References

1. Chief Medical Officer. At least five a week: Evidence on the impact of physical activity and its relationship to health. Department of Health (2011).
2. NHS London. Physical Activity and Long term Conditions; A Guide for GPs. Intelligent Health (2012).
3. Making the case for physical activity. British Heart Foundation (2013).
4. Turning the Tide of Inactivity. UK Active (2014).

Stop Smoking Service

Brief Service Description

The aim of this service is to provide a specialist, multi-component group and one to one, stop smoking service in Bromley and performance manage local providers (GPs and pharmacists) to additionally deliver stop smoking services.

This service is an identified exit route from the statutory National Health Check Measurement Programme, for any patient with an increased health risk due to smoking. There is a duty of care to offer a service to address a patient's condition if identified through screening.

Evidence

Stopping smoking is always beneficial to heath and it is never too late. Every cigarette smoked damages the lungs in a way that may not show up until later in life. After the age of 35-40 years, for every year of continued smoking a person loses about 3 months of life expectancy.

Two major longitudinal studies have demonstrated the benefits of stopping smoking at an early age. The 50 year follow up of the British doctors' study revealed that if smokers quit before the age of 30 they can avoid more than 90% of the smoking-attributable risk of lung cancer. The authors concluded that stopping smoking at age 60, 50, 40, or 30 gains, respectively, about 3, 6, 9, or 10 years of life expectancy.17 A similar study of British women also found that stopping smoking before the age of 40 avoids more than 90% of the increased risk of dying caused by continuing to smoke, while stopping before the age of 30 avoid over 97% of the increased risk.

The NHS Stop Smoking Services in England and Wales were established in 2000, an evaluation of the effectiveness of the services found four-week validated quit rates of 53% and 15% at one year. By comparison the 12-month quit rate among people who attempt to quit unaided is estimated to be about 4%.

References

1. Doll R, Peto R, Wheatley K, et al. Mortality in relation to smoking: 40 years' observations on male British doctors. British Medical Journal, 1994; 309: 901-911.
2. Bauld L et al. Effectiveness of NHS smoking cessation services: a systematic review. J Pub Health 2009; 1-2
3. Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. Addiction. 2004; 99(1):29-38.
4. Doll R et al. Mortality in relation to smoking: 50 years' observations on male British doctors. British Medical Jounal, 2004; 328: 1519.
5. Pirie K, Peto R, Reeves G et al. The 21st century hazards of smoking and the benefits of stopping: a prospective study of one million women in the UK. The Lancet, 2012, 6736(12) 61720-6.

Epidemiology

Smoking is a major risk factor for cardiovascular disease, chronic obstructive pulmonary disease and many cancers. Treating tobacco dependence is the single most cost effective lifesaving intervention. Smoking remains the principal cause of preventable premature death - killing more people than the combined total of the six next largest causes put together.

Half of all long-term smokers will die of a smoking-related illness. The adult smoker population (18+ years) had risen over 4years, from 15.5% in 2009/10 to 18.1% in 2012/13. Prevalence has now reduced to 16% (38,881 people) in 2013/14. This is lower than the London (17.3%) and England (18.4%) prevalence. However, the prevalence of smoking in routine and manual occupational groups is consistently higher than that of the general population and has risen sharply from 26.1% (2012/13) to 33.7% of the population (2013/14), ranking second highest in London.

Commissioning and contracting arrangements

- **Contract History**

The Stop Smoking Service forms part of Bromley Clinical Commissioning Group's (BCCG) Community Block Contract with Bromley Healthcare (BHC). The service was issued a contract query notice due to underperformance during 2013/14. BHC implemented a remedial action plan throughout 2014/15 which resulted in significant performance improvement and achieved 1346 quits in 2014/15 (81% of target), compared to 1027 quits in 2013/14 (63% of target).

- **Contract Value**

Annual Contract value: £385,755

- **Spend for 2014/15**

£385,755 plus prescribing elements of £61,000 (BHC) and £189,000 (CCG) both of which have been budgeted for.

Provider contractual performance of the Stop Smoking Service.

Year	Attempt to Quit	4 Week Quit	Efficacy
2011/12	2986	1413	47.3%
2012/13	3217	1521	47.3%
2013/14	2121	1027	48.4%
2014/15	2535	1346	53.1%
Grand Total	**10,859**	**5,307**	**48.9%**

- The service has improved through the implementation of a remedial action plan. The service is now fully staffed with a new team driving innovation, with the addition of a smoking outreach bus and increasing support and training provided to primary care providers.

Key Population Outcomes

- In 2011-13, the estimated directly standardised rate for deaths attributable to smoking in Bromley was 249.5 per 100,000 population for persons aged 35 years and over (Local Tobacco Control Profiles 2015).
- Stop smoking interventions are highly cost effective, for every £1 spent £10 is saved on future health care costs and health gains. A 20-a-day smoker saves around £3,000 per year by quitting. (Tobacco Control JSNA Support Pack. PHE 2015)

Diabetes Prevention Programme

Brief Service Description

This is a pilot of an intensive lifestyle intervention programme to prevent or delay the onset of Type 2 Diabetes Mellitus in at least 120 patients at high risk.

The programme consists of a two hour activation session, followed by weekly attendance at Weight Watchers meetings for 1 year, with additional email and telephone support.

There is strong evidence for this approach to diabetes prevention, and this pilot is testing implementation as a GP referral pathway. It is subject to full evaluation.

Evidence

The 2.8 years (1996-1999) US Diabetes Prevention Program (DPP) randomized clinical trial showed 58% reduction of diabetes incidence with intensive lifestyle intervention vs only 31% reduction with metformin, compared to placebo. These beneficial effects were shown to be sustainable in the subsequent 10-year follow up outcome study. Further research in the form of DEPLOY Study 2008 and the US Weight Watchers Study which evaluated the delivery of a group-based DPP lifestyle intervention in a community setting have shown equivalent encouraging results.

References

1. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study Diabetes Prevention Program Research Group Lancet. 2009 November 14; 374(9702): 1677–1686.
2. Translating the Diabetes Prevention Program into the Community The DEPLOY Pilot Study Ronald T. Ackermann, MD, MPH, Emily A. Finch, MA, Edward Brizendine, MS, Honghong, Zhou, PhD, and David G Marrero, PhD *Am J Prev Med*. 2008 October ; 35(4): 357–363
3. The Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002; **346**: 393–403.

Epidemiology

Diabetes is now the most prevalent chronic disease in Bromley; there are 13,681 people on the diabetes register in 2012/13 compared to 4,846 in 2002. A Diabetes Audit was undertaken in 42 out of the 45 GP Practices, which identified 11,451 patients at high risk of developing diabetes in only a 16 month period (from 1 April 2013 – 31 August 2014).

Obesity is a key risk factor for developing Type 2 Diabetes, and has an attributable risk for Type 2 diabetes of 24%, that risk rises as body weight increases. 65% of Bromley's population are either overweight or obese.

People with diabetes are up to five times more likely to have cardiovascular disease and stroke, compared to those without diabetes. It is estimated that they die 10 years earlier than average, compared to those without the disease

Commissioning and contracting arrangements

Weight Watchers have been commissioned to deliver the pilot Diabetes Prevention Programme.

Service commencement date: September 2014
Pilot completion date: May 2016

- **Contract Value /Spend**

£50,000

Provider contractual performances to include outcome measures and trends

Key outcome measures;

- Reduce the conversion from pre-diabetes to diabetes in the group of pre-diabetic patients
- Integration of diabetes prevention with local programmes for weight loss and exercise for the patient.

Evaluation measures

Weight, waist circumference, BMI, physical activity minutes, blood pressure, number of sessions attended every 3 months.

Lipid profile, HbA1c, medication every 6 months.

Follow up to two years.

Results So Far

- So far 29 patients have had their blood test repeated at 6months. 23 of these 29 patients have reduced their risk of diabetes, and are no longer in the 'at risk' HbA1c range.
- 0.27% reduction in mean HbA1c at 6months, from 6.05 (within at risk range) to 5.78 (below at risk range) at 6 months (n=29).
- Reduction in mean BMI of 3.43 kg/m^2 at 6months. NICE evidences that a 1 kg/m^2 increase in BMI increases the risk of developing type 2 diabetes by 8.4%.

Appendix 2. Children and Young people Public Health Services

National Childhood Measurement Programme (NCMP)

Brief Service Description

NCMP is a mandated programme for Public Health
The National Child Measurement Programme (NCMP) is a mandated programme for Public Health. The NCMP measures the weight and height of children in Reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools. This data is used to develop local public health initiatives.

Weight management
There are currently two licensed evidenced-based healthy weight programmes for children and families in Bromley; HENRY and MEND.

HENRY (Health Exercise Nutrition for the Really Young)
The HENRY Programme plays a key role in preventing childhood obesity. There are two elements to Bromley's HENRY programme; training for health and community practitioners and family programmes. Training is offered to health and community practitioners to enable them to work more effectively with parents of babies and pre-school children around obesity and lifestyle concerns. HENRY parenting courses are available to Bromley families and involve participating in an eight week course supporting them to develop a healthier and more active lifestyle for the whole family.

MEND (Mind Exercise Nutrition Do It!)
This multi-component weight management programme provides support for the families of children aged 4-13 years identified through National Childhood Measurement Programme as being overweight and obese. It meets the NICE *'Managing overweight and obesity among children and young people: lifestyle weight management services'* (PH45) recommendations for children's Tier 2 weight management support; combining healthy eating/nutrition advice, physical activity and behaviour change.

Demographics and Epidemiology
The prevalence of obesity has trebled in the past 20 years. Almost one third of children are either overweight or obese and without clear intervention these figures are set to rise. Obesity is a major contributory factor in diabetes, heart disease, musculo-skeletal disease, reproductive disorders, respiratory disorders, certain cancers and psychological illness.
Currently almost 21% of children in Reception and 30% in Year 6 are either overweight or obese. The prevalence of obesity is strongly linked with socioeconomic deprivation.

Year Group	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Reception: Overweight	12.3%	13.2%	12.9%	12.9%	13.1%	13%
Reception: Obese	7.3%	8.2%	7.8%	7.4%	8%	8.3%
Year 6: Overweight	15.5%	14.3%	14.5%	15.7%	14.9%	14.5%
Year 6: Obese	16.0%	17.2%	16.4%	15.6%	17.1%	15.4%

Commissioning and contracting arrangements

Commissioning intentions
This service has been re-configured to reflect mandated responsibilities, i.e. NCMP and evidence based licenced programmes that meet with NICE recommendations.

Contract History
As part of the block contract between Bromley CCG (formerly the PCT) and Bromley Healthcare, this contract value has been ring fenced at its current value until end March 2016.

Contract Value
£307,820

Provider contractual performances to include outcome measures and trends
Key outcome measures:
NCMP
Expected outcomes are being met annually

- All eligible schools participating apart from Y6 in 1 school
- The vast majority of schools report they are satisfied with the programme
- Families are receiving the results within the 6 week target
- Annual target of 85% children in Yr R & 6 measured in NCMP

HENRY
Expected outcomes are being met annually
- 85% parents satisfied with the HENRY programme
- 85% of parents completing 75% of the HENRY course
- 95% of Health Visitors completed HENRY training

MEND expected outcomes in the first year of the programme

- Minimum of 85% of participants completing the programme
- Minimum of 88 (10 per 5-7s and 12 per 7-13s) children registered to start the programme
- 100% appropriate referrals to be offered a place on a programme within 5 working days
- 70% of all completers achieve a BMI centile reduction or no further increase in BMI centile at 12 weeks

School Nursing

Background
The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Marmot and the Chief Medical Officer (CMO). The Healthy Child Programme is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. School Nursing Services build on the support in the early years and sustain this for school-aged children and young people to improve outcomes and reduce inequalities through targeted support. There is strong evidence supporting delivery of all aspects of the Healthy Child Programme.

Service Description
LBB has been responsible for commissioning School Nursing services since April 2013. This is a universal service, but most of the work is targeted work with children with medical conditions and children where there are safeguarding concerns. This service comprises:

Universal:

- Screening: health questionnaire to parents of children entering reception year with follow-up, vision and hearing screening in reception year
- Immunisation of school-age children (co-commissioned with NHSE)
- Health promotion – mostly in form of a whole day to year 9s

Targeted

- Safeguarding lead for children aged 5-19: attend all Initial Case Conferences and Core Case Conferences; participate in TAC, CAF, TTF
- Individualised Health Care Plan for children with complex health condition, including school support and staff training
- School management plans for common health conditions e.g. asthma
- Drop-in sessions weekly in all mainstream secondary schools
- Specialist School Nurse service to the YOT
- Extra services include Healthy Schools, a School Nurse service to home-educated children, and an enhanced drop-in for sexual health services

Demographics and Epidemiology
Schools within the borough work with over 48,000 school aged children within the state funded sector, which comprises Academies, maintained schools, a Pupil Referral Unit and 2 Further Education Colleges. Three of the special schools are covered by the Community Nursing service commissioned by Bromley CCG. The Glebe is covered by mainstream school nursing.
The number of pupils in schools which School Nursing support are increasing. Targeted groups of children and young people who are a priority for the School Nursing service include children looked after, children in need, children with statements of Special Educational Need, young people known to the YOT, young carers, and children with long-standing illness.

Commissioning and contracting arrangements
This service has been provided for many years under an NHS contract.

Contract history
As part of the block contract between Bromley CCG and Bromley Healthcare, this contract value has been ring fenced at its current value until end March 2016.

Contract Value
£957,760

Contract performance
At transfer, performance was measured using activity measures. The block contract is for units of activity. The activity includes both individual contacts and group contacts.

Year	Commissioned activity	Performance	Variance
2013/14	18517	19388	4.7%
2014/15	18850	18711	-0.7%

This method of performance monitoring does not measure outcomes and any over or under activity is difficult to interpret. Bromley Healthcare have agreed to move to outcomes monitoring as well as activity monitoring. The school nursing year runs from September to July, and many of the targets work to this timescale instead of April to March.

1. Immunisations (co-commissioned with NHS England)

Immunisation	Cohort eligible	Target coverage	Number immunised	% immunised
HPV 1	1815	80%	1636	90%
HPV 2	1815	80%	1529*	84%
DTP	3679	85%	2932	80%
Meningitis C	3679	85%	3094	84%
Mantoux			155	
BCG			147	

*Catch ups continue to be offered HPV 2 – there has to be a minimum of a 6 month gap between the 2 vaccinations.

2. Screening

Vision and hearing screening is offered to all those in reception year who attend a mainstream school in Bromley. By the end of the school year 93.5% had been screened.

3. Healthy schools

The table below shows the number of schools registered or with an award at the end of the school year 2014 -15. In March 2015 there were 97 schools in Bromley.

Status	Registered	Bronze award	Silver award	Gold award
Number of schools	69	45	17	0
% of schools	72%	47%	18%	0
Target (July 2016)	90%	80%	10%	0

4. Safeguarding

Numbers of children who are on a Child Protection Plan change. In 2014- 15, the average number on a plan was 136 children in 96 families.

5. Children with medical needs in school

In the school year 2014- 15, 125 children / young people have required individualised health care plans, and some have also required extra training for support staff within the schools.
Many children who attend school who have allergies. These children now have a Doctor's management plan.

Appendix 3. Sexual Health Services

Control of Sexually Transmitted Infections (STIs)

Brief Service Description

Sexually transmitted Infections (STIs) are communicable diseases and need to be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent transmission. Commission open access[1] Genitourinary Medicine (GUM) Service is a statutory requirement of the Council. This includes screening, diagnosis and management of STIs[2] for those affected and their partners rapidly with prevention advice to minimise re-infection and risk of further onward transmission.

Screening programmes for Chlamydia[3] and Gonorrhoea for the under 25s along with target testing to detect undiagnosed and late diagnosis of HIV[4] are commissioned to avoid consequences of untreated infection and inadvertent onward transmission. Outreach programmes targeting those at risk population to promote condom use and early HIV testing are also commissioned to prevent transmission.

To minimise further transmission risks and progression rates, HIV clinical nursing and community specialist services are also commissioned to support people newly diagnosed and those living with HIV in managing their conditions effectively.

Evidence

Central to preventing onward transmission of STIs is early diagnosis through increased testing and screening (e.g. the National Chlamydia Screening Programme) as well as the promotion of safer sex, especially condom use. Early detection is therefore a proven and effective control method.

There is evidence that behaviour change interventions can increase condom use and reduce partner numbers[5] as well as showing delayed sexual initiation and reduction in STI incidence. [6]

Early diagnosis of HIV infection enables better treatment outcomes and reduces the risk of transmission. HIV testing is key to prevent its transmission. Increasing the number of tests in non-specialist healthcare setting[7] and the frequency of testing those groups at increased risk of HIV will play a key role in tackling HIV. [8] Outreach providing rapid point-of-care tests is recommended for increasing the uptake of HIV testing among Men having Sex with Men (MSM) [9]

Epidemiology[10]

STIs represent an important public health problem in London, which has the highest rate of 5 key STIs (chlamydia, gonorrhoea, genital herpes, genital warts and syphilis) in England.[11] In 2013, there were 2035 new STIs diagnosed in residents of Bromley. Of these, 57% were male and 43 % female. The at risk populations are young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African (BA)/Caribbean ethnic groups who have the highest rates of new STI infections in Bromley.

Chlamydia, Gonorrhoea and Syphilis[10]

- Chlamydia
  - In 2013, 7582 (22%) young people (15-24 years old) were tested for chlamydia in Bromley.
  - Of these young people, 581 (7.7%) were found to be positive
- Gonorrhoea
  - Bromley has seen a 22% increase from 2012 to 2013.
  - A Public Health priority due to growing threat of antibiotic resistance.
- Syphilis
  - remains relatively low in Bromley but numbers have increased in 2013
- Herpes and genital warts
  - These have shown a clear decline in 2013.

HIV[10]

The latest available data is showing a year on year increase in the number of Bromley residents living with HIV infection. The number has increased from 462 in 2011 to 475 in 2012 and 508 in 2013, with a prevalence rate of 2.5 per 1000 population overall. When the prevalence rate reaches 2 per 1000 population, early testing to detect the infection is required.

This overall prevalence rate masks local variation with much higher rates of over 8 per 1000 population in areas such as Penge, Anerley, Beckenham and Mottingham.

These areas border on neighbouring boroughs with high prevalence rates i.e. Southwark, Croydon, Lewisham and Greenwich.

Bromley has a higher rate for the late and very late diagnosis of HIV infections than the London average. Target testing for HIV in varying community settings and primary care is a proven way of tackling late diagnosis and onward transmission of this infection in areas of high prevalence.[8 & 9]

The majority of Bromley HIV Infections are acquired in this country with half recorded as White British residents. Black African is the largest ethnic group among these. Highest prevalence age groups are 34 – 44 followed by 45-54. More BA women are diagnosed than BA men and heterosexual residents are the highest group acquiring HIV but the numbers of MSM cases are gradually increasing year by year.

Commissioning and contracting arrangements

Socio-economic deprivation is a known determinant of poor health outcomes and sexual health data show a strong positive correlation between rates of new STIs and the index of multiple deprivations across Bromley. A universal

approach to control STIs is neither cost effective nor delivering best value for Bromley. Targeting those hard to reach communities and those deemed to be high risk individuals are priority groups for controlling STIs in Bromley. As STIs proportionately affect young people and Chlamydia being the most commonly diagnosed STIs, priority is given to this detection programme.

Open Access GUM Service value £1.57m with spend of £1.62m - For 2014/15, S75 agreement with the Bromley Clinical Commissioning Group (BCCG) was again used for this service provided by King's College Hospital NHS Foundation Trust and Guy's and St Thomas's NHS Foundation Trust. All other activities were non-contractual.

Detection programmes value £172k with spend of £132k - Chlamydia screening programme and target STI including HIV testing outside of GUM clinics were commissioned from approved providers under the Framework Agreement (Metro, Pharma BBG and other Community Pharmacies) and from eligible General Practices, using the Service Level Agreement.

HIV community clinical and specialist support services value £266k with spend of £263k- HIV clinical nursing services are commissioned as part of the BCCG Community Block Contract and community specialist support was commissioned from Metro under the approved Framework Agreement. Health education along with condom distribution to hard-to-reach and high risk groups of men were commissioned and included in the BHC Block contract - Health Improvement Service (Sexual Health).In addition, Bromley also participated in the Pan London HIV Prevention Programme (PLHPP).

Provider contractual performances

Open access GUM Service

An overall 11,500 contacts were delivered in 2014/15 of which 55% were provided by King's, our local provider. The lack of performance data (due to the confidential nature of GUM service) continues to make monitoring of this service a particular challenge. Commissioners continue to withhold payment until relevant data is submitted for validation. This process has achieved a reduction of over £18K in 2014/15.

Chlamydia Detection

Over 7,960 tests were carried out in all settings in 2014, covering over 23% of all young people (34,404) in Bromley compared to 6869 tests with a coverage rate of 20% in 2013. While this is below the level required for the PHOF indicator of 25%, our focus for Bromley is on striking the right balance between reaching the appropriate level of positivity rate that controls the spread of infection and cost effectiveness.

During 14/15, over 7% of all tests were found to be positive for infection, a rate that is within the National Chlamydia Screening Programme detection recommendations of between 5 to 12%. Over 95% of all partners were also tested with treatments completed. These figures suggest that Bromley has sustained the detection rate which is an effective method of controlling the spread of this silent infection.

Settings	**Tests**
Symptomatic Screens in all settings	4235
Asymptomatic Screens in the following community settings	
GPs	704
Pharmacies	402
Contraception and Ante Natal	811
Colleges, Outreach and other Community settings	448
Internet	1160
Others	200
TOTAL	**7960**

HIV Prevention, Detection and Specialist Support

The Community Clinical Nurse Specialists team received 2,599 referrals and delivered 1,114 face to face contacts of support to over 200 patients who are affected by HIV. This represents a 2.5% over baseline. There were 13 new diagnoses (3 females and 10 males) referred to the community nursing team in 2014/15. Of these, 2 were late diagnoses and 7 very late diagnoses. Failure to detect and prevent these 13 new infections will have an economic implication of over £4 million in future direct lifetime costs. [12]

Over 120 HIV tests were taken by the community specialist outreach support team, targeting those hard-to-reach and high risk groups (MSM, Black African and Black Caribbean). In addition, the service specification of BHC Health Improvement Service for Sexual Health includes the provision of health education and advice to these at-risk groups at a number of venues. The service distributed 30,236 condoms to these targeted groups of men in 2014/15.

References

[1] Open access means patients can self-refer and attend any clinics regardless of where they live.

[2] British Association of Sexual Health and HIV: Recommendations for Core Service Provision in Genitourinary Medicine. BASHH. 2005

[3] Public Health Outcomes Framework Indicator 3.2 Chlamydia detection rate (15-24 years old)

[4] Public Health Outcomes Framework Indicator 3.4 People presenting with HIV at a late stage of infection

[5] Clutterbuck D et al. UK National Guidelines on safer sex advice. The Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) July 2012

[6] Charamoa MR, Cre[az N, Guenther-Gray C, Henny K, Liau A, Willis L, et al. Efficacy of structural-level condom distribution interventions: a meta-analysis of U.S. and international studies, 1998-2007. AIDS and behaviour 2011; 15(7): 1283-1297

[7] Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas, Health Protection Agency, 2012

[8] Increasing the uptake of HIV testing among black Africans in England (PH33), National Institute for Health and Clinical Excellence, 2011

[9] Increase the uptake of HIV testing among men who have sex with men (PH34), National Institute for Health and Clinical Excellence, 2011

[10] Based on Bromley Local Authority Sexual Health Epidemiology Report (LASER): 2013. Public Health England. 2015 Note - data in the report are based on calendar year rather than financial year as reported in other sections of this report.

[11] Health Protection Agency (now Public Health England). The Epidemiology of sexually transmitted infections in London 2012 data. Public Health England. 2012

[12] A study conducted by the Health Protection Agency and the National AIDS Trust estimates that the financial costs associated with HIV infection is around £320,000 in direct lifetime costs per HIV positive patient.

Reduce Unplanned Pregnancies including Teenage (Under 18) Conception Rate

Brief Service Description

Provision of an open access Contraception and Reproductive Health Service is a prescribed function of Local Authorities. Conception rate in under-18 year olds is an indicator in the PHOF.

Bromley commissions a range of community contraception services to reduce unintended pregnancies with a specific focus on reducing teenage (under 18) conception rate. These include contraception advice and methods such as long-acting reversible contraception (LARC), Emergency Hormonal contraception (EHC) and condom scheme along with a range of health education and advice for young people in local schools and colleges.

Evidence

The Department of Health's "A Framework for Sexual Health Improvement in England" indicated that up to 50% of pregnancies are unplanned. While many unplanned pregnancies will become wanted, around half of the teenage pregnancies end in an abortion. [13]

Evidence shows that teenage pregnancy is associated with poorer health and social outcomes for both young parent and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty. They have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poor quality housing and are more likely to have accidents and poor emotional health and well-being, which impacts on their children's behaviour and achievement.

Good contraception services have been shown to lower rates of teenage conceptions.

According to NICE on effectiveness of contraception methods, LARC methods have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy. [14] Both the Government and the Faculty of Sexual and Reproductive Healthcare highlight that knowledge, access and choice for all women and men to all methods of contraception are crucial elements that contribute to the reduction of unwanted pregnancies. Evidence also suggests that school-based sexual health services have positive effects on reductions in births to teenage mothers. [15]

Epidemiology

In 2013, Bromley shows:

Contraception rates -

- 108 under 18 conceptions - a rate of 19.5 per 1000 female in age group.
- lower than both the London rate of 21.5 and the England rate of 24.3.
- an overall reduction in the local teenage pregnancy rate by nearly 40% since records started in 1998
- under 16 conception rates has dropped by 8% but other outer London Boroughs have achieved a higher reduction rate for this age group.

Abortion rates -

- 20.4 per 1000 female population aged 15-44 years while England rate was 16.6
- Bromley ranked 30 (1st has the highest rate) out of 146 within England for the total abortion rate
- 34.6% of women under 25 years who had an abortion in that year, had had a previous abortion compared to the England rate of 26.9%.
- Bromley ranked 10 (1st has the highest rate) out of 146 within England for the repeat abortion carried out by women aged 25 and over.

More work is needed to tackle unintended pregnancies, especially in areas that have the highest rates of TP in Bromley. These continue to be found in Bromley wards that also have a higher level of deprivation such as Penge, Mottingham, Plaistow & Sundridge, The Crays and Darwin.

Commissioning and contracting arrangements

Contraception and Reproductive Health (£739,326) and Health Improvement Service (£234,069) were commissioned from Bromley Healthcare and included in the Bromley CCG Community Block Contract using S75 agreement.

LARC methods were commissioned from eligible General Practices (contract value upto £211,050 plus £120,000 prescribing costs) under the Public Health Service Level Agreement with actual spend for 14/15 is £228,832 plus £91,738 prescribing costs)

EHC were procured from Community Pharmacies (£14,000) under the Framework Agreement with spend of £14,803.

Outreach and campaign activities targeting at hard-to-reach and high risks groups were commissioned from Metro, a provider from the Framework Agreement (value/spend £25,000).

Provider contractual performances to include outcome measures and trends

Performance measures for services commissioned from BHC were primarily contact based, a measure applied to all services in the community block contract. Key performance indicators (KPIs) and other outcome measures have been developed and incorporated in the regular performance monitoring of the following BHC services.

Contraception and Reproductive Health Service

During 2014/15, the Service has under-performed by 1.9% which was within the agreed tolerance of 2.5%,

delivering a total of 7,046 face to face contacts against the target of 7,184. Of these 7,046 contacts, 3,805 contacts (54%) were accessed by young people under 24 year olds and 275 contacts (4%) were accessed by male clients. During these face to face contracts, the following were delivered:

- 5,462 contraceptive methods – main three methods were contraceptive sheath[16] (2,370); Combined oral contraception (2,002) and Progestogen only oral contraceptive (1,122)
- 889 LARC insertions were made, representing 12.6%of total activity
- 321 Emergency contraception were provided

Quality Measures	Target	Outturn
YP under 16 have a Fraser Competency Assessment[17]	85%	95%
LARC fitting entered on current form and 80% offered appointment within 4/52	80%	90.5%

Health Improvement Service (Sexual Health)

During 2014/15, the specification for Health Improvement Service (Sexual Health) was revised to include outcome indicators which measure service impacts on behavioural change.

Activity Measures	Target	Outturn
Sex and Relationships Education (SRE)		
Deliver Your Choice Your Voice programme (Year 9) – No. of Pupils	3,000	3,225
Deliver Healthier Happier Programme (sessions)	30	42
Deliver Courses to promote sexual health with at risk groups	19	19
Condom Scheme		
Young People's Condom distribution scheme	10,000	19,107
No. of young people participating in sessions	2,500	1,936

Outcome Measures	Target	Outturn
Increase knowledge and awareness of sex and relationship issues (Y9)		
Pupils correctly identifying key messages	80%	86%
Participants rating sessions as useful or very useful	80%	82%
Questionnaire response rate	80%	84%
Increase knowledge/awareness of SRE among young people		
Percentage of participants correctly identify key messages	80%	97%
Participants rate sessions as useful or very useful	80%	94%
Questionnaire response rate	80%	97%
Enhance the capacity of clinicians to promote SH with at risk groups		
Percentage of participants who felt course objectives were met	100%	92%
Percentage of participants who felt the course could make them more effective at work	99%	93.75%
Questionnaire response rate	95%	98%

General Practices

General Practices in Bromley provided 2,563 appointments during which 1,606 Long-Acting Reversible Contraception Methods (LARC) were fitted in 204/15. This compared with 2,856 appointments and 1,733 LARC methods fitted in 2013/14. While there is a drop in the number of methods fitted in 14/15, these methods have a life span of 3 to 5 years so activities will fluctuate according to the "life" of the methods.

Community Pharmacies delivered 1,119 emergency contraceptions in 2014/15.

Metro Community Sexual Health Outreach

Metro delivered the following activities with the aim to increase their knowledge about contraception methods, local sexual health services and condom scheme registration targeting at-risk communities and young men:

- 102 young women informed of contraception methods on a one to one basis
- 132 young people registered on C-Card Scheme – the London Wide Condom Distribution Scheme.

References

[13] A Framework for Sexual Health Improvement in England, Department of Health. March 2003

[14] Clinical Guidance 30 Long-acting Reversible Contraception (Update), National Institute for Health and Clinical Excellence. September 2014

[15] Owen J, Carroll C, Cooke J, Formby E, Hayter M, Hirst J, Lloyd Jones M, Stapleton H, Stevenson M, Sutton A. School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities. Health Technol Assess. June 2010

[16] Contraceptive Sheath is often given as an addition to the main method of contraception.

[17] Fraser Competency Assessment is a universal assessment using a set of criteria which must apply when medical practitioners are offering contraceptive services to under 16's without parental knowledge or permission.