Report No.
CS17038

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**
Date:	**Thursday 13th October 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**PUBLIC HEALTH PROGRAMMES UPDATE 2016**
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 on the performance of Public Health commissioned services in 2015-16.

2. RECOMMENDATION

2.1 The Care Services PDS Committee is requested to note the activity and performance of Public Health programmes during 2015/16.

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: £13.9 million (2015/16), £15.5 million (2016/17)

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

Staff

1. Number of staff (current and additional): 25 FTE (2015/16) 19 FTE (2016/17).

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

Legal

1. Legal Requirement: Statutory Requirement

2. Call-in: Not Applicable: No decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Boroughwide

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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 the following Public Health programmes in 2015/16.

3.2 As in previous year, PH programmes are arranged in the following three categories of services. A further three programmes have been added to the existing portfolio of PH programmes. These are Substance Misuse, Health Visiting Service and Family Nurse Partnership. Commissioning responsibility of the latter two services was transferred from NHS England to Local Authorities on 1 October 2015.

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
- Health Visiting
- Family Nurse Partnership

Risky Behaviour Programmes for Young People and Adults

- Sexual Health Services
- Substance Misuse

3.3 Different contractual arrangements are used to commission third party organisations to deliver public health programmes.

- Category A: Standard Contracts with third party organisations
- 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 In 2015/2016 there were 40 Category A Standard Contracts, of which 26 were called off from the Council's Public Health Framework in 2015/16. The Framework was put in place in April 2014 with an estimated annual value of £800k. The actual spend in 2015/16 was £300k.

3.5 There were 14 contracts outside the framework. Two of these, the Substance Misuse Service contracts (one for Adults and one for Young People), are the most significant in terms of expenditure in this category. These two contracts, which reconfigured the service and were awarded after Executive approval in September 2015 (CS15920) to Change, Grow, Live (CGL) for a period of two years (1 December 2015 to 30 November 2017) with a possible one year extension.

3.6 The majority of the remaining 12 contracts have been put in place as short term projects in support of key Public Health outcomes.

Table 1. Category A Standard Contracts

Contract	15/16 Contract Value £000	Actual Spend 15/16 £000
Substance Misuse (1) (1/4/15 to 30/11/15)	252	227
Substance Misuse (2) (1/12/15 to 31/3/16)	857	859
Framework Agreement (26)	501	300
Other Standard Contracts (11)	79	25
Total	**1,689**	**1,411**

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 Public Health Programmes (with a total annual value of £3m).

3.8 In 2015/16, the total value of these services has increased from £3m per annum to £4.9m with a recurrent value of £6.8m per annum. This change reflects the addition of Health Visiting, which falls under the remit of Public Health in October 2015. The annual value for this service is £3.8m.

3.9 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.

Table 2. PH Contracts with BHC

Contract	Service	Spend £000
Bromley Healthcare	Sexual Health - Contraception and reproductive health	739
	Sexual Health - Sexual health improvement	234
	Sexual Health - HIV Community Nurse Specialist Service	170
	Adult - Health improvement*	180
	Adult - Smoking cessation	386
	Children & Young People - School Nursing	960
	Children & Young People -National Childhood Measurement Programme (NCMP)	121
	Children & Young people - Childhood weight management	188
	Health Visiting Service (from 1 Oct 2015)	1,811
	Family Nurse Partnership (from 1 Oct 2015)	90
Total		**4,879**

3.10 In addition 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)

3.11 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.

3.12 Following Members' approval (CS14101), the Sexual Health lead has pursued a collaborative commissioning approach with 25 London Boroughs in contract negotiations with London GUM providers to achieve lower unit prices and marginal rates.

3.13 For 2015/16, the actual spend was £1,578k and despite continued growth in activities, this reflects a saving of over £60k when compared to spend in 2014/15 of £1,639k.

3.14 In addition, the Council is obliged to cover costs from providers who offer GUM services to any attending Bromley resident across the country. Outside London, service provisions are subject to Non-Contractual Arrangement (NCA) payable at rates negotiated by the provider's local authority commissioner in that area.

Table 2. Sexual Health contracts – acute GUM service

Contract	**Service**	**14/15 Spend £000**	**15/16 Spend £000**
King's College Hospital	GUM	990	932
Guy's and St Thomas' NHS Trust	GUM	152	138
Other acute hospital providers	GUM	497	508
Total		**1,639**	**1,578**

Category D: Service Level Agreements with General Practices

3.15 In 2015 the Council continued with the Service Level Agreements (SLAs) with all 45 borough GP practices to support the delivery Sexual Health, NHS Health Checks and Substance Misuse service. The total value of the SLAs for 2015/16 was £567k, with actual spend of £477k compared to spend of £428k in 2014/15.

Table 3. Service Level Agreements with GPs

Contract	**Service**	**Value £000**	**15/16 Spend £000**
GP SLA	Sexual health	374	311
GP SLA	NHS Health checks	176	148
GP SLA	Substance misuse (1/4/15 to 30/11/15)	17	18
Total		**567**	**477**

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 Public Health commissioners continue to work within the budget allocated for public health services. 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. The Department of Health grant allocation for Bromley was £15,478k in 2016/17. However, there will be a reduction in the Grant in 2017/18 to £15,096k. Work has been conducted by the Public Health team on identifying the savings towards these reductions.

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.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Report CS14018 – Appointments to the Framework for Various Public Health Services, Feb 2014 Report CS14067 – Public Health Contracts – Annual Update, July 2014 Report CS14101 – Public Health Commissioning 2015/16, Nov 2014 Report C15920 – Award Report Substance Misuse Services, May 2015

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=6004 (74%) 2015-16. However other providers were also commissioned to ensure accessibility.

For 2015-16 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 2015-16
Community Outreach Service: ToHealth Ltd	• £84,360	£69,115
43 GP Practices –Service Level Agreements began on 01 April 2015 and expire on 31 March 2016 with an option to extend. 1 additional GP Practice commenced Jan 2016 therefore 44 in total	• £302,000 per annum estimated value (between GP's and Pharmacists and for underperformance of these to top up Community Outreach)	£158,061
Community Pharmacies – contracts began on 01 April 2015 and will expire on 31 March 2016,		
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)	£53,732
Total spend on contracts	£486,470	**£280,908**

Performance

National targets		Bromley 2014-15	Bromley 2015-16
Total eligible population	Target	93,215	94,312
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%)	18,748 (19.9%)
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%)	8119 (43.3%)
The percentage of eligible population aged 40-74years who received an NHS Health Check	10%	9.2%	8.6%

Key Outcomes Measures

1. Identification of people with undiagnosed risk factors for CVD:
- Hypertension: ➢ Current prevalence in Bromley is 13.7%, 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 2015-16 From analysis of 7843NHS Health Checks the findings were as follows:
- Hypertension: 203 (2.6%) people were diagnosed with hypertension following their NHS Health Check.
- Type 2 diabetes: 429 (5.5%) people had a raised blood glucose test indicating them to be at high risk of developing Type 2 Diabetes whilst 55 (0.7%) were found to have undiagnosed diabetes at the time of the NHS Health Check.
- High cholesterol: 77 people had a cholesterol ≥7.5mmol/l
- High risk of CVD: 334 (4.3%) 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 the three year period 2012-14, the premature mortality rate for CHD in NHS Bromley CCG was 32.6% per 100,000. This is a decrease of 23% since 2004-6.

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 sixth fattest borough in London with 63.8% of the population either overweight or obese, this is higher than the prevalence for London (58.4%) and lower than the England prevalence (64.6%).

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.

This service was competitively tendered, new contracts were awarded to Slimming World and Weight Watchers providers, which started on 01 April 2014. These contracts expired on 31 March 2016, no additional funding has been allocated to this service. A contract extension has been awarded until 31 March 2017 to safeguard patients whilst utilising the remaining vouchers.

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 (2015/16)** £35,802. The approx. £20,000 difference between contract value and budget was used to offset the in year Public Health Grant reduction.

- **Voucher spend**

The 1,100 additional vouchers. The pre-paid vouchers, purchased in March 2015 are not time-restricted. They are utilised when the patient activates the referral by calling the weight management provider and attends the weight management programme. Patients referred to the service are eligible to attend a 12 week weight management programme, completed over a maximum period of 16 weeks. There will be an increase in the number of referrals accepted to ensure all referrals are utilised within the contract extension timescales.

There is no additional budget committed to the service. Once the vouchers are used this service will discontinue.

Provider contractual performance of the Weight Management Service.

There were 663 referrals in 2015-16, compared to 589 referrals in 2014-15. 276 completed the programme (42% attended (≥10 sessions), 179 did not complete the programme (27% attended <10 sessions) and 208 are still active (31%).

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

Performance: 31% achieved over 5% reduction in body weight, and 10% of people achieved over a 10% reduction in body weight. A 5% body mass reduction is clinically associated with improved health outcomes.
The service providers surpassed the performance target of 35% of participants achieving a reduction in at least 5% of original body weight.

Tier 2 Weight Management Service Performance, 2015-16.

	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.	No. of people still active
Slimming World	458	38	176	108	136
Weight Watchers	205	27	31	75	72
Total number of people	**663**	**65 (10%)**	**207 (31%)**	**183 (28%)**	**208 (31%)**

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.
Targeting those adults who are significantly inactive (that is, engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease. On average, an inactive person spends 38% more days in hospital than an active person, and has 5.5% more family physician visits, 13% more specialist services and 12% more nurse visits than an active individual.

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. 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.
Physical activity improves blood glucose control in those with type 2 diabetes by improving insulin sensitivity, which may lead to a reduction and in some cases a discontinuation of medication.
Attending a cardiac rehabilitation programme reduces the 5-year mortality rate 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. There is significant evidence that aerobic training helps to reduce blood pressure (BP).
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. Several studies have also shown that physical activity can improve quality of life as well as survival, pre- and post- cancer diagnosis.

Physical Activity contribution to reduction in risk of mortality and long term conditions.

Disease	Risk Reduction	Strength of Evidence
Colon Cancer	30-50%	Strong
Type 2 diabetes	35-40%	Strong
Death	20-35%	Strong
CHD stroke	20-35%	Strong
Hypertension	33%	Strong
Functional Limitation, elderly	30%	Strong
Prevention of falls	30%	Strong
Breast Cancer	20%	Strong
Osteoarthritis disability	22-80%	Moderate
Hip Fracture	36-68%	Moderate
Depression	20-30%	Moderate
Alzheimer's Disease	20-30%	Moderate

Source: Department of Health. Start Active, Stay Active (2011)

Epidemiology
In 2015, almost a quarter of residents are inactive, achieving less than 30minutes of exercise per week (23.8%).

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.

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 expired on 31 March 2016 and the service has been decommissioned.

- **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, 2013-16.

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%
2015-16	746	315 = Freshstart 98 = Alternative exercise Total = (55%)	140 = Freshstart 98 = Alternative exercise Total = 58%
Total number of people	**2,093**	**1,367 (65%)**	**683 (50%)**

- Due to the reduction in funding in 2014-15, there is a decreased capacity for people to start the programme. Due to the restricted inclusion criteria in 2015-16, the number of people starting the programme decreased.
- 80% of participants self-reported they 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 96 min/wk and vigorous physical activity by 37 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

One in two smokers die due to the effects of smoking[1]. Stopping smoking is always beneficial to heath and it is never too late to stop. Every cigarette smoked damages the lungs, which may not show up until later in life. Two major longitudinal studies have demonstrated the benefits of stopping smoking at an early age. The 50 year follow up of 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, approximately 3, 6, 9, or 10 years of life expectancy[2]. 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.

References

1. Doll R et al. Mortality in relation to smoking: 50 years' observations on male British doctors. British Medical Journal, 2004; 328: 1519.
2. 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.
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. Bauld L et al. Effectiveness of NHS smoking cessation services: a systematic review. J Pub Health 2009; 1-2.
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

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. Smoking is a major risk factor for cardiovascular disease, chronic obstructive pulmonary disease and many cancers.

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 14.2% in 2015. This is lower than the London (16.3%) and England (16.9%) prevalence. However, the prevalence of smoking in routine and manual occupational groups is consistently higher than that of the general population. Smoking whilst pregnant is still high in Bromley (4.7%) compared to London's (4.8%) prevalence at time of delivery.

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 2015/16. BHC achieved 1346 quits in 2014/15 (81% of target), compared to 1056 quits in 2015/16 (63% of target). The Bromley Healthcare Stop Smoking Service contract will expire on 31 March 2017, when this service will be terminated.

- **Contract Value**

Annual Contract value: £385,750

- **Spend for 2015/16**

£384,830 plus prescribing elements of £51,085 (BHC) and £161,364 (CCG).

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%
2015/16	2245	1056	47.0%
Grand Total	**13,104**	**6,363**	**48.6%**

In addition, the service recorded the number of long term quitters in 2014/15. Of those followed up, 72.2% were still abstinent from smoking at 12 months.

Key Population Outcomes

- 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).
- The total annual cost of smoking in Bromley is £15,389,039*, which can be broken down as: NHS Costs: £9,753,958 Costs to businesses (productivity losses): £5,473,233 Passive smoking costs: £152,899 (adults: £108,649; children: £44,250). The number of accidental fires ignited by smoking related materials has fallen from 3,828 fires in 2009/10 to 3,143 fires in 2012/13, a fall of 18% in three years (NICE. Return on Investment Tool. September 2013).

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 132 patients with non-diabetic hyperglycaemia (at high risk of developing diabetes).

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 international evidence for this approach to diabetes prevention, this pilot is testing the implementation of the programme via a UK primary care referral pathway. Bromley is the first area in Europe to pilot this programme, it is subject to full evaluation.

Evidence

The 2.8 years (1996-1999) US Diabetes Prevention Program (DPP) randomised 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 sustained in the subsequent 10-year follow up outcome study. Weight Watchers in the US conducted further research to evaluate the delivery of a Weight Watchers group-based DPP lifestyle intervention in a community setting versus their national Diabetes Prevention Program and 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

A new diagnosis of T2D is made every 2 minutes in the UK (Diabetes UK, 2014). Diabetes is now the most prevalent chronic disease in Bromley; there are 14,493 people on the diabetes register in 2014/15 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). Modelled prevalence of non-diabetic hyperglycemia was conducted in 2015 and identified 29,872 patients in Bromley (11.5% of the 16+ population) above the England average (11.4%).

Obesity is a key risk factor for developing Type 2 Diabetes, 80% of people with T2D are overweight or obese. 63.8% 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**

£49,176.

Provider contractual performances to include outcome measures and trends

Key outcome measures;

- Reduce the conversion from non-diabetic hyperglycaemia to type 2 diabetes in the group of high risk patients

Evaluation measures

Lipid profile, HbA1c, fasting plasma glucose, blood pressure, medication every 6 months.
Weight, BMI, waist circumference, physical activity minutes, number of sessions attended every 3 months.
Follow up to two years.

Programme outcomes

Patient profile

- Patients were aged on average 58 years which ranged from 36 to 80 years old.
- Female (75%).

- White (90%).
- 5% living in the most deprived quintile in the UK.

Programme outcomes

- 14 primary care practices identified, recruited and referred obese patients with non-diabetic hyperglycaemia.
- 166 patients were referred via the referral pathway, there was a 80% take up rate of patients.
- 117 eligible (and 15 ineligible) patients attended a 90 minute activation session and were offered 48 weekly Weight Watchers sessions.

Of the 117 patients who had non-diabetic hyperglycaemia at baseline;

- 54 (46%) patients returned to normoglycaemia at 6 months.
- 44 (38%) patients returned to normoglycaemia at 12 months.
- An additional, 15 (13%) and 18 (15%) reduced their risk at 6 and 12 months respectively.
- 4 (3%) developed T2D at 12 months.
- However, not all patients at high risk would go onto develop type 2 diabetes, there are variations in progression rates. It is predicted that 5-10% of people per year with non-diabetic hyperglycaemia will progress to diabetes, with the same proportion converting back to normoglycaemia.

Public Health England's meta-analysis (2015) stated that interventions which halt the upwards trajectory of blood glucose but show no overall change, represent considerable clinical success. Whilst, optimal interventions showed that a reduction in HbA1c of 2mmol/mol or a reduction in FPG of 0.2mmol/L or more could be achieved by lifestyle interventions. This study reported above optimal results, there was a mean reduction in HbA1c of 2.81mmol/mol (±3.47, $P<0.01$) at 12 months. There was a mean reduction in fasting plasma glucose of 0.21mol/L (±0.83) at 12 months.

- The reduction in risk of developing type 2 diabetes was due to the reduction in weight. 43% of patients achieved at least a reduction of 7% of starting weight.
- There was a mean reduction in weight of 10.0kg and mean reduction in BMI of 3.2kg/m2 at 12 months.
- There was a mean reduction in systolic BP of 6mmHg.
- 55% of patients total cholesterol readings were classified in the high risk range at baseline (cholesterol mmol/L >5) which decreased to 36% at 12 months.
- 44% of all patients were classified as high risk of having a cardiovascular event at baseline (blood pressure >140/90mmHg) which decreased to 7% at 12 months.

APPENDIX 2

Children and Young people Public Health Services

National Childhood Measurement Programme (NCMP)

Brief Service Description

NCMP

This is a mandated programme for Public Health The programme has two key purposes:

1. to provide robust public health surveillance data on child weight status, to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds

2. to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight, underweight and obese children.

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).

Weight management

In 2015/16 there were two licensed evidenced-based healthy weight programmes for children and families commissioned 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 'Let's Get Healthy with HENRY' 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 healthy weight and lifestyle concerns. HENRY parenting courses are available to Bromley families and are delivered in the six Children and Family Centres. Families participate 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. Ninety nine children and their families participated in Bromley programmes. Sixty four of these children and their families are defined as completers of the programme. Of those who did complete the programme, 95% of 5-7s year olds and 81.4% of 7-12 year olds maintained or reduced their Body Mass Index (BMI).

Demographics and Epidemiology

The prevalence of obesity has trebled in the past 20 years. Across the country almost one third of children are either overweight or obese. Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Once established, obesity is extremely difficult to treat, so prevention and early intervention are very important. Obesity is a major contributory factor in diabetes, heart disease, musculo-skeletal disease, reproductive disorders, respiratory disorders, certain cancers and psychological illness.

The percentage of children in Bromley schools who are obese in their first year in primary school, doubles by the time they reach their final year in primary school. For example with the latest cohort, 7.3% were obese in Reception, this increased to 16.5% by the time these children were in Year 6. Currently over 20% of children in Reception and almost 31% in Year 6 are either overweight or obese, this equates to 1,774 children in one year from Bromley schools. The prevalence of obesity is far more apparent in deprived wards in the borough. Household income data illustrates child obesity prevalence rises as household income falls, and is significantly higher in the lowest income group than in the highest. Childhood obesity is a significant health inequalities issue.

Year Group	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Reception: Overweight	12.3%	13.2%	12.9%	12.9%	13.1%	13%	12.2%
Reception: Obese	7.3%	8.2%	7.8%	7.4%	8%	8.3%	7.9%
Year 6: Overweight	15.5%	14.3%	14.5%	15.7%	14.9%	14.5%	14.3%
Year 6: Obese	16.0%	17.2%	16.4%	15.6%	17.1%	15.4%	16.5%

Commissioning and contracting arrangements

Commissioning intentions
In 2015 the service was 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 2017. MEND and HENRY licenced programmes will not be commissioned via the Public Health grant after March 2017.

Contract Value
£300,317

Provider contractual performance
Key outcome measures:
NCMP
All expected outcomes are being met annually

- All eligible schools in Bromley are participating in the programme
- Participation rates of 96.6% Yr R children and 96.4% Yr 6 children
- 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 & Yr 6 measured in NCMP exceeded

HENRY
The majority of expected outcomes are being met annually
- 85% parents satisfied with the HENRY programme
- 85% of parents completing 75% of the HENRY course
- 97% of HENRY Core Skills training places filled

MEND outcomes

- 99 participants starting the programme in the twelve month period
- 100% appropriate referrals offered a place on a programme within 5 working days
- Over 86% of all completers achieved a BMI centile reduction or no further increase in BMI centile at 12 weeks

  A total of 64 participants completed the programme, the annual target was 70 participants to complete the programme (a completer is defined as someone who attends 60% of sessions, at least one of the first 3 sessions & 1 of the last two)

Health Visiting Service and Family Nurse Partnership (FNP)

Health Visiting Service Background

The Marmot Review and the Chief Medical Officer (CMO) highlighted the importance of giving every child the best start in life to reduce health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status. The Healthy Child Programme is a public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. The HCP is core to the specifications the Health Visiting and School Nursing Service deliver to. It is universally available to all Bromley families and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

The Healthy Child Programme aims to:

• Help parents develop and sustain a strong bond with children
• Encourage care that keeps children healthy and safe
• Protect children from serious disease, through screening and immunisation
• Reduce childhood obesity by promoting healthy eating and physical activity
• Identify issues early, so support can be provided in a timely manner
• Make sure children are prepared for and supported in education settings
• Identify and help children, young people and families with problems that might affect their chances later in life

Service Description

From October 2015 the responsibility for commissioning public health services for children aged 0-5 transferred to local authorities. While health visitors continue to be employed by their current provider, the responsibility for planning and paying for services rests with local authorities.

In 2015 the Government mandated certain elements of the Healthy Child Programme. This mandation was designed to support a smooth transfer to allow local authorities to provide universal services that give parents and their babies the best start in life. The mandated elements are the five universal health visitor assessments that form part of the '4-5-6 Model for Health Visiting'. This model offers a framework for health visiting teams to provide universal and non-stigmatising services to all families with children under 5 years of age. The model includes a four level service model (Community, Universal, Universal Plus and Universal Partnership Plus) and five mandated elements include;

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2 to 2 1/2 year review

Nationally six High Impact Areas were identified. The intention is for these areas to be prioritised and ensure resources are targeted appropriately, according to health need and to maximise health outcomes. They describe the areas where the 0-5 workforce can and should have a significant impact on health outcomes. The 6 High Impact Areas are:

1. Transition to parenthood and the early weeks
2. Maternal (perinatal) mental health
3. Breastfeeding
4. Healthy weight (healthy diet and being active)
5. Managing minor illnesses & reducing accidents
6. Health, wellbeing & development at 2 years & support to be 'ready for school' at 4 years

Demographics and Epidemiology

As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley. The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012. The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024 (JSNA 2015). In February 2016 Health Visitors in Bromley were working with 166 safeguarding cases including 70 children subject to a Child Protection plan, 62 Child in Need, 53 children subject to a Common Assessment Framework, and 24 Looked After Children.

Commissioning and contracting arrangements

Table 1. Coverage of mandated HV reviews 2015-16

Mandated contacts	Q1	Q2	Q3	Q4	Comments
Antenatal contact	204	145	122	233	Denominator not yet available for this indicator. This is the actual number of contacts. This should be around 1000 contacts per quarter.
New birth visit	77%	86%	93%	93%	This is the % of the cohort of births in that quarter who received a New Birth Visit by a HV. Historical coverage is higher at around 95%. A system change at the provider end is likely to have affecting data collation for at least the first two quarters
6 week review	Accurate data unavailable	Accurate data unavailable	Accurate data unavailable	Accurate data unavailable	This is the % of mothers reviewed by a HV 6 weeks after the birth. This is a new review and coverage may be expected to be quite low as new systems are set up
12 month review	84%	74%	83%	88%	This is the % of children receiving their 1 year review before the age of 15 months. This is not a new review
2.5 yr review using Ages & Stages Questionnaire (ASQ)	69%	71%	52%	73%	ASQ is an evidence-based tool, developed in the US. Questionnaires are completed by parents, in conjunction with health visitors, and cover 5 domains of development: communication, Gross Motor, Fine Motor, Problem Solving & Personal-Social development

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 September 2017. The re-tendering process will commence September 2016.

Contract Value
£3,454,000 (October 2015 to September 2017)

Family Nurse Partnership (FNP)
FNP is a highly effective programme designed to mitigate the risks of young parenthood. The licensed structured programme, delivered by specially trained family nurses, went live in Bromley in September 2014. This intensive preventive programme for vulnerable, first time young parents begins in early pregnancy and ends when the child reaches 24 months. This service is based on good evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child, poor education outcomes and involvement of Children's Social Care. Bromley currently has two Family Nurses (FNs) who provide support up to 50 vulnerable mothers. The Bromley FNP programme is moving its focus from mother's age to broader vulnerability factors such as being a care leaver or known to Children's Social Care. A recently published randomised controlled trial in the UK of FNP found evidence of better cognitive and language development in the baby, improved attachment between mother and baby, and fewer symptoms of depression in the mother. Locally, strong attachment between FNP babies and their young parents, with good levels of child development for those babies have been observed and ASQ's are evidencing good early child development outcomes.

Contract value: £180,000 (annually)

Family Nurse Partnership Outcome Measures 2015/16

Metrics	Description	Target	Actual
Performance / KPIs	Take up of the offer of the programme by eligible young women	75%	76%
	Percent of babies of low birth weight (under 2500g) at term	4.6% (programme average)	7%
	Completion rate of all recommended immunisations at 6 months	90%-95%	94%
	Increase in registrations and attendance at Children's Centres	100% of participants in FNP to register for Children's Centre services	tbc

School Nursing Service

Background
School Nursing Services are a core part of the Healthy Child Programme (HCP) building on the support in the early years and sustaining this for school-aged children and young people to improve outcomes and reduce inequalities through targeted support.

The School Nursing functions contribute to: improving educational achievement; improving the wellbeing of young people; reducing child poverty; and protecting children and families. Their roles vary significantly from school to school but in some schools they are pivotal in managing the relationships between the child, family and the school setting. The service is universal although much of the service's work is focused on supporting children where additional health needs are identified. Where a child does have an additional health need, School Nursing usually contributes to or even writes the healthcare plans; signposting to other agencies as per the relevant pathway and providing training for school staff to support the child to access education.

Service Description
LBB has been responsible for commissioning School Nursing services since April 2013. The current service mainly provides Tier 1 and 2 health interventions in community and education settings and has established relationships within primary and secondary care. 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. In 2015-16 this service was comprised of:

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 until April 2016)
- Health promotion – mostly in form of a whole day to year 9s
- Co-ordination of the Healthy Schools Award Scheme, working with schools to improve children's well-being

Targeted
- Safeguarding lead for children aged 5-19: attend Case Conferences & participating 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 mainstream secondary schools
- Specialist School Nursing service to the YOT
- Specialist School Nursing drop-in service for Young Carers

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 2017. Although key functions will continue to be delivered through the health and education systems locally, the School Nursing Service will be de-commissioned after March 2017.

Contract Value
£960,066

Contract performance
In 2015/16, for the first time, outcome measures were used to measure the service's performance. 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 up until April 2016)

Immunisation	Cohort eligible	Target coverage	Number immunised	% immunised
HPV 1	1935	90%	1741	86.1%
Td/IPV(tetanus, diphtheria, and polio)	3086	70%	2502	81.1%
Men ACWY vaccine	3095	80%	2726	88.1%

2. Screening

100% parents of children scheduled to be screened were sent a questionnaire and vision and hearing screening was offered to all those in Reception Year who attend a mainstream school in Bromley. By the end of the school year 93% had been screened.

From the information returned in the health questionnaires, the service was able to determine how many clients have been given advice to see a dentist and again how many have been signposted back to their GP to check their immunisation status.

School Nursing - Routine reminders (dentist/imms)

Count of SeenTerm	Column Labels									
Row Labels	201504	201505	201506	201507	201511	201512	201601	201602	201603	Grand Total
Advice given to attend dentist	21	6	35	6	38	11	54	38	27	236
Reminder to attend GP to ensure immunisations are up to date	19	6	21	4	40	5	29	21	11	156
Grand Total	**40**	**12**	**56**	**10**	**78**	**16**	**83**	**59**	**38**	**392**

3. Healthy schools

The table below shows the number of schools registered or with an award at the end of the school year 2015 -16. In March 2015 there were 97 schools in Bromley.

Status	Registered	Bronze award	Silver award	Gold award
Number of schools	83	54	26	8
% of schools	87%	65%	22%	10%
Target (July 2016)	90%	80%	10%	0

4. Safeguarding

Numbers of children who are on a Child Protection Plan change. In 2015- 16 the average number on a plan was 140 children.

5. Children with medical needs in school

In the school year 2015-16, approximately 353 school staff across the school system received training from the School Nursing Service to enable them to support access to education for children/ young people with medical needs. Seventy one management plans were completed in the final quarter of the academic year.

APPENDIX 3

Sexual Health Services (open access statutory services)

Control of Sexually Transmitted Infections (STIs)

Brief Service Description

Sexually transmitted Infections (STIs) are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.

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 continues to represent an important public health problem in London, which has the highest rate of 5 listed STIs (chlamydia, gonorrhoea, genital herpes, genital warts and syphilis) in England. Bromley has a lower rate than London for all 5 listed STIs. It also has a lower rate than England for Chlamydia, Genital Warts, Genital Herpes and new STIs but has a higher rate than England for Gonorrhoea and slightly higher for Syphilis. The latest figure (2015) indicates there were 2,087 new STIs diagnosed in residents of Bromley, compares to 2,188 in 2014, showing a small decline of 4.8% which follows a similar pattern to London and England. The at risk populations continues to be 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 2014, 7262 (21.5%) young people (15-24 years old) were tested for chlamydia in Bromley with a positivity rate of 7.75%
  - These compared to 7689 (22.4%) young people tested in 2013 with a positivity rate of 7.71%. This suggests that despite a lower testing coverage rate, the programme continues to screen its population group at most risk of the infection which is indicated by the higher positivity rate.
- Gonorrhoea and Syphilis
  - Rates of gonorrhoea and syphilis in Bromley are now both above the national average, though below the London average.
  - Bromley's percentage change in diagnoses between 2014 and 2015 for these two infections are 47.2% for syphilis and 18.5% gonorrhoea compared to England averages of 20% and 11% respectively.
  - A particular concern nationally is the rapid rise in syphilis and gonorrhoea among MSM.
  - Improved test sensitivity and uptake may have contributed to the increase in gonorrhoea infections but increased transmission is also likely to play a major role. Minimizing onward transmission continues to be a Public Health priority due to growing threat of antibiotic resistance of this infection.
  - Public Health England data indicates that MSM account for a high number of new syphilis infections, with high risk sexual behaviours likely to be driving transmission rates.
  - A targeted and focused prevention programmes such as promotion of condom use and early detection through frequent testing to minimise onward transmission of STIs with a particular focus on MSM is required.
- Genital Warts and Genital Herpes
  - Bromley has seen a 12% decrease in diagnoses of genital warts which follows a national trend (7% decrease).
  - There has been a small increase in diagnoses of genital herpes that follows national trend.

HIV[10]

The number of Bromley residents living with HIV infection continues to rise with the latest available data continuing

to show a year on year increase. The number has increased from 462 in 2011 to 475 in 2012, 508 in 2013 and 548 in 2014, with a prevalence rate of 2.6 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 between 10-20 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. Between 2012 and 2014, 36.8% of HIV diagnoses were made at a late stage of infection compared to 42% in England.
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. In Bromley, the most common probable routes of HIV transmission remain heterosexual contact and MSM.
Heterosexual contacts (48%, 261) account for the largest proportion of residents diagnosed with HIV who are accessing care. This is higher than London (44%) and England (45%).
MSM accounts for a significant proportion (47%, 257) which is lower than London (50%) but higher than England (45%). This is 3% higher than previous year's probable route of infection data and suggests a change in Bromley's population demographic.

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 £1,579k with spend of £1,578k – During 2015/16, Bromley collaborated with other London boroughs in contract negotiations with all London providers to achieve lower prices. A balanced position of budget (£1,579k) against spends (£1,578k) with £60k avoided cost was achieved when compared to spend of £1,639k in 2014/15. Majority of the avoided cost was achieved through spend on King's College Hospital NHS Foundation Trust and Guy's and St Thomas's NHS Foundation Trust.
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 £250k- 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 2015/16 of which 45% 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 £10K in 2015/16.
Chlamydia Detection
Over 7,262 tests were carried out in all settings in 2015, covering 21.5% of all young people in Bromley compared to 7689 tests with a coverage rate of 22.4% in 2014. 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 15/16, over 7.75% 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 GUM Clinic settings	2698
Asymptomatic Screens in the following community settings	
GPs	1256
Pharmacies	420
Contraception and Ante Natal	1429
Colleges, Outreach and other Community settings	305
Internet	1154
TOTAL	**7262**

HIV Prevention, Detection and Specialist Support

The Community Clinical Nurse Specialists team delivered 1,104 face to face contacts of support to over 200 patients who are affected by HIV. There were 24 new diagnoses (4 females and 19 males) referred to the community nursing team in 2015/16, most of which were late or very late diagnoses. These are complex cases with age ranges from 18 to 82. Failure to detect and prevent these 24 new infections will have an economic implication of over £7.68 million in future direct lifetime costs. [11]

BHC Health Improvement Service continues to provide health education, advice and support to hard-to-reach and most at risk groups of population (MSM, Black African and Black Caribbean) at a number of venues in the community. The service distributed 7,025 to the 11,501 condoms to these targeted groups of men in 2015/16.

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] 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. [12]

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. [13] 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. [14]

Epidemiology

In 2014, Bromley shows:

Contraception rates -

- There were 93 under 18 conceptions, representing a rate of 16.7 per 1000 female in this age group, compared with 108 conceptions with rate of 19.5 in 2013.
- This is lower than both the London rate of 21.5 and the England rate of 22.8.
- This represents an overall reduction in the local teenage pregnancy rate by nearly 50% since records started in 1998
- The under 16 conception rate in 2014 was down to 2.4 compared to England rate of 4.4 and Outer London boroughs of 3.9. The local rate of 2.4 represents a drop of more than 50% when compared to 2013 rate of 5.5.

The significant reduction in teenage conception rates can be attributed to a more integrated way of service delivery. Concerted efforts were given to SRE delivery, supported by a young people specific website (information, advice and signposting to services), widely accessible Condom scheme with online registration and emergency hormonal contraception provision for young people across the borough.

- **Abortion rates -**
- Bromley rate was 18.1 per 1000 female population aged 15-44 years while England rate was 16.5.
- Bromley ranked 52nd (1st has the highest rate) out of 146 within England for the total abortion rate
- 34.8% of women under 25 years who had an abortion in that year, had had a previous abortion compared to the England rate of 27%.
- Bromley ranked 2nd (1st has the highest rate) out of 146 within England for the repeat abortion carried out by women aged 25 and over, with rate of 56% compared to England rate of 45%.
- The highest number of unplanned pregnancies occur in the 20-34 year age group

Research evidence continues to show that it is teenage pregnancies that are associated with poorer outcomes for both the parents and children. More work is therefore needed to continue 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 (£739k) and Health Improvement Service (£204k) 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 £231k plus £120k prescribing costs) under the Public Health Service Level Agreement with actual spend for 15/16 is £223k plus £70k prescribing costs).

EHC were procured from Community Pharmacies (£14k) under the Framework Agreement with spend of £18k.

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

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 2015/16, the Service delivering a total of 7,091 face to face contacts against the target of 7,297, an under performance of 2.8%. Of these 7,091 contacts, 3,882 contacts (54.7%) were accessed by young people under 24 year olds and 160 contacts (2.2%) were accessed by male clients.

During these face to face contracts, the following were delivered:

- 7,402 contraceptive methods – main three methods were contraceptive sheath[15] (1,874); Combined oral contraception (1,989) and Progestogen only oral contraceptive (1,290)
- 2,173 LARC insertions were made, representing 29.4% of total activity, a significant improvement when compared to the number of insertions of 889 (12.6%) in 2013.
- 295 Emergency contraception were provided
-

Quality Measures	Target	Outturn
YP under 16 have a Fraser Competency Assessment[16]	85%	99%
LARC fitting entered on current form and 80% offered appointment within 4/52	80%	94%

Health Improvement Service (Sexual Health)

Activity Measures	Target	Outturn
Sex and Relationships Education (SRE)		
Deliver Your Choice Your Voice programme to 17 Secondary Schools (P4)	17	20
Deliver Your Choice Your Voice Bitesize - No. of sessions (P7)	30	40
Deliver courses to promote sexual health with at risk groups	17	32
Promote condom use among higher risk groups		
wisDOM (previously called Ahead) - condoms distributed	11,519	7,128
Man-2-Man - condoms distributed	5,034	4,011
C-Card - condoms distributed	10,346	27,576
Run 3 individual campaigns	3	3
Distribute 2586 condoms through these campaigns	2,586	3,972

General Practices

In 2015/16, general practices in Bromley fitted 1,446 Long-Acting Reversible Contraception Methods (LARC). This compared with 1,606 LARC methods fitted in 2014/15. While there is a drop in the number of methods fitted in 15/16, 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 1,163 emergency contraceptions in 2015/16.

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:

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

References

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

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

[14] 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

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

[16] 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.

Substance Misuse Service

Brief Service Description

The aim is to commission an integrated, recovery oriented treatment service for people with alcohol and/or drug misuse to meet the following objectives.

- To reduce health and social harm related to substance misuse.
- To support individuals in achieving long-term abstinence or reduce individual's levels of substance misuse.
- Achieve harm reduction including reduction in anti-social behaviour, reduction in domestic violence and reduction in substance misuse related crime.
- Improvement in physical and mental health and well-being of people affected by substance misuse including a reduction in deaths related to substance misuse and a reduction in hospital admissions related to substance misuse, improvement in measurable mental health outcomes, reduction in blood-borne infections.
- Long-term abstinence as measured by successful completion of treatment and a reduction in relapse rate.

Adults Substance Misuse Service

The aim of the Bromley Drugs and Alcohol service (BDAS) is to move a client from a position of problematic drugs and/or alcohol misuse, associated with poor physical health status, chaotic lifestyle and sometimes criminality to a position of stability, improved health and well-being, employment and positive engagement with the community. The substance misuse service model is a rapid assessment, integrated single point of access service, which includes assessment, prescribing and recovery services for people over 18 who require support or clinical interventions to enable them to reduce and become independent of substances. The service options include;

Stabilisation and Assessment: providing a single point of contact, assessment and care co-ordination for people requiring specialist drug and alcohol services.

Recovery Service: delivery of intervention programmes; such as; counselling, psychosocial interventions and peer mentoring. These form an integral part of the treatment and support service. The service also facilitates mutual aid groups to support their service users including Alcohol Anonymous, Narcotics Anonymous and Smart recovery. This includes return to employment programmes, to support people to maintain the abstinence or stability from substances.

Prescribing Services: service for people who require stabilisation of their chaotic drug use to reduce dependence on the illicit drug enabling engagement in a process towards abstinence and recovery. Only available via the substance misuse service in Bromley.

The service provides an individualised provision for high risk clients including; Pregnant, victims and perpetrators of domestic violence, clients discharged from hospital and/or prison. The service provides an holistic approach to client wellbeing including; working with Oxleas mental health trust and Princess Royal University Hospital providing satellite clinics and co-ordination of care pathways. The service ensures the Care Co-ordinator acts in a liaison capacity with services such as; GP, Probation Officer, Housing Officer, Job Centre Plus Manager and engages with family, and significant others in care programmes where appropriate. Hepatitis B&C screening and vaccination for all appropriate clients, promotion of maintaining physical health and ensuring clients are registered with primary care and smoking cessation referrals.

Young Persons Substance Misuse Service

The overarching aim of the service is to increase opportunities for identification of young people with substance misuse and prevention. The service provides an integrated pathway to substance misuse services ensuring young people are always supported and have swift access to a high quality, evidence-based, integrated specialist treatment system. The service works with a range of partners providing advice and information and signposting to young people and families, community members, professionals and community workers.

Needle Exchange

The aim of the service is to reduce the transmission of blood-borne viruses associated with injecting drug use. Pharmacies serve as a safe and secure point of collection and return of drug injecting paraphernalia by injecting drug users. The service seeks to increase referrals from healthcare professionals to BDAS.

Supervised Administration of Methadone.

Pharmacies provide supervised administration of methadone (SAM), a supervised community detoxification regime, which aims to reduce drug related morbidity/mortality. SAM is a harm reduction intervention which seeks to stabilise and maintain engagement in a prescribing regime, reducing the need for illicit opiates, the risk of blood borne virus transmission, and overdose. This also serves as a mechanism to reduce the diversion of medication onto local illicit markets.

The SAM service is for clients with chaotic lifestyles/drug using behaviour that could benefit from closer monitoring under supervised dispensing conditions until stabilised and those clients starting new episodes of substitute opiate treatment, where national guidelines recommend supervision for at least the first three months of treatment.

Dual Diagnosis
The Dual Diagnosis specialist service has a remit to provide services to mental health service users who are using any level of drugs and/or alcohol, with the overarching aim of supporting access into specialist drug and alcohol services and preventing/reducing the need for further substance use related contact with physical and mental health services.

Detoxification and Rehabilitation Placements
Spot purchasing of placements for inpatient detox and residential rehabilitation.

Evidence

Bromley Drug and Alcohol Service provide an evidenced based programme of support.

Adults Substance Misuse Service
Drugs
Longer psychological interventions for opiate users; Provides community opioid detoxification; Detoxification is the process by which opioid drugs are eliminated from dependent users in a safe and effective manner, either with OST or gradual reduction in the illicit drug, such that withdrawal symptoms are minimised. It takes place either in community or residential settings. The evidence for the effectiveness of detoxification concerns its ability to achieve sustained abstinence in the user, and is based on detoxification plus psychological support. For example, detoxification together with contingency management has been shown to be cost-effective, with an estimated additional 1% of users being drug free at four months for every £12 spent on treatment.

Alcohol
The evidence base for the effectiveness of alcohol interventions is strong. UK and international research informs us that alcohol treatment such as screening, giving brief advice, motivational interviewing, cognition behavioural therapy, alcohol specialist treatment, detoxification and pharmacological treatment, self-help and mutual aid groups can be an effective and cost effective response to treating alcohol misuse. Alcohol misuse has a high impact on health, social care and criminal justice systems, for every £1 spent on treatment, £5 is saved elsewhere.

Young People
The benefits of specialist substance misuse interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 long term. Specialist services quickly engage young people, the majority of whom leave in a planned way and do not return to treatment services.

The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances. Effective commissioning of services lead to reductions in smoking, drinking and drug use, related offending, drug or alcohol-related deaths and hospital admissions and risk-taking behaviours more widely.

Needle Exchange
Injecting drug users are at greater risk of blood-borne infections, accounting for 90% of cases of Hepatitis C diagnosed in the UK. Rates of infection in drug users with Hepatitis B and HIV have declined as a result of needle and syringe programmes, vaccination and opportunistic testing and treatment. Evidence also suggests they increase the rate at which users enter treatment. The service protects the health of the local population by encouraging the safe disposal of injecting equipment and therefore minimises harm caused through contact with contaminated sharps.

Supervised Administration of Methadone.
This process replaces an illegal opioid with a longer acting but less euphoric opioid, usually methadone or buprenorphine, taken under pharmacy supervision. This treatment is recommended as an option for treating opioid dependency under a NICE technology appraisal (TA114). On average, 40-65% of patients maintain complete abstinence from illegal opioids while receiving opioid substitution therapy, and 70-95% are able to reduce their use substantially. Users also reduce risk-taking in injecting, experience improved mental health and relationships, and are less likely to be arrested. Opioid substitution therapy has also been associated with lower transmission of blood borne viruses.

Dual Diagnosis
Historically, people with co-occurring severe mental illness and substance misuse have been excluded from mental health treatment because of their substance misuse disorder. Likewise, they have been excluded from substance misuse services because of their severe mental health symptoms. As a result, patients have frequently not accessed services and experience some of the biggest health inequalities. The Dual Diagnosis Service provides the

opportunity for service users to have both their mental health and substance misuse needs addressed at the same time.

Detoxification and Rehabilitation Placements
It is difficult to assess these programmes objectively because the people who receive residential care are not a typical group, tending to have more social, physical and mental health problems. However, what is known about these programmes is that completion rates are very high (75-80%), programmes of three months duration or longer work better than shorter programmes, and long-term outcomes are better if there is structured aftercare. NICE recommends that residential programmes be available as an option for clients who have significant physical, mental or social problems.

Epidemiology of substance misuse

The crime survey for England and Wales suggests that approximately 17,000 residents took illicit drugs in Bromley in 2014/15. The estimated prevalence of Class A drug use was 6,400 in Bromley in 2014/15, at a rate of 3.2% of the adult population. Nearly half of those taking drugs are in drug treatment. The most commonly used drugs in the UK, in order, are cannabis, cocaine and crack, and opioids. The substances most commonly misused by those in treatment in Bromley are opiates (44%) and alcohol (41%).

Demographics (from JSNA 2015); Drug use is more common in males, single adults, white ethnic groups and those on low incomes. There is a relationship, however, between affluence and early use of cannabis. Nearly two thirds of drugs users in treatment in Bromley are male (64.8%), and of White British ethnicity (82.6%). People in treatment in Bromley tend to be a little older than in other parts of the country, the highest proportion of substance misusers in treatment in Bromley are in the 40 to 49 year age group, in contrast to the national picture, which is 35 to 44 years. People in treatment in Bromley are more likely to be taking both opiates and crack. Pregnant women represent 5% of the treatment population, which is higher than the national value of 2.3%.

Impact on health; Mortality rates related to drug use have been increasing since 1993, with heroin and morphine the most commonly implicated drugs. There were 80 drug-related deaths in Bromley between 2006 and 2013 (43 male, and 37 female). The average age at death was 48 (ranging from 15 to 94 years old), more than thirty years lower than the average life expectancy for the borough. Deaths were most frequent in deprived wards. There is a strong association between drug use and mental health problems, with drug use occurring both as a result of mental illness, and as a cause. There were 518 drug-related hospital admissions in Bromley in 2013/14. Admission rates have been steadily increasing since 2009, the numbers greatest in the 25-44 age group.

Safeguarding; 30% of the drug users in treatment are parents but not living with their children and 23% live with children. The other 47% are not parents and/or have no access to children. Employment and benefits; The number of drug users in treatment recorded as receiving any type of benefit was 60% of the total numbers in treatment (recorded on 31.3.2012).

Epidemiology of alcohol use
Estimates suggest that approximately 80% of adult population in Bromley drink alcohol. The majority (73.6%) are in a lower risk category and drink within recommended levels. Information recorded by GPs show that in Bromley just over 10,000 men and 5,600 women drink at hazardous levels (increased risk of damage), whilst around 1,000 men and 400 women drink at harmful levels (causing physical and/or mental damage). This is likely to be an underestimate as only 38% of adults on GP registers disclose a record of alcohol consumption.

Impact on health; Alcohol-related hospital admissions have been rising in recent years. In 2012-13 there were around 1,400 admission for men and around 750 for women. Alcohol-related mortality has risen for women whilst remaining stable for men. There were 68 alcohol-related deaths (2.79% of all deaths) in Bromley in 2013. There were 2703 alcohol-related recorded crimes of which 1,269 were alcohol-related violent crimes and 31 alcohol-related sexual offences in Bromley in 2012-13.

Young People
The substances most commonly misused by young people in treatment in Bromley are cannabis (97%), alcohol (66%) and nicotine (20%) (some clients using more than one substance). Young people in substance misuse treatment also suffered from wider vulnerabilities including; Anti-social behavior / criminal act (52%), domestic abuse (30%), mental health problem (30%) and 22% were affected by others' substance misuse.

Demographics - Age

Age	Bromley (n)	Bromley %	National (%)
Under 13	0 / 35	0	1
Aged 13-14	6 / 35	17	20
Aged 15	8 / 35	23	26
Aged 16	9 / 35	26	26
Aged 17	12 / 35	34	26

Commissioning and contracting arrangements

- **Contract History**

The Substance Misuse Service is commissioned by the London Borough Bromley Public Health department. The adults and young person's substance misuse service was re-commissioned in 2015. The service was competitively tendered and a new contract was awarded to Change Grow Live (CGL) to deliver both contracts, which started on 01 November 2015.

Length of contract: 1st November 2015 – 31st October 2017 (optional 1 year extension).

- **Budget 2015-16**

Contract value: £2,266,290

- **Spend 2015/16**

Spend: £1,930,227

Adults service – £1,032,858
Young People's Service – £186,310
In patient detox – spot service: £67,412
Prescribing CRI – £388,237
Dual diagnosis – Oxleas: £64,770
Needle Exchange – Pharmacies: £43,468
Shared Care – £142,045
Care Services Care Manager / support services: £55,967

Provider contractual performance

The most accurate data we have on drug users comes from the National Drug Treatment and Monitoring Service (NDTMS), as this is data collected diligently from those who attend drug treatment services. They provide an incomplete picture of drug use in the community, inevitably, as many drug users never access services, and the ones who do, tend to have more serious problems and to be taking opioids and/or crack. However, they do give indications of drug use in the wider community, with trends over time, and they also provide valuable information about who uses treatment services, and how effective that treatment is.

The numbers of people in alcohol and drug treatment have fallen again in the last year with 675 people in contact with alcohol and drug treatment services in Bromley in 2015-16 as compared with 730 in 2014-15 and 863 in 2013-14. In the year 2015-16, there were 357 new presentations for substance misuse treatment, as compared with 381 in 2014-15. The substances most commonly misused by those in in treatment in Bromley are opiates (47%) and alcohol (34%).

Adults Attending Drug Treatment Services in Bromley

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better, which also benefits the community.
Preventing early drop out and keeping people in treatment long enough to benefit contributes to improved outcomes.
A measure of effective treatment engagement is the number of people who have been in treatment for three months or more. In 2015-16, 403 people effectively engaged in treatment in Bromley, this represents 74% of the treatment population (542), lower than achieved in 2014-15 (89%) and numbers seen nationally (90%). Opiate users represent the largest group in treatment.

Treatment Outcomes for Adults

The key measure of successful treatment is the proportion of people who successfully completed treatment and did not return within 6 months. Bromley had a higher proportion of successful completers than the national value for local opiate clients 7.9% compared to 6.8% nationally and for non-opiate clients 40.0% compared to 37.3% nationally in 2015-16. However, successful completed of treatment that did not re-present within 6 months was down from the previous year.

Treatment Outcomes for Alcohol

The proportion of people who successfully completed treatment and did not return within 6 months was 7.9% down from the previous year due to the reduced number of completers.

Referral Sources

The highest proportions of presentations are made by self/family referrals (44.6%), 24.3% being referred by GPs, and 19.5% through the criminal justice system. Only 1.3% of referrals were from mental health or other health services, it is significant that there were no referrals from A&E in the year 2015-16.

Blood Borne Virus Vaccinations.

In 2015-16, 46.6% of eligible new presenters to drug services in Bromley accepted Hepatitis B vaccinations, down from 57% in 2014-15. However, of those who accepted Hepatitis B vaccination, 17% started a course and only 10.5% completed a course of vaccination in Bromley.

During the same period, 58% of new presenters to drug services in Bromley currently or previously injecting received a Hepatitis C test, as compared with 94% in 2014-15.

Treatment Outcomes for Young people

There were 35 young people in treatment in 2015-16, this is down by 57% from the previous year. Compared to national numbers in treatment which were down by only 7%. 23 out of the 35 young people were new to the service. The average length of time in services was 12.40 weeks compared to 22.72 nationally. Completion rates for young people have fallen by 23% from 2014/15 to 2015/16, 72% of young people have a planned exit from treatment (79% nationally). Only 3% of those that left the service with a planned exit re-presented to the service.

Referral Source

Referrals to the young people's service need to be increased.

Referral Source	Bromley %	National (%)	Difference in referral rate
Children & Family Services	3	19	-16*
Education Services	17	26	-9*
Health & Mental Health	34	7	+27
Accident & Emergency	0	1	-1
Substance Misuse Services	0	3	-3
Youth Justice Services	21	27	-6
Self, Family & Friends	21	12	+9
Other (inc. blank)	3	4	-1

***** The Bromley Drugs and Alcohol service will concentrate on increasing referrals from these sources.

Key Population Outcomes

Alcohol and drug dependency leads to significant harms and places a financial burden on communities. Investment in prevention, treatment and recovery interventions reduces this burden.

Socioeconomic impact for alcohol in the UK;

- Alcohol is the third biggest risk factor for illness and death. A quarter of all deaths among 16-24 year old men are attributable to alcohol.
- Alcohol misuse harms families and communities; 27% of serious case reviews mention alcohol misuse. Almost half of violent assaults. 15% of road fatalities.

Socioeconomic impact for substance misuse in the UK;

- Deaths among heroin users are 10 times the death rate in the general population.
- 2248 drug misuse deaths were registered in 2014, the highest on record. Deaths involving heroin were 64% higher than in 2012.
- Parental drug use is a risk factor in 29% of all serious case reviews.
- A typical heroin user spends around £1,400 per month on drugs.
  Annual cost of drug addiction: Total cost to society is 15.4 billion; Any heroin or crack user not in treatment commits crime costing an average £26,074 a year. The National Treatment Outcomes Research Study (NTORS) found that 61% of a sample of people entering treatment had committed crimes other than drug possession in the three months prior to starting treatment, the most common being shoplifting. The main sources of illegal income required to fund an illicit drug habit were theft and fraud.
- The annual cost of looking after drug-using parents' children who have been taken into care is £42.5million. Often drug users are unemployed and claiming benefit. NHS cost: £488 million.

Return on Investment

- Every 100 alcohol dependent people treated can prevent 18 A&E visits and 22 hospital admissions.
- Providing adult drug treatment interventions prevents an estimated 4.9m crimes every year.
- Providing young people's drug and alcohol interventions result in £4.3m health savings and £100m crime savings per year.
- Public Health England evidenced that 82% of people surveyed said treatment's greatest benefit was improved community safety.